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

PERMIT NO. 20-0846
DATE PAID: 10/30/20
FEE PAID: 60.00
RECEIPT #: 1594048

APPLICATION FOR:
[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Janie E Wood Grandison

AGENT: Wilbur Wood TELEPHONE: 386 965-1833

MAILING ADDRESS: 2740 SW Howell Rd, Trenton Terrace ~~Fort White, Fla 32038~~ Lake City, Fla 32024

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: 36 BLOCK: 21 SUBDIVISION: Three Rivers Estates PLATTED: 63 15 pg

PROPERTY ID #: R01318-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 172 SW Trenton Terrace, Ft White Fla 32038

DIRECTIONS TO PROPERTY: Wilson Springs to NE 5 to Stop Sign go (Right), go to copperhead on (Right), First intersection is Trenton Terrace (Left) Almost To End on Left

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	mobile Home	3	1728	2005 ORIGINAL ATTACHED 2007 EX
2				
3				
4				

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

SIGNATURE: _____ DATE: 10-20-2020

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

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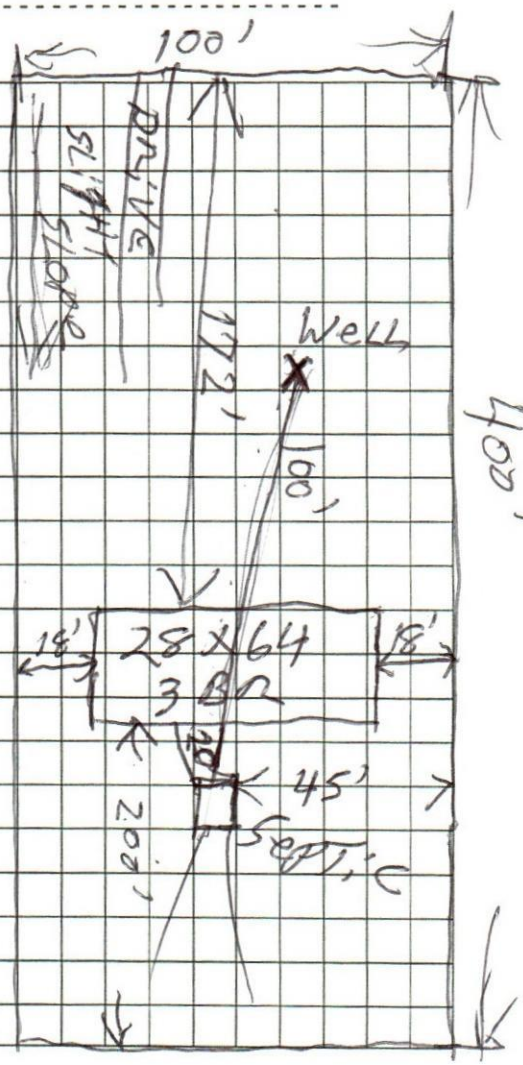
PART II - SITEPLAN

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



Notes: _____

Site Plan submitted by: Vern Wood Agent: X Owner: Date: 10-20-20

Plan Approved X Not Approved Date 10/22/20

By _____ COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT