STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 22-2330
DATE PAID: 4/18/22
FEE PAID: 310.00
RECEIPT #: 18288744

APPLICATION FOR:
[✓] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: JOSEPH & SONIA BRUCK (C&G)

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FLA 32025

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 1 BLOCK: -- SUBDIVISION: PINEMOUNT MEADOWS PLATTED: _____

PROPERTY ID #: 14-4S-15-00363-201 ZONING: _____ I/M OR EQUIVALENT: [No ▼]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [No ▼] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 555 SW BLANTON LN, LAKE CITY FLA

DIRECTIONS TO PROPERTY: TR on 90W, TL on 247, bear (R) on CR 242, Sabra Ave, TR on Weirside Pl, TL on Bumstead Rd, TR on Blanton Ln to 555

BUILDING INFORMATION [✓] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	MH	3	1920	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: Robert Ford III DATE: 4/13/22

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0335

SEE ATTACHMENT

DE:

Plan submitted by: Robert W Ford III. Date 4.13.22

Approved X Not Approved _____ Date 4/22/22

Columbia CHD
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

16, 09/08 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
Number: 5744-002-4016-6)

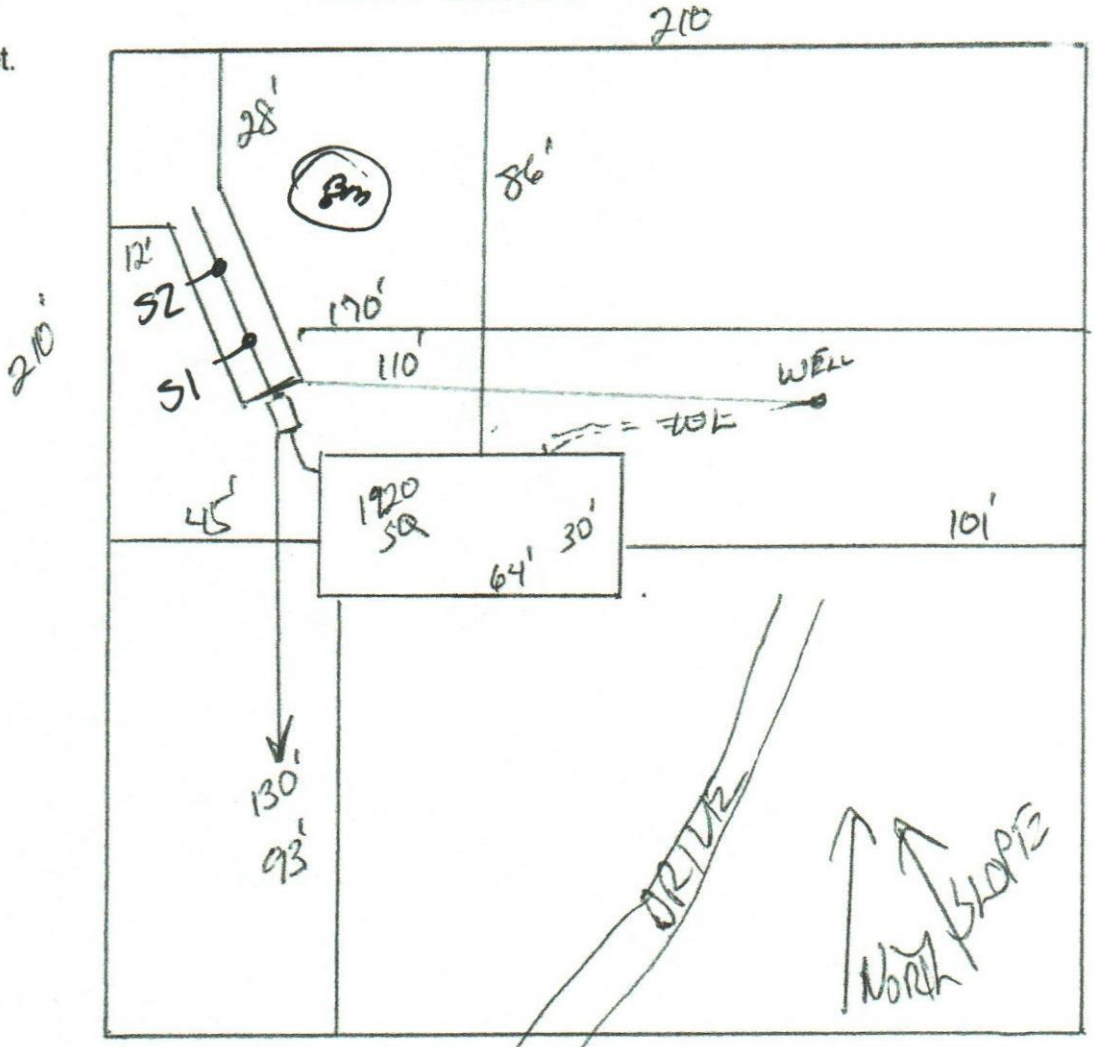
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 22-0335

BRICK

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: Robert Ford LW 4.13.22

Site Plan submitted by: _____ CONTRACTOR

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

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