

Parcel: **16-5S-17-09274-001****Owner & Property Info**

Result: 1 of 1

Owner	BLIATIA A LY & MOLLY L LEE & XO LEE YANG 361 SW YANGLEE GLN LAKE CITY, FL 32024		
Site	361 YANGLEE GLN, LAKE CITY		
Description*	S 1/2 OF SW1/4 OF SW1/4 & THE SW1/4 OF SE1/4 OF SW1/4 AS LIES W OF I-75 & THE S 38 FT OF THE N1/2 OF THE SW1/4 OF THE SW1/4. WD 1294-2538, WD 1331-2446, WD 1334-1704,		
Area	29.5 AC	S/T/R	16-5S-17
Use Code**	IMPROVED A (005000)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2019 Certified Values		2020 Working Values	
Mkt Land (4)	\$16,286	Mkt Land (4)	\$16,286
Ag Land (1)	\$6,360	Ag Land (1)	\$6,360
Building (3)	\$192,821	Building (3)	\$209,829
XFOB (9)	\$12,680	XFOB (9)	\$12,680
Just	\$314,855	Just	\$331,863
Class	\$228,147	Class	\$245,155
Appraised	\$228,147	Appraised	\$245,155
SOH Cap [?]	\$3,564	SOH Cap [?]	\$4,756
Assessed	\$224,583	Assessed	\$240,399
Exempt	OTHER H3 \$23,572	Exempt	OTHER H3 \$24,066
Total	county:\$191,142	Total	county:\$209,830
Taxable	city:\$191,142	Taxable	city:\$209,830
	other:\$191,142		other:\$209,830
	school:\$201,011		school:\$216,333

*Present
Parcel*

This Instrument Prepared by & return to:
Name: **A LY BLIATIA**
Address: **381 SW YANGLEE GLEN
LAKE CITY, FL. 32038**

Inst: 202012010584 Date: 06/17/2020 Time: 9:07AM
Page 1 of 2 B: 1413 P: 1564, P.DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy ClerkDoc Stamp-Deed: 0.70

Parcel I.D. #: **P/O 09274-001**

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 16TH day of JUNE, A.D. 2020, by **MOLLY L. LEE, A SINGLE WOMAN, A LY BLIATIA, A SINGLE WOMAN, and XO LEE YANG, A MARRIED WOMAN**, hereinafter called the grantors, to **A LY BLIATIA, A SINGLE WOMAN**, whose post office address is **381 SW YANGLEE GLEN, LAKE CITY, FL 32024**, hereinafter called the grantees:

(Wherever used herein the terms "grantors" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantors, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, do hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in **Columbia County, State of**, viz:

COMMENCE AT THE NW CORNER OF THE SW 1/4 OF THE SW 1/4, SECTION 16, TOWNSHIP 5 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA, AND RUN S.01°08'12"W., 623.59 FEET TO THE POINT OF BEGINNING; THENCE CONTINUE S.01°08'12"W., 345.88 FEET; THENCE S.89°44'17"E., 1321.47 FEET; THENCE S.01°09'33"W., 64.11 FEET; THENCE S.89°37'06"E., 587.91 FEET TO THE WEST RIGHT-OF-WAY LINE OF INTERSTATE NO. 75; THENCE N.17°48'35"W., 390.15 FEET; THENCE N.89°38'49"W., 461.08; THENCE N.01°27'35"E., 37.87 FEET; THENCE N.89°39'57"W., 1321.78 FEET TO THE POINT OF BEGINNING. SUBJECT TO ROAD RIGHT-OF-WAY.

THIS DEED WAS PREPARED WITHOUT THE BENEFIT OF A TITLE SEARCH AND MAKES NO WARRANTIES AGAINST SAME.

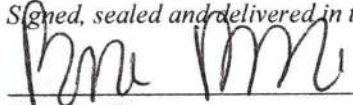
Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold the same in fee simple forever.

And the grantors hereby covenant with said grantees that they are lawfully seized of said land in fee simple; that they have good right and lawful authority to sell and convey said land, and hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2020.


In Witness Whereof, the said grantors have signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

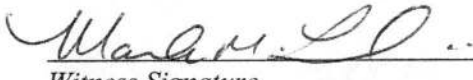


Witness Signature
BRANDI BROWN

Printed Name



L.S.
MOLLY L. LEE
Address:
361 SW YANGLEE GLEN, LAKE CITY, FL 32024

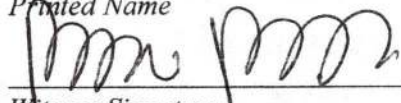


Witness Signature
Maria M. Landin

Printed Name




L.S.
LY BLATIA
Address:
381 SW YANGLEE GLEN, LAKE CITY, FL 32024

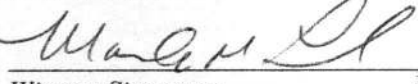


Witness Signature
BRANDI BROWN

Printed Name



L.S.
XO LEE YANG
Address:
135 SW YANGLEE GLEN, LAKE CITY, FL 32024



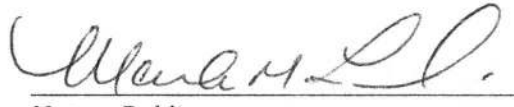
Witness Signature
Maria M. Landin

Printed Name

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this **16TH** day of **JUNE, 2020**, by **MOLLY L. LEE, A LY BLATIA and XO LEE YANG**, who are known to me or who have produced **Driver's License** as identification.





Notary Public
My commission expires **9/16/22**

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM



APPLICATION NUMBER _____ CONTRACTOR Dale Houston PHONE 386-623-6522

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Mainhia Yang

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name <u>Leo Jackson</u>	Signature 
	License #: <u>ES 12001176</u>	Phone #: <u>386-294-2993</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
MECHANICAL/ A/C _____	Print Name <u>Ronald Bonds Sr.</u>	Signature 
	License #: <u>CAC 1817658</u>	Phone #: <u>800-259-3470</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Leo G Jackson (license holder name), licensed qualifier
for Country Electric LLC (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 488, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Doris Burd</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
3. <u>Leo Jackson Jr</u>	3. <u>[Signature]</u>
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

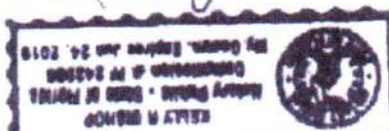
[Signature] License Number ES12001176 Date 4/26/16
Licensed Qualifiers Signature (Notarized)

NOTARY INFORMATION:
STATE OF: FLORIDA COUNTY OF: Columbia

The above license holder, whose name is Leo G Jackson
personally appeared before me and is known by me or has produced identification
(type of I.D.) FL DL on this 26 day of April, 2016.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)





COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Ronald E Bond Sr (license holder name), licensed qualifier for STYLE CREST ENTERPRISES, INC (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burt	1.
2. Rocky Ford	2.
3. Kelly Bishop	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Licensed Qualifiers Signature (Notarized) CRC 1817658 2-16-14
License Number Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Bay

The above license holder, whose name is Ronald Edward Bond Sr personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 16th day of FEB, 20 14.

Stacey Ann Hopkins
NOTARY'S SIGNATURE

(Seal/Stamp)



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

Permit Application Number _____

----- Yang / Blatta ----- PART II - SITEPLAN ----- 210

Scale: 1 inch = 40 feet.



Notes: _____

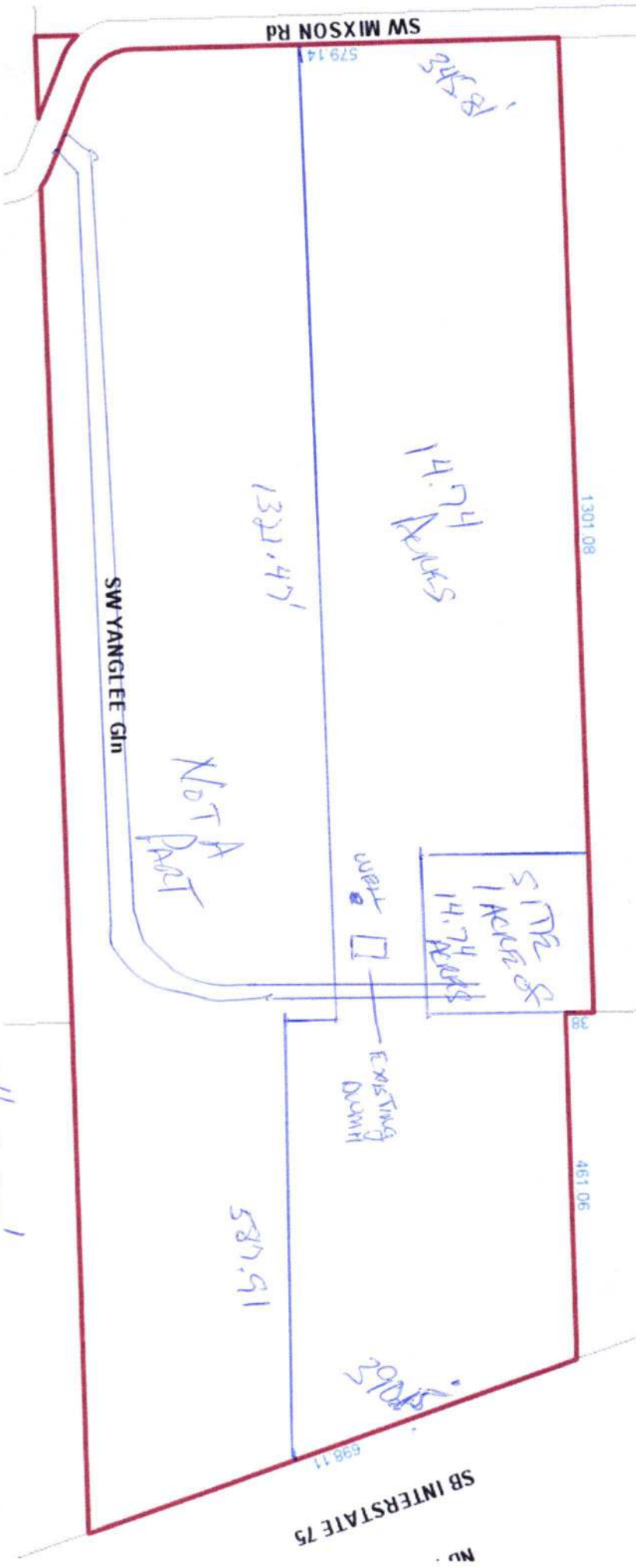
1 Acre of 14.74 Acres

Site Plan submitted by: _____ 6/18/20 _____ CONTRACTOR

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



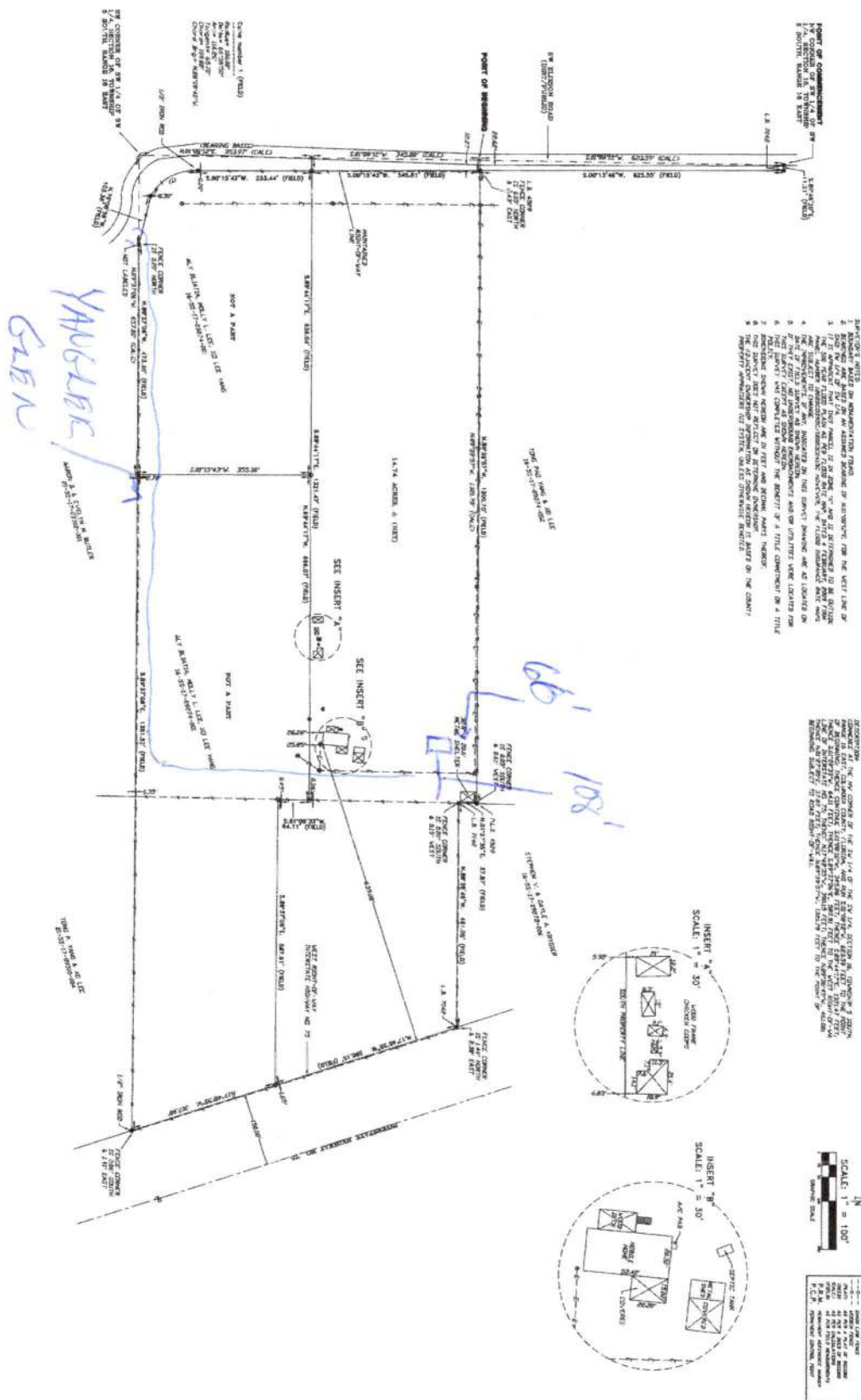
1" = 200'

[Signature]

6/18/20

2001-7

A BOUNDARY SURVEY IN:
SECTION 16, TOWNSHIP 5 SOUTH, RANGE
COLUMBIA COUNTY, FLORIDA



SHEET
1 of 1

CERTIFIED TO:
ALF BLATZA

FIELD BOOK: 267 PAGE(S): 22
JOB NUMBER: L-28598A

SURVEYOR'S CERTIFICATION

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE UNDER MY RESPONSIBLE CHARGE AND MEETS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYORS AND ENGINEERS IN CHAPTER 54-10, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO CERTAIN ACTS OF FLORIDA STATUTES.

DATE OF SURVEY	DATE OF THIS CERTIFICATION	I, <u>SCOTT BRADY PALK</u>
FIELD SURVEY DATE	MEASUREMENT DATE	CERTIFICATION # <u>5550</u>

NOTE: UNLESS IT BEARS THE ORIGINAL DATE AND THE ORIGINAL, SIGNED SEAL OF A FLORIDA LICENSED SURVEYOR AND MEETERS THIS MEASUREMENT, SPECIAL PLAN OR MAP IS FOR INFORMATION PURPOSES ONLY AND IS NOT VALID.



**BRITT SURVEYING
& MAPPING, LLC**
LAND SURVEYORS AND MAPPERS, L.B. # 0016
2086 SW MAIN BLVD. SUITE 112
LAKE CITY, FLORIDA 32025
(286) 752-7142 FAX (286) 789-5573 www.brittsurveying.com

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

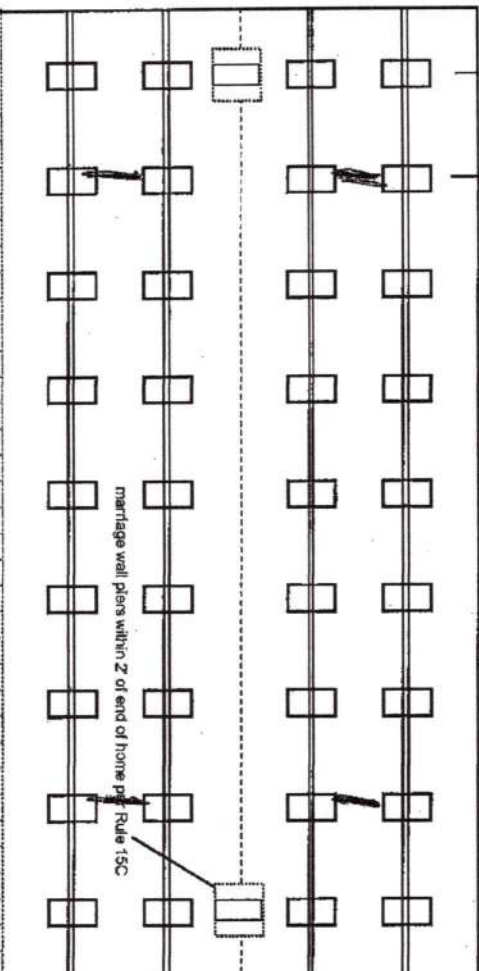
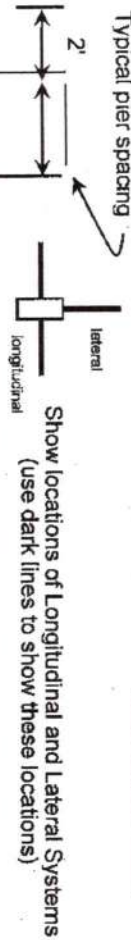
Installer: Dale Houston License # JH 1025142

Address of home being installed 136 Sw Barn's Rd
Lake City Fla 32024

Manufacturer LYNOK Length x width 28' x 44'

NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials DH



4 piers
ANCHORS 5' ON-C
17' x 25' 5' ON-C

New Home ☒ Used Home ☐

Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C

Single wide ☐ Wind Zone II ☒ Wind Zone III ☐

Double wide ☒ Installation Decal # 67341

Triple/Quad ☐ Serial # ACH6A22035320AB

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17' x 25'
Perimeter pier pad size 16' x 16'
Other pier pad sizes (required by the mfg.) 17' x 25'

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening Pier pad size

3

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

POPULAR PAD SIZES

Pad Size	Sq in
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4' oc

OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall Number 4 3 4

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf or check here to declare 1000 lb. soil ☒ without testing.

X 1000 X 1500 X 1500

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X 100 X 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5" anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

Installer's initials _____

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Dale Houston

Date Tested

2/24/20

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. ✓

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. ✓

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. ✓

Site Preparation

Debris and organic material removed _____ Swale ☒ Pad ☒ Other _____

Fastening multi wide units

Floor: Type Fastener: lag Length: _____ Spacing: 16"
Walls: Type Fastener: lag Length: _____ Spacing: 24"
Roof: Type Fastener: _____ Length: _____ Spacing: _____

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials DH

Type gasket Foam

Installed: Between Floors Yes ☒ Between Walls Yes ☒ Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. _____
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

Miscellaneous

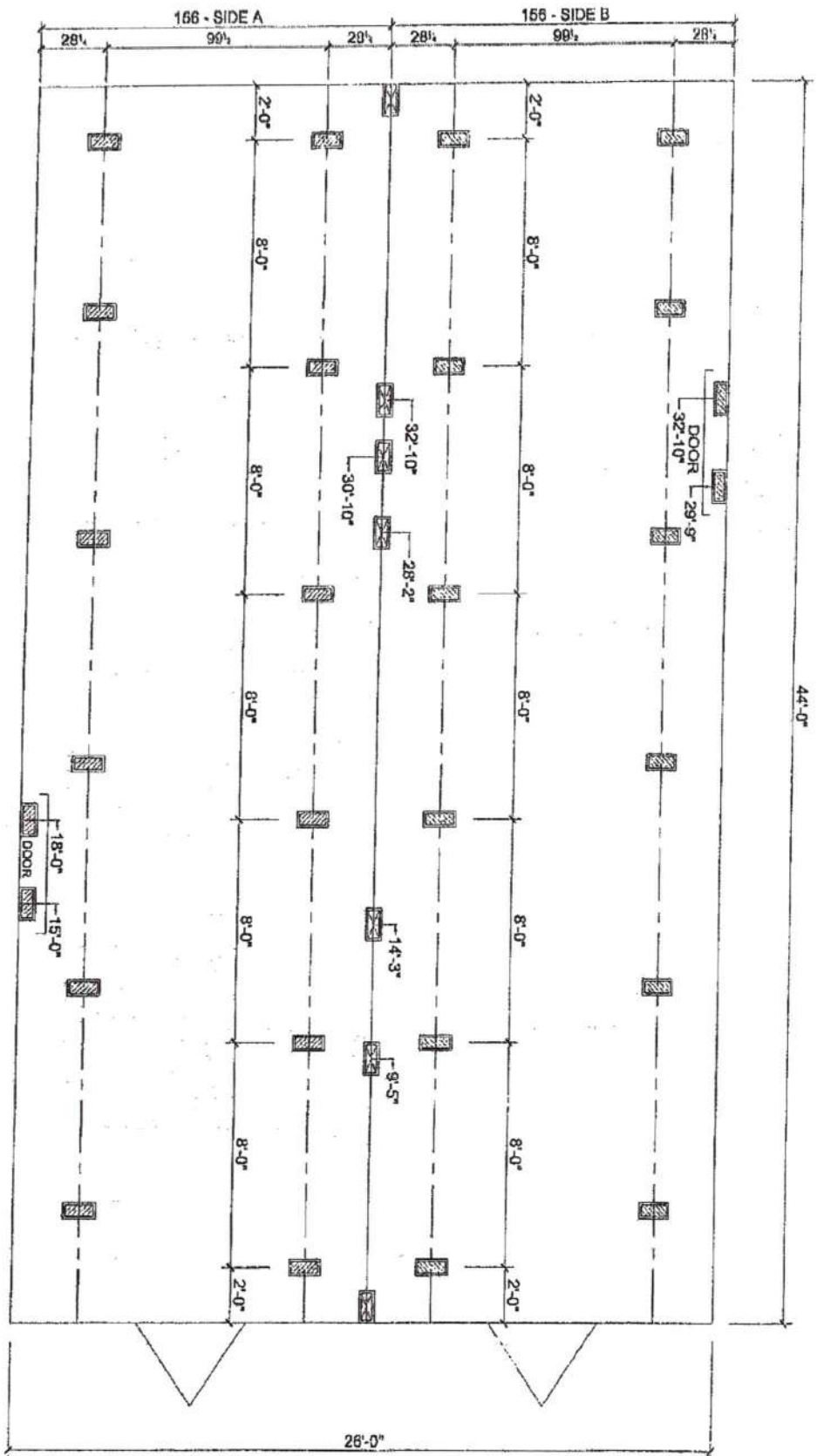
Skirting to be installed. Yes ☒ No _____
Dryer vent installed outside of skirting. Yes ☒ N/A _____
Range downflow vent installed outside of skirting. Yes ☒ N/A _____
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossovers protected. Yes ☒
Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

Dale Houston

Date 2/24/20



MARRIAGE LINE OPENING SUPPORT PIER/TYP.
SUPPORT PIER/TYP

12/11/18

FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes
MODEL: V-2443G - 28 X 44
3-BEDROOM / 2-BATH


- | | |
|------------------------------|---|
| (A) MAIN ELECTRICAL | (G) DUCT CROSSOVER |
| (B) ELECTRICAL CROSSOVER | (H) SEWER DROPS |
| (C) WATER INLET | (I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT) |
| (D) WATER CROSSOVER (IF ANY) | (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT) |
| (E) GAS INLET (IF ANY) | |
| (F) GAS CROSSOVER (IF ANY) | |



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Dale Houston, give this authority and I do certify that the below
Installers Name
referenced person(s) listed on this form is/are under my direct supervision and control and
is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Dale Good		Dale Good LLC

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Dale Houston JH 1025142 2/24/20
License Holders Signature (Notarized) License Number Date

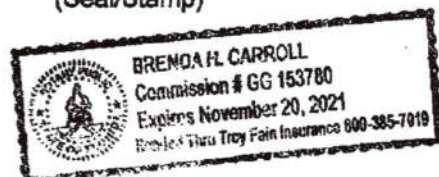
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is Dale Houston,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 24th day of February, 2020.

Brenda H. Carroll
NOTARY'S SIGNATURE

(Seal/Stamp)



NOTE: DORMER SHOWN IS AN OPTION

[illegible]

- * All room dimensions include closets and square footage figures are approximate.
- * Transom windows are available on optional 9'-0" sidewalk houses only.

3867582187

13:01:58 03-27-2020

1/3



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

PERMIT NO.

DATE PAID:

FEE PAID:

RECEIPT #:

20-0167
3/27/20
3/27/20
7570969

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: A Ly Bhatia & Molly Lee & Xo Lee YangAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: 545 SW Dortch Street, FT. WHITE, FL, 32038

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: NA BLOCK: NA SUB: NA PLATTED: _____

PROPERTY ID #: 16-58-17-09274-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]PROPERTY SIZE: 29.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: NA FTPROPERTY ADDRESS: 361 Yanglee Gln, Lake City, FL

DIRECTIONS TO PROPERTY: Head W on NE Franklin St, TL onto US-41S, TR onto SW Tuskenuggee Ave, TL onto SW Paul Pearce Ln, TL onto SW Mixson Rd, property on Rt side on Yanglee Gln.

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	SF Residential	MH	3	1144	
2					
3					

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

SIGNATURE: William D. Bishop IIDATE: 2/27/2020

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

3867582187

13:02:28 03-27-2020

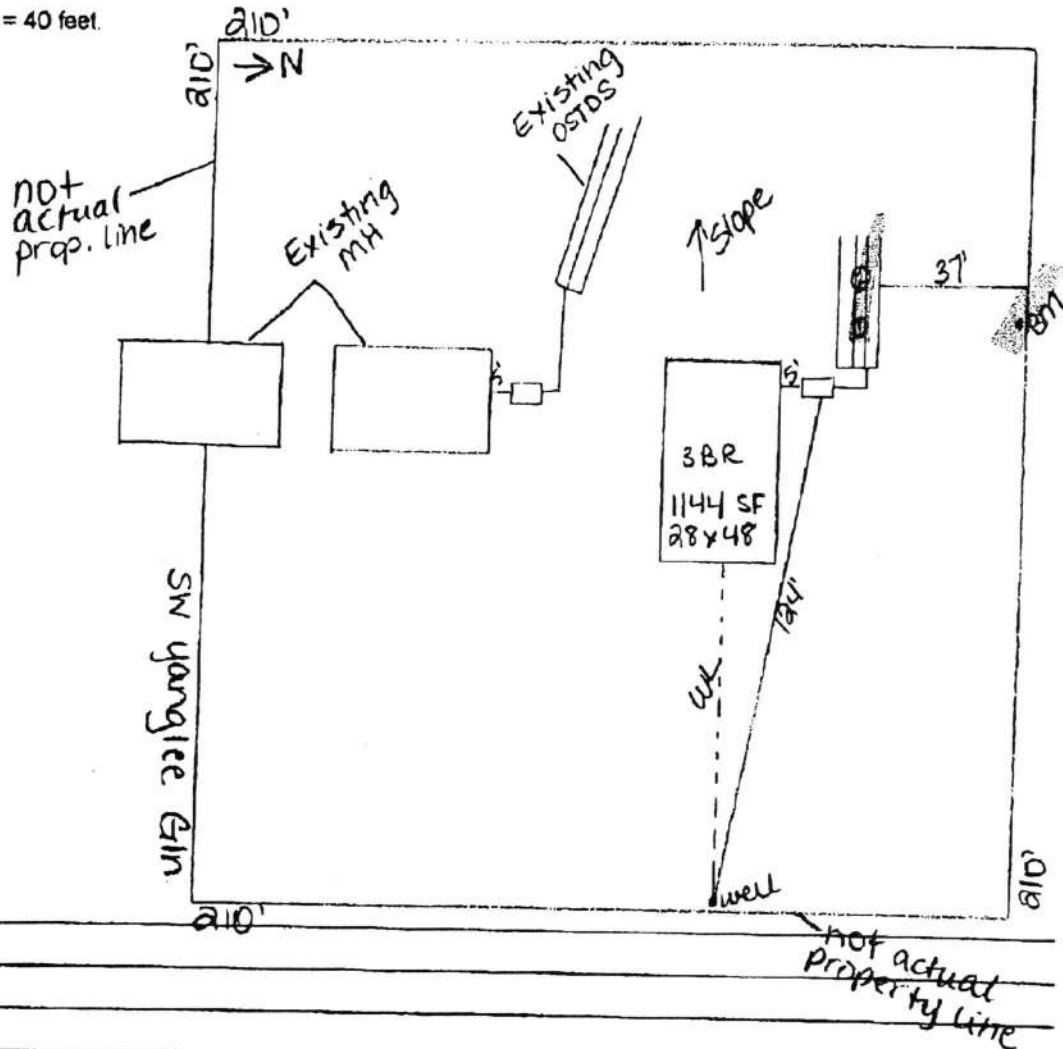
2/3

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

Permit Application Number 20-0167Bliatia/Lee/Yang

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes.

Site Plan submitted by: William A. Bishop Jr.Plan Approved X Not ApprovedBy: [Signature]

MASTER CONTRACTOR

Date 2-27-20

County Health Department

3/5/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: **12-SC-2044177**APPLICATION #: **AP1470969**DATE PAID: **5/21/20**FEE PAID: **30.00**

RECEIPT #:

DOCUMENT #: **PR1316937**CONSTRUCTION PERMIT FOR: OSTDS NewAPPLICANT: ALY**20-0167 BLIATIAPROPERTY ADDRESS: 361 YANGLEE Gln Lake City, FL 32024

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 09274-001 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] GALLONS / GPD _____ Septic Tank _____ CAPACITY
A [] GALLONS / GPD _____ N/A _____ CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [375] SQUARE FEET _____ Drainfield _____ SYSTEM
R [] SQUARE FEET _____ N/A _____ SYSTEM

A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []

I CONFIGURATION: [X] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: Nail in fence post N. of site.

I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [34.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

SPECIFICATIONS BY: WILLIAM D BISHOPTITLE: SA0890009; SMO081587

APPROVED BY:

Dustin W. JonesTITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 03/09/2020EXPIRATION DATE: 09/09/2021

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

v 1.1.4

AP1470969

SE1266435

Page 1 of 3