



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

PERMIT NO. 21-0821  
DATE PAID: 9/27/22  
FEE PAID: 100.00  
RECEIPT #: 1883053

APPLICATION FOR:

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

APPLICANT: Steve and Terri Patterson

AGENT: BRYAN ZECHER CONSTRUCTION

TELEPHONE: 386-752-8653

MAILING ADDRESS: Bryan Zecher Construction, 2370 SW SR 47, Lake City, FL 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: 44 BLOCK: NA SUBDIVISION: Oaks of Lake City PLATTED: \_\_\_\_\_

PROPERTY ID #: 18-5S-17-09280-144 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y / ☐ N ]

PROPERTY SIZE: 4.49 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☐ N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 3176 SW CUSTOM MADE CIR, LAKE CITY, FL 32024

DIRECTIONS TO PROPERTY: Head W on NE Franklin St, turn left onto US-441S, turn left onto US-41S, turn right onto SW Tustenuggee Ave. Turn right onto SW Mandiba Dr, turn left onto SW Custom Made Cir. Turn right onto Upstage 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
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1	Barn	0	1800	<u>21-0821</u>
2				
3				
4				

☐ Floor/Equipment Drains ☒ Other (Specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: 9/27/22



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Permit Application Number 22-0821

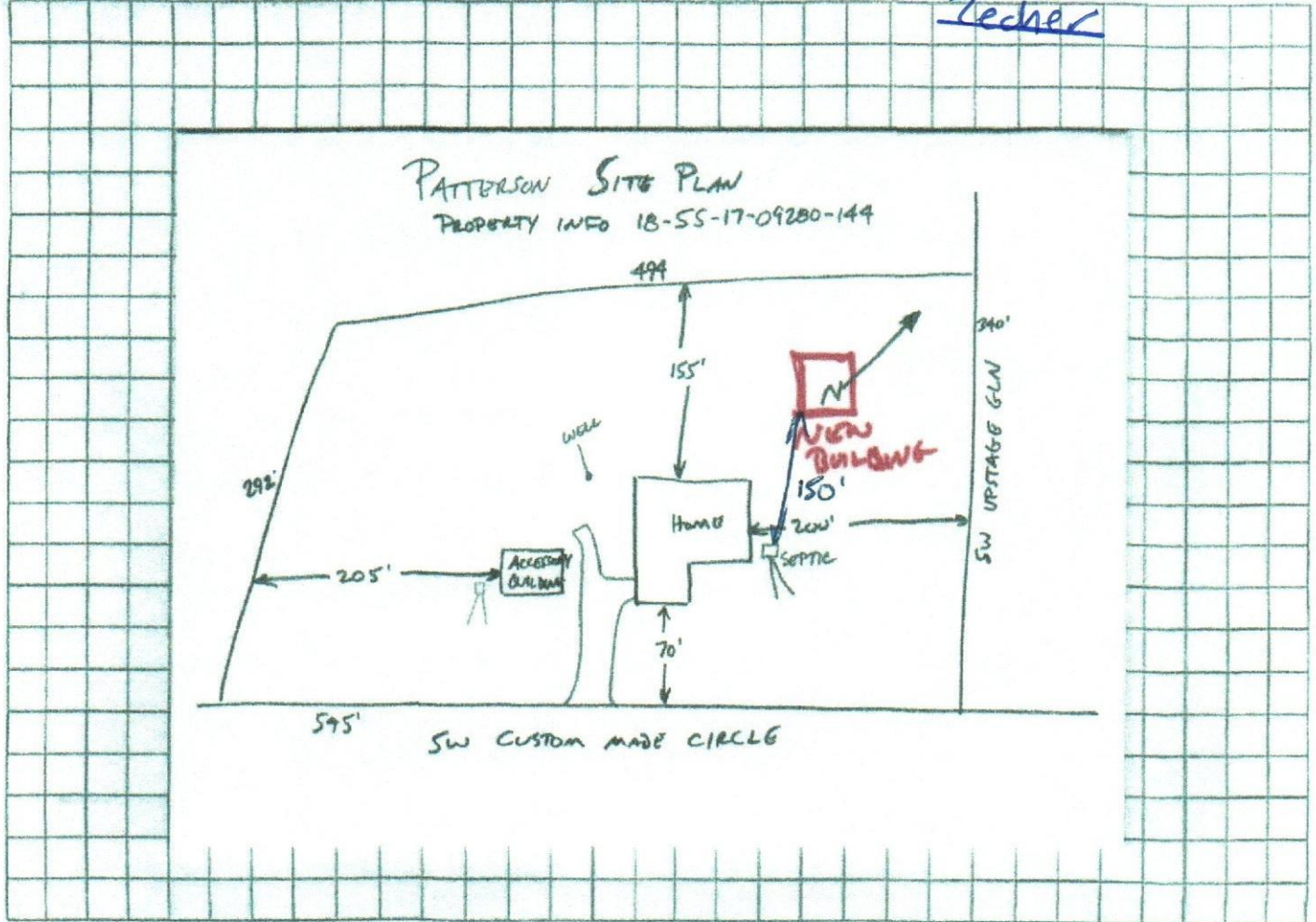
----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



**E-MAILED**

Zeher



Notes: \_\_\_\_\_

Site Plan submitted by: [Signature] TITLE \_\_\_\_\_ DATE: 9/27/22  
Plan Approved ✓ Not Approved \_\_\_\_\_ Date 10/14/22  
By [Signature] ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT