



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

PERMIT NO. 18-0785
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

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

APPLICANT: Qunice Caudill

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 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: 7 BLOCK: U 14 SUB: Three Rivers Estates PLATTED: _____

PROPERTY ID #: 00-00-00-00897-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .91 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: SW Manatee Terr Fort White FL

DIRECTIONS TO PROPERTY: 47 South into Fort White-Right on Wilson Springs Rd

straight on SW Iowa Right on Manatee Terr

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	Camper	1	240	
2				
3				

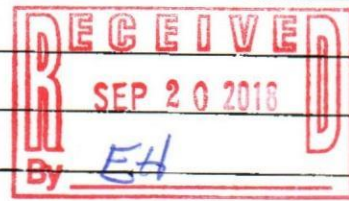
1 Camper 1 240

2

3

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

SIGNATURE: Kory D. Ford



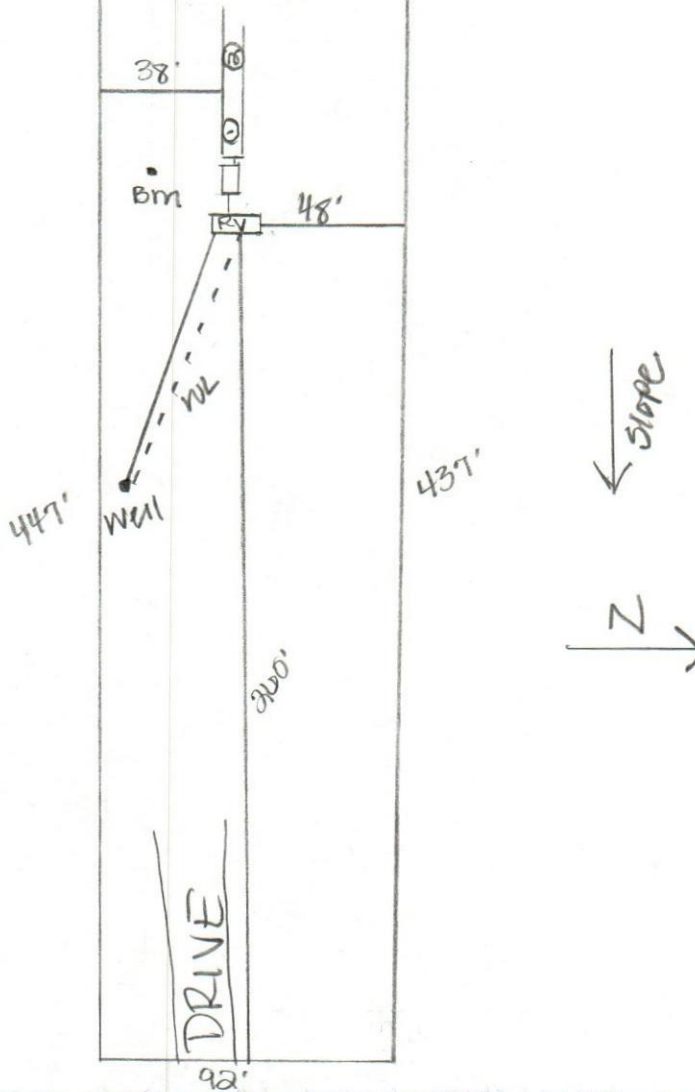
DATE: 9/13/2018

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

Permit Application Number 18-0785

PART II - SITEPLAN

Scale: 1 inch = ~~40~~⁶⁰ feet.



Notes: _____
SW Manatee Terr.

Site Plan submitted by: Rodney D. 7-8 MASTER CONTRACTOR
Plan Approved [Signature] Not Approved _____ Date 10/2/18
By [Signature] EST Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT