



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

PERMIT NO. 21-05  
DATE PAID: 6/11/21  
FEE PAID: 208.00  
RECEIPT #: 11080363

APPLICATION FOR:

[ ] New System [ ☒ ] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Edmund + Bonnie Blackwell

AGENT: Edmund + Bonnie Blackwell

TELEPHONE: 904-307-8164

MAILING ADDRESS: 175 Venetian Blvd St. Aug. FL 32095

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: 38,39,40 BLOCK: NA SUBDIVISION: Three Rivers Estates PLATTED: Unit 11

PROPERTY ID #: 00-00-00-00856-003(3222) ZONING: AE I/M OR EQUIVALENT: [ Y / ☒ N ]

PROPERTY SIZE: 2.8 ACRES WATER SUPPLY: [ ☒ ] PRIVATE PUBLIC [ ]  $\leq 2000$  GPD [ ]  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / ☒ N ] \* DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 978 S.W. Washington Ave Fort White 32038

DIRECTIONS TO PROPERTY: S. off CR 27, turn on Riverside Ave, (2) on Utah,  
(R) on Washington to 978

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>Pole Barn</u>	<u>0</u>	<u>1800</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

[ ] Floor/Equipment Drains [ ☒ ] Other (Specify) Later when enclosed yes on plan vent  
SIGNATURE: Edmund Blackwell DATE: 5/25/2021

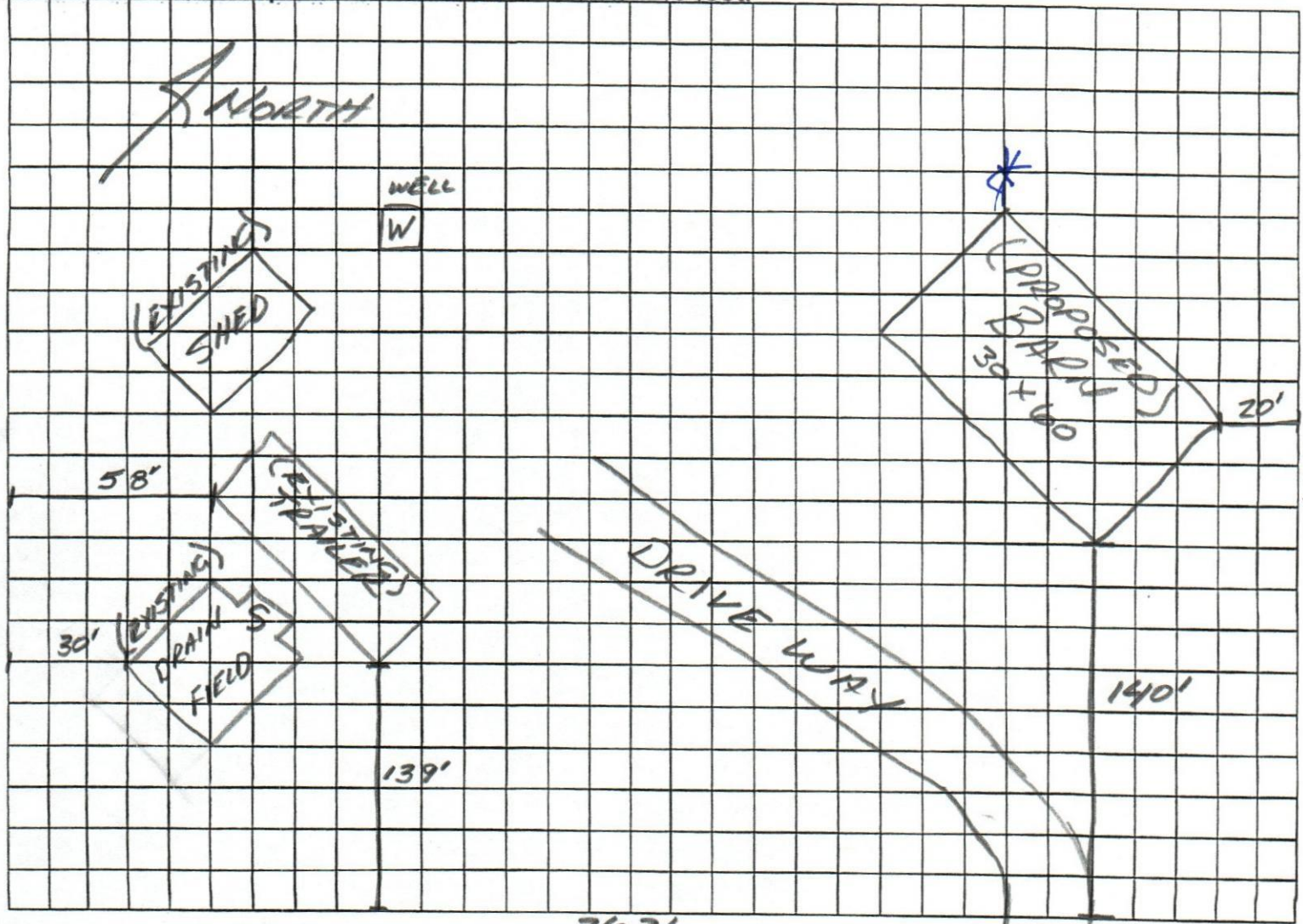


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----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet. 256'



Notes: 263' STREET (PAVED)  
- WELL TO SEPTIC 90', SEPTIC TO (PROPOSED) BARN 140',  
\* NOT TO EXACT SCALE (LOT TOO BIG)

Site Plan submitted by: Edmund + Bonnie Blackwell TITLE \_\_\_\_\_ DATE: 5/25/2021  
Plan Approved X Not Approved \_\_\_\_\_ Date 6/16/21  
By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT