



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

56
PERMIT NO. 21-0804
DATE PAID: 10/5/21
FEE PAID: 310.00
RECEIPT #: 734885

APPLICATION FOR:

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

APPLICANT: Delta Omega Properties Inc (Trenton)

AGENT: ROBERT FORD III, NORTH FLORIDA SEPTIC TANK INC;

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE State Rd 100, Lake City, FL 32025

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: Ph1 SUBDIVISION: Crosswinds PLATTED: _____

PROPERTY ID #: 24-4516-03117-136 ZONING: _____ I/M OR EQUIVALENT: [Y] ☒ [N]

✓ PROPERTY SIZE: 0.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] ☐ ≤2000GPD [] ☐ >2000GPD

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

PROPERTY ADDRESS: 830 SW Chesterfield Cir, Lake City

DIRECTIONS TO PROPERTY: Take SW Sister Welcome rd to SW Kicklighter Ter to SW Cannon Creek Dr to Chesterfield Cir to 830

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	NEW Home	3	1600	
2				
3				
4				

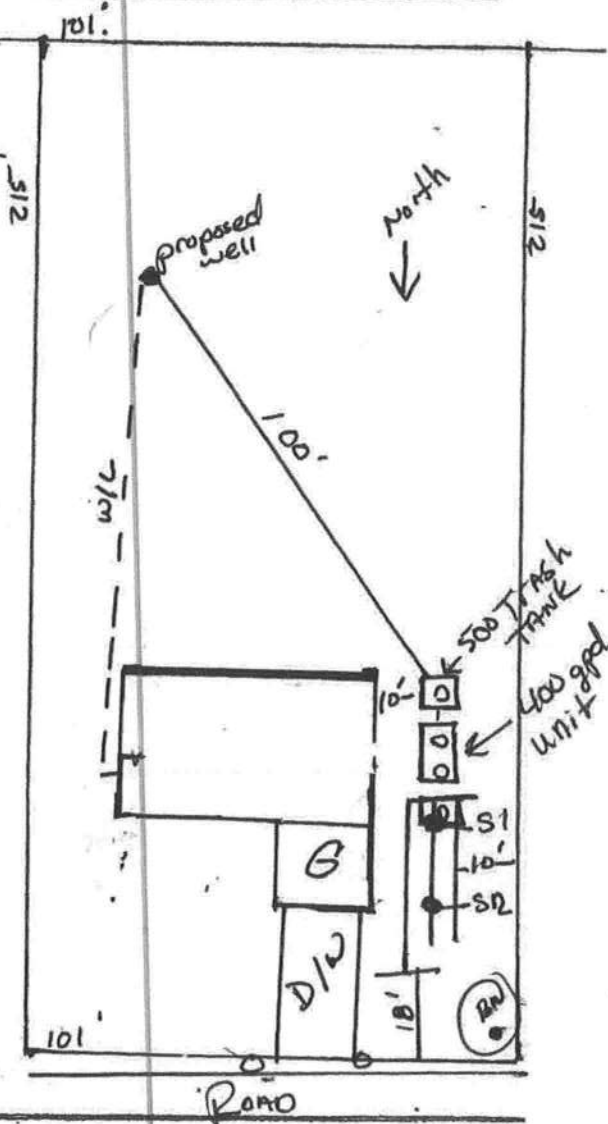
☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Robert Wade

DATE: 9-30-2021

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Permit Application Number 21-0804



Notes:

The Plan submitted by Robert W. Jand III Date 9-30-2021

Is Approved X

Not Approved

Date 10/10/21

Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT