



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

PERMIT NO. 21-8260  
DATE PAID: 3/18/21  
FEE PAID: 200.00  
RECEIPT #: 1639034

APPLICATION FOR:

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

APPLICANT: William Brim

AGENT: SAA

TELEPHONE: 352-363-8067

MAILING ADDRESS: 644 SW TRENTON TERRACE

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: 114 BLOCK: UNIT 21 SUBDIVISION: THREE RIVERS ESTATES PLATTED: BOOK 4 PAGE 15

PROPERTY ID #: 00-00-00-01370-000 ZONING: A/R I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: .918 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☐ N DISTANCE TO SEWER: 25 FT

PROPERTY ADDRESS: 644 SW TRENTON TERRACE

DIRECTIONS TO PROPERTY: FORT WHITE - WILSON SPRINGS RD TO NEWARK  
TURN R → COPPERHEAD TURN R → SW TRENTON TERRACE TURN R →  
644 ON THE RIGHT APPROX 1/2 WAY DOWN

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	<u>MOBILE HOME</u>	<u>3</u>	<u>1440 SF</u>	<u>19-0511</u>
2	<u>STORAGE BLDG</u>	<u>0</u>	<u>1080</u>	
3				
4				

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

SIGNATURE: William Brim

DATE: 03/17/20



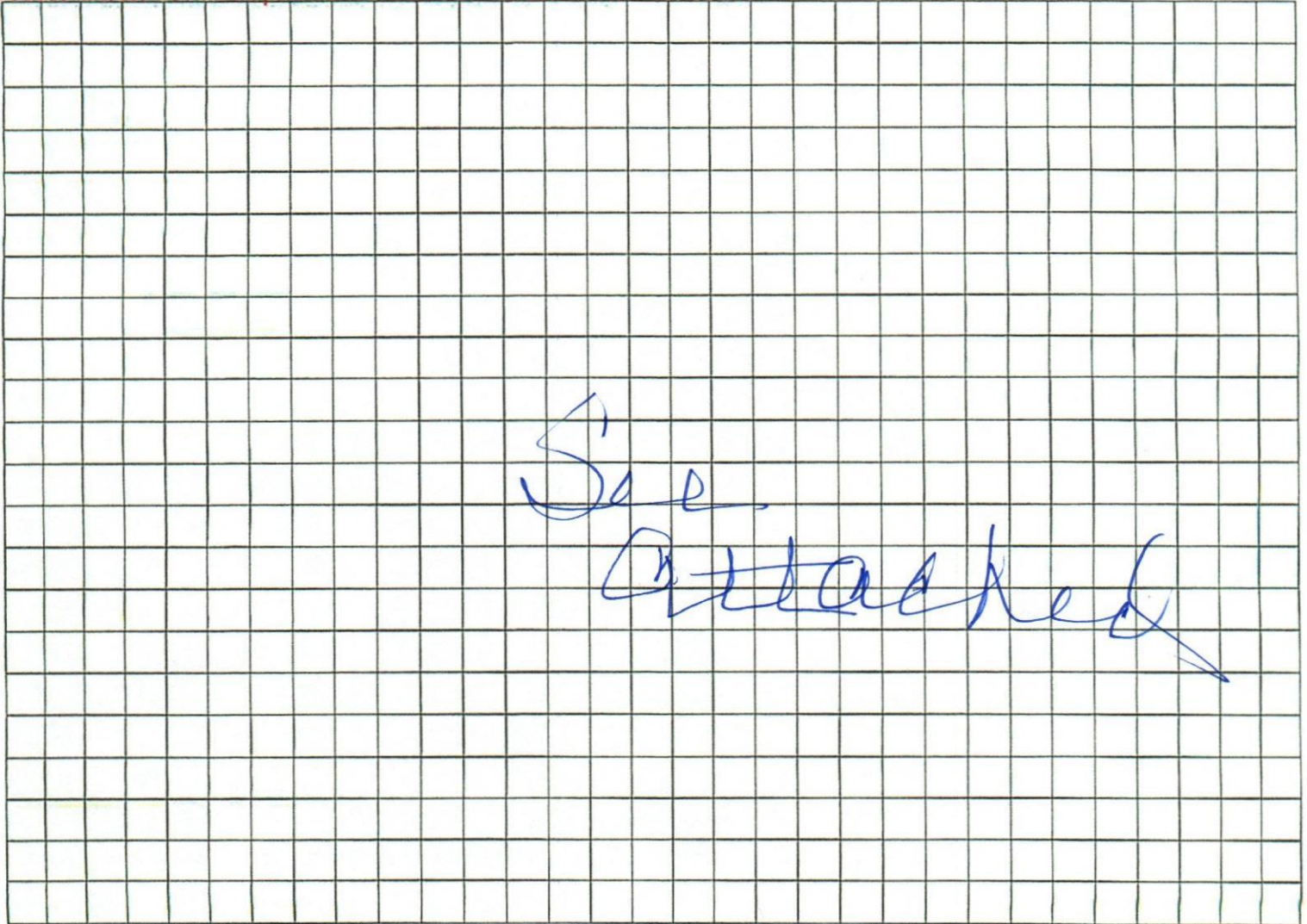
STATE OF FLORIDA  
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Permit Application Number

21-0260

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

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



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

\_\_\_\_\_

\_\_\_\_\_

Site Plan submitted by: WDB OWNER TITLE \_\_\_\_\_ DATE: 3/17/21  
Plan Approved ✓ Not Approved \_\_\_\_\_ Date 3/23/21  
By Kill by Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT





LETTER'S NOTES:  
BOUNDARY BASED ON MONUMENTATION FOUND IN ACCORDANCE WITH THE RETRACEMENT OF  
THE ORIGINAL SURVEY FOR SAID PLAT OF RECORD.  
BEARINGS ARE BASED ON SAID PLAT OF RECORD AND THE BEARING BASIS SHOWN HEREON.  
IT IS APPARENT THAT THIS PARCEL IS IN ZONE "X" AND IS DETERMINED TO BE OUTSIDE  
THE 500 YEAR FLOOD PLAIN AS PER FLOOD RATE MAP, DATED 4 FEBRUARY, 2009 FIRM  
PANEL NUMBER 12023C0467C. HOWEVER, THE FLOOD INSURANCE RATE MAPS ARE SUBJECT  
TO CHANGE.  
THE IMPROVEMENTS, IF ANY, INDICATED ON THIS SURVEY DRAWING ARE AS LOCATED ON  
DATE OF FIELD SURVEY AS SHOWN HEREON.  
IF THEY EXIST, NO UNDERGROUND ENCROACHMENTS AND/OR UTILITIES WERE LOCATED FOR  
THIS SURVEY EXCEPT AS SHOWN HEREON.  
THIS SURVEY WAS COMPLETED WITHOUT THE BENEFIT OF A TITLE COMMITMENT OR A TITLE  
POLICY.  
DIMENSIONS SHOWN HEREON ARE IN FEET AND DECIMAL PARTS THEREOF.  
THIS SURVEY DOES NOT REFLECT OR DETERMINE OWNERSHIP.  
THE ADJACENT OWNERSHIP INFORMATION AS SHOWN HEREON IS BASED ON THE COUNTY  
PROPERTY APPRAISERS GIS SYSTEM, UNLESS OTHERWISE DENOTED.  
THE SECTION LINE SHOWN HEREON IS SCALED FROM SAID PLAT OF RECORD.

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 MAPPERS IN CHAPTER 5J-17, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES.

L. SCOTT BRITT, P.S.M.