



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

PERMIT NO. 22-0894  
DATE PAID: 5/2/20  
FEE PAID: 600.00  
RECEIPT #: 1822049

APPLICATION FOR:

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

APPLICANT: Keith Nelson

AGENT:

TELEPHONE: (920) 350 2789

MAILING ADDRESS: 22010 NW 227 Dr High Springs FL 32649

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: A SUBDIVISION: Fort white Manor PLATTED: replat

PROPERTY ID #: 00-00-00-14330-000 ZONING:  I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: .75 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒  $\leq 2000\text{GPD}$  ☐  $> 2000\text{GPD}$

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

PROPERTY ADDRESS: 456 SW Durant St Fort white FL 32038

DIRECTIONS TO PROPERTY: off of Hwy 27 & 18 in Fort white city  
nelson.kulagva@gmail.com

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>Pool</u>	<u>0</u> <u>392</u>	<u>392</u> <sup>21</sup>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Keith Nelson

DATE: 4-5-1-2022

100-1-10  
100-1-10  
100-1-10  
100-1-10

100-1-10  
100-1-10  
100-1-10  
100-1-10



100-1-10 (100-1-10)

100-1-10 (100-1-10)

100-1-10 (100-1-10)

100-1-10 (100-1-10)

100-1-10 (100-1-10)

100-1-10 (100-1-10)

100-1-10 (100-1-10)

100-1-10

100-1-10

100-1-10

100-1-10

100-1-10

100-1-10

## Permit Application Number.

22-0394

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

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

See Attached

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

✓ Site Plan submitted by: Keith Nelson TITLE owner DATE: 5-2-2022  
Plan Approved X Not Approved \_\_\_\_\_ Date 5.10.22  
By Sallie Ford EH Director - Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



22-0394  
SW Durant St



