



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

PERMIT NO. 22-0314
DATE PAID: 4/12/22
FEE PAID: 375.00
RECEIPT #: 1817546

APPLICATION FOR:

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

APPLICANT: Ralph Spradley 386 249 9241

AGENT: Stephanie Thomas TELEPHONE: 386 697 1912

MAILING ADDRESS: 1190 NE Double Run Rd Lake City Fl 32055

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 28-25-27-04592-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 20 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 12757 US 441 N Lake City Fl 32055

DIRECTIONS TO PROPERTY: 441 North 8 miles Past I-10 Property on Right

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>1456</u>	
2				
3				
4				

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

SIGNATURE: Stephanie Thomas DATE: 4/11/22

22-0314

~~20-0824~~

210'

2/0.



20 Acres

Revised 1/23/20

Signature: Stephani Thomas

DATE: 4-11-22

Not Approved_____

Date 5/10/22

Plan Approved A
By [Signature]
ALL CHANGES MUST BE APPROVED BY THE BOARD

County Health Departmen

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT