

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

	DD XXTA
PERMIT NO.	201-007
DATE PAID:	1/19/24
FEE PAID:	40.00
RECEIPT #:	1287/24

APPLICATION FOR: [] New System	[X] Existing System Abandonment	tem [Holding Tank	[] Innovative	
Da	nielT Hans	1.1			
APPLICANT:	niel T. Harc	14	the second secon	1201	
AGENT: SUS	Ban L. Fraz	e	TELE	PHONE: (286) 292-	67
MAILING ADDRESS:	346 NW IN	/ Glen,	Lake Cita	1, FL 32055	-
BY A PERSON LICENS APPLICANT'S RESPON	APPLICANT OR APPLICANT OF APPLICANT TO 489.10: NSIBILITY TO PROVIDE DO IF REQUESTING CONSIDER	5(3)(m) OR 4	9.552, FLORIDA S OF THE DATE THE	TATUTES. IT IS THE LOT WAS CREATED OR	ED
PROPERTY INFORMAT	ION				===
LOT: BLOC	K: SUBDIVISION	:		PLATTED:	
PROPERTY ID #: 30	0-5S-16-03740	- COEDNING:	I/M OR	EQUIVALENT: [Y / N),
	1.05 ACRES WATER SUPPLE AS PER 381.0065, FS?				
	3249 SW John				
LEFT ONTO	PERTY: SWMAIN Blyd SW Ichetuck No	to 47 S (8.1mi,) Kt.01 2.7mi,)	1 CR 240(4 mi))
			4 111 11-1		_
BUILDING INFORMAT	ion [X] resi	DENTIAL	[] COMMERCIA	L	
Unit Type of No Establishmen	No. of Bedrooms	Building (Area Sqft	Commercial/Instit Table 1, Chapter	utional System Design 64E-6, FAC	<u> </u>
1 Inarau	nd pool		ORIGINAL	ATTACHED	
2		-			_
3					
4		-			_
[] Floor/Equip	ment Drains [] Oth	ner (Specify)			
SIGNATURE:	Susan Li	France		DATE: 1/14/202	12
DH 4015, 08/09 (O Incorporated 64E-	bsoletes previous edit: 6.001, FAC	ions which ma	ay not be used)	Page 1 of	4

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

	PART II - SITEPLAN
cale: Each block re	epresents 10 feet and 1 inch = 40 feet.
otes:	
	see attached
	. 0 1
	NINGO VITAGA
te Plan submitted by:_	Susan L. tray 1/14/2022
an Approved	Not Approved Date_ 1/21/2022
	ES2 Columbia County Health Departmen

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

