



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

PERMIT NO. 21-8116
DATE PAID: 2/5/21
FEE PAID: 600.00
RECEIPT #: 1628480

APPLICATION FOR:

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

APPLICANT: Robert & Pauline Asheim

AGENT: Stanley Crawford Const.

TELEPHONE: 386-7525152

MAILING ADDRESS: 1531 SW Commercial Hwy, Lake City, FL 32028

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 #: 26 35 16 02308-002 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1.768 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 506 NW Old Mill Rd

DIRECTIONS TO PROPERTY: 90 W turn R on Lake Jeffery Rd

Left on NW Old Mill Drive go to 506 NW Old Mill Dr
on Left

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>Shop</u> | <u>0</u> | <u>2364</u> | <u>Built 1958</u> |
| 2 | | | | |
| 3 | | | | <u>2006 Repair</u> |
| 4 | | | | <u>ORIGINAL ATTACHED</u> |

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Maylin Crawford

DATE: 2/4/21

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Permit Application Number 21-0114

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

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

See
Attached

Notes: _____

X Site Plan submitted by: [Signature] X Agent: _____ Owner: _____ Date: 2/5/21
Plan Approved _____ Not Approved _____ Date: 2/9/21
By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Permit Application Number

PART II - SITEPLAN

[illegible]

| NO. | RADIUS | DELTA | ARC | TANGENT | CHORD | CHORD BEARING |
|-----|----------|-----------|---------|---------|---------|---------------|
| 1 | 1446.94' | 07°19'34" | 185.02' | 92.63' | 184.89' | S 26°00'00" W |

By

County Health Department

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