DATE 01/25/2012

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029895

APPLICANT RENTZ GALLOWAY PHONE 386.623.3834

ADDRESS 495 NW WINFIELD STREET LAKE CITY FL 32055

OWNER KENNETH LORENZO WILSON PHONE 386.752.3290

ADDRESS 301 NW MATTIE LANE LAKE CITY FL 32055

CONTRACTOR RONNIE NORRIS PHONE 386.752.3871

LOCATION OF PROPERTY 41-N TO WINFIELD,TL TO MATTIE LN,TR AND IT'S THE THE 1ST. PLACE ON L.

TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING A-3 MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 34-2S-16-01860-000 SUBDIVISION _____

LOT ____ BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 1.00

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor
		IH1025145	Rentz Galloway

Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident
EXISTING	12-0017-N	BLK	TC	N

COMMENTS: GRANDFATHERED IN FAMILY LOT. REPLACING EXISTING HOUSE, HOUSE TO BE TORN DOWN WITHIN 45 DAYS OF APPROVED FINAL INSPECTION.

1 FOOT ABOVE ROAD. Check # or Cash 7000

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ date/app. by

Foundation _____ date/app. by

Monolithic _____ date/app. by

Under slab rough-in plumbing _____ date/app. by

Slab _____ date/app. by

Sheathing/Nailing _____ date/app. by

Framing _____ date/app. by

Insulation _____ date/app. by

Rough-in plumbing above slab and below wood floor _____ date/app. by

Electrical rough-in _____ date/app. by

Heat & Air Duct _____ date/app. by

Peri. beam (Lintel) _____ date/app. by

Pool _____ date/app. by

Permanent power _____ date/app. by

C.O. Final _____ date/app. by

Culvert _____ date/app. by

Pump pole _____ date/app. by

Utility Pole _____ date/app. by

M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Reconnection _____ date/app. by

RV _____ date/app. by

Re-roof _____ date/app. by

BUILDING PERMIT FEE $ 0.00 CERTIFICATION FEE $ 0.00 SURCHARGE FEE $ 0.00

MISC. FEES $ 300.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ _____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ _____ **TOTAL FEE** 375.00

INSPECTORS OFFICE _____ CLERKS OFFICE CH

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

$375.00 Ma Rentz Brother-in-law

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 25 JAN 2012 Building Official T.C. 1-24-12

AP# 1201-34 Date Received 1-20-12 By LH Permit # 29895

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Grandfathered in Family Lot, Replacing existing house, House to be torn down within 45 days of approval Final inspection.

FEMA Map# N/A Elevation N/A Finished Floor Slab River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 12-0017-N ☐ EH Release ☑ Well letter N/A Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☐ State Road Access ☑ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH Inc ☐ F W Comp. letter ☑ VF Form

IMPACT FEES: EMS Fire Corr ☑ Out County ☐ In County

Road/Code School = TOTAL Impact Fees Suspended March 2009

Property ID # 34-2S-16-01860-000 Subdivision N/A

- New Mobile Home New Used Mobile Home MH Size 32X52 Year 2014
- Applicant Rentz Galloway 623-3834
- Address 495 NW Winfield St Lake City FL 32055
- Name of Property Owner Kenneth Lorenzo Wilson Phone# 386-752-3290
- 911 Address 301 NW Mattie Ln Lake City FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Kenneth Wilson Phone # 752-3290
  Address 301 NW Mattie Ln L.C. FL 32055
- Relationship to Property Owner Self
- Current Number of Dwellings on Property - 1 - HM TO BE "DEMOLISHED"
- Lot Size 1 Acre Total Acreage 1.00
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home YES (REPLACES 52X)
- Driving Directions to the Property HWY 41N past under I-10 for 1.7/10 mile turn left on Winfield St go 3/10 mile T/R on Mattie Ln 1st place on left.
- Name of Licensed Dealer/Installer RONNIE NORRIS Phone # 7523871
- Installers Address 1004 SW Emt Ct L.C. FL 32024
- License Number IH0000025145 Installation Decal # 8872

IH 0000025145 - 7000

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer RONNIE NORRIS license # IH-102 5145/1

911 Address where home is being installed. _____

Manufacturer Live oak Length x width 32X56

NOTE: ***if home is a single wide fill out one half of the blocking plan***
if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials KV

New Home ☑ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☑

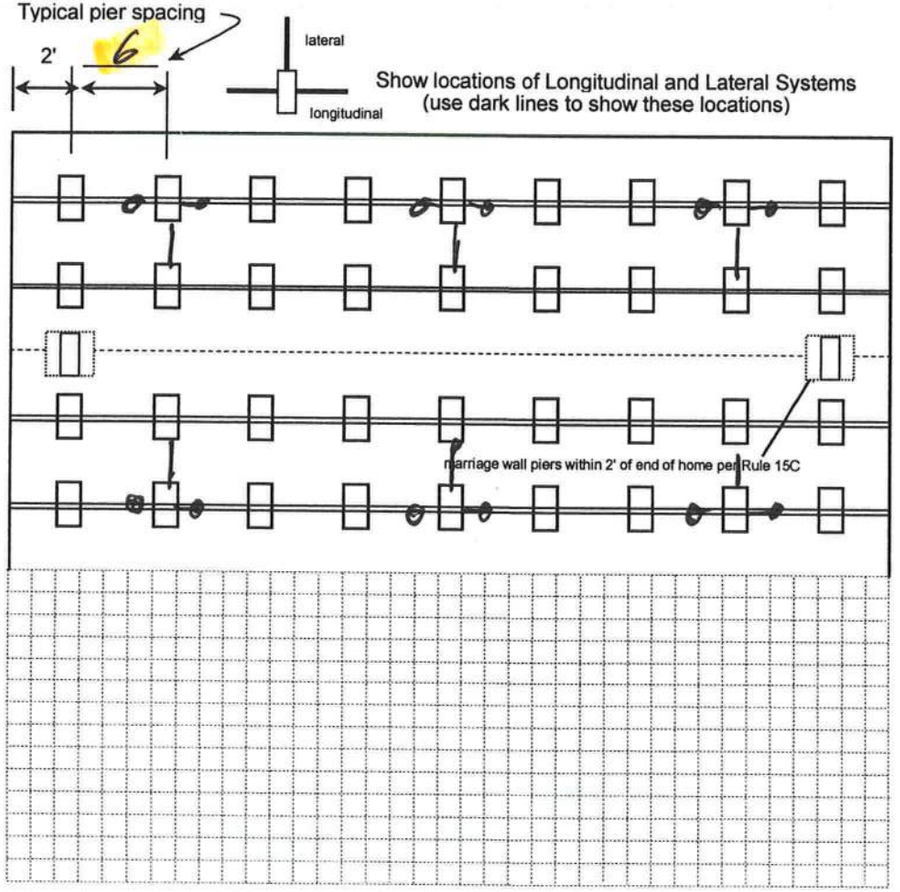
Home is installed in accordance with Rule 15-C ☐

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

Double wide ☑ Installation Decal # 8872

Triple/Quad ☐ Serial # 12150

Typical pier spacing



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 psf		3'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size NA

Other pier pad sizes (required by the mfg.) 16X16

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening	Pier pad size
8	17X25
4	16X16
4	16X16

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
~~16 x 18~~	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
~~17 3/16 x 25 3/16~~	~~441~~
~~17 1/2 x 25 1/2~~	~~446~~
24 x 24	576
26 x 26	676

ANCHORS

4 ft 4 5 ft _____

FRAME TIES

within 2' of end of home spaced at 5' 4" oc _____

OTHER TIES

	Number
Sidewall	22
Longitudinal	6
Marriage wall	2
Shearwall	1

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil _____ without testing.

x 1500 x 1500 x 1500

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

x 1500 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 275 inch pounds or check here if you are declaring 5' anchors without testing 4. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested 12-27-011

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. _____

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. _____

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. _____

Site Preparation

Debris and organic material removed ✓
Water drainage: Natural _____ Swale _____ Pad ✓ Other _____.

Fastening multi wide units

Floor:	Type Fastener: LB	Length: 6	Spacing: 24
Walls:	Type Fastener: Screw	Length: 6	Spacing: 16
Roof:	Type Fastener: Screw	Length: 6	Spacing: 16

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials _____

Type gasket _____
Pg. _____

Installed:
Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes _____. Pg. _____
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ____

Miscellaneous

Skirting to be installed. Yes _____ No _____
Dryer vent installed outside of skirting. Yes _____ N/A _____
Range downflow vent installed outside of skirting. Yes _____ N/A _____
Drain lines supported at 4 foot intervals. Yes _____
Electrical crossovers protected. Yes _____
Other : _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature _____ **Date** 12-27011

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ok **ELECTRICAL**	Print Name Kenneth L. Wilson License #: Owner	Signature Kenneth L Wilson Phone #: 752 3290
ok **MECHANICAL/ A/C** B	Print Name Robert Grant License #: CAC1814931	Signature Robert Grant Phone #:
ok **PLUMBING/ GAS** 674	Print Name RONNIE NIKIS License #: IH/0251451	Signature Ronnie Nikis Phone #: 752 3871

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Columbia County Property Appraiser

DB Last Updated: 11/15/2011

2011 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

Parcel: 34-2S-16-01860-000

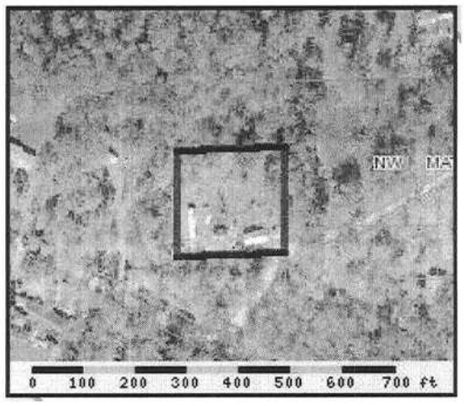
<< Next Lower Parcel | Next Higher Parcel >>

<< Prev Search Result: 120 of 192 Next >>

Owner & Property Info

Owner's Name	WILSON KENNETH LORENZO		
Mailing Address	301 NW MATTIE LN LAKE CITY, FL 32055		
Site Address	301 NW MATTIE LN		
Use Desc. (code)	SINGLE FAM (000100)		
Tax District	3 (County)	**Neighborhood**	34216
Land Area	1.000 ACRES	**Market Area**	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

BEG 132 FT S OF NE COR OF S1/2 OF SE1/4, RUN S 210 FT, W 210 FT, N 210 FT, E 210 FT TO POB. ORB 781-1971



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	$9,695.00
Ag Land Value	cnt: (1)	$0.00
Building Value	cnt: (1)	$10,452.00
XFOB Value	cnt: (3)	$700.00
Total Appraised Value		$20,847.00
Just Value		$20,847.00
Class Value		$0.00
Assessed Value		$11,029.00
Exempt Value	(code: HX)	$11,029.00
Total Taxable Value		Cnty: $0 Other: $0 | Schl: $0

2012 Working Values

NOTE:
2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
10/29/1993	781/1971	QC	I	U	01	$0.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1900	MINIMUM (01)	600	928	$10,452.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0031	BARN,MT AE	0	$100.00	0000001.000	0 x 0 x 0	(000.00)
0285	SALVAGE	2008	$500.00	0000001.000	0 x 0 x 0	(000.00)
0070	CARPORT UF	2008	$100.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value

Return to: (enclose self-addressed stamped envelope)
Name: KENNETH LORENZO WILSON
Address: Rt. 1, Box 513
Lake City, FL 32055

This Instrument Prepared by:
Address: Same

Property Appraisers Parcel Identification (Folio Number(s)):
Grantee(s) S.S. #(s) 34-2S-[redacted]

QUIT CLAIM DEED

RANCO FORM NO. 8

93-12620

FILED AND RECORDED IN PUBLIC RECORDS COLUMBIA COUNTY, FL
1993 OCT 29 AM 10:44
CLERK CIRCUIT COURT
COLUMBIA COUNTY, FLORIDA
BY [signature] D.C.

SPACE ABOVE THIS LINE FOR PROCESSING DATA — SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, *Executed the* 29th *day of* October *, 19* 93 *, by*
JAMES WILSON, JR.
first party, to KENNETH LORENZO WILSON
whose post office address is Rt. 1, Box 513, Lake City, FL 32055
second party.

(Wherever used herein the terms "first party" and "second party" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires)

Witnesseth, *That the first party, for and in consideration of the sum of* $ 10.00 *, in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release, and quit-claim unto the second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of* Columbia *, State of* Florida *, to-wit:*

IN: Township 34, Section 2S, Range 16 East

Begin 132 Feet South of NE Corner of South 1/2 of SE 1/4 and run South 210 Feet, West 210 Feet, North 210 Feet, East 210 Feet to POB.

DOCUMENTARY TAX 70
INTANGIBLE TAX 0
P. DeWITT CASON CLERK OF COURTS, COLUMBIA COUNTY
BY [signature] D.C.

To Have and to Hold, *The same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.*

In Witness Whereof, *the said first party has signed and sealed these presents the day and year first above written.*

Signed, sealed and delivered in the presence of:

[signature]
Witness Signature (as to First Grantor)
P. DeWitt Cason
Printed Name
[signature]
Witness Signature (as to First Grantor)
Trilby G. Crews
Printed Name

Witness Signature (as to Co-Grantor, if any)
Printed Name
Witness Signature (as to Co-Grantor, if any)
Printed Name

[signature]
Grantor Signature
JAMES WILSON, JR.
Printed Name
Rt. 1, Box 513, Lake City, FL 32055
Post Office Address

Co-Grantor Signature (if any)
Printed Name
Post Office Address

OR 0781 PG 1971
OFFICIAL RECORDS

STATE OF Florida)
COUNTY OF Columbia)

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared JAMES WILSON, JR. known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that executed the same, and an oath was not taken. (Check one:) ☒ Said person(s) is/are personally known to me. ☐ Said person(s) provided the following type of identification: _____

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this 29th day of October A.D. 1993.

[signature]
Notary Signature
Trilby G. Crews
Printed Notary Signature

01
14
95

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 1/12/2012 **DATE ISSUED:** 1/19/2012

ENHANCED 9-1-1 ADDRESS:

301 NW MATTIE LN

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

34-2S-16-01860-000

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

2167

LC 12-0017-N

CR # 10-5349

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

PERMIT NO. 12-0017-N
DATE PAID: 1/10/12
FEE PAID: 510.00
RECEIPT #:
17 PID-1803329
AP 10577778

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

APPLICANT: KENNETH L. WILSON

AGENT: PAUL LLOYD TELEPHONE: (386) 623-3884

MAILING ADDRESS: 301 NW MATTIE LN LAKE CITY FL 32055

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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 34-2S-16-01860-000 ZONING: RES I/M OR EQUIVALENT: [NO]

PROPERTY SIZE: 1.000 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [NO] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 301 NW MATTIE LN.

DIRECTIONS TO PROPERTY: 41 NORTH TURN LEFT ON WINDFIELD TURN RIGHT ON MATTIE LN 1ST 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	4	1,728	
2				
3				
4				

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

SIGNATURE: Paul R Lloyd DATE: 1/9/12

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

12-0017-N

CR # 10-6349

PERMIT NO.
DATE PAID: 1.10.12
FEE PAID: 310.00
RECEIPT #: 12P1010337 01

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

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

APPLICANT: KENNETH L. WILSON

PROPERTY ADDRESS: 301 NW MATTIE LN.

LOT: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS
[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]

PROPERTY ID #: 34-2S-16-01860-000 [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [1,050] GALLONS / GPD SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN-SERIES [ ]
A [ ] GALLONS / GPD _____ CAPACITY MULTI-CHAMBERED/IN-SERIES [ ]
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS # PUMPS [ ]

D [500] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [ ] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [X] MOUND [ ]
I CONFIGURATION: [X] TRENCH [ ] BED [ ] _____
N
F LOCATION OF BENCHMARK: NAIL IN 12" OAK EAST OF SYSTEM SITE
I ELEVATION OF PROPOSED SYSTEM SITE [24] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [12] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [30.0] INCHES EXCAVATION REQUIRED: [18] INCHES

O
T
H
E
R

SPECIFICATIONS BY: PAUL LLOYD TITLE: SOIL SCIENTIST

APPROVED BY: Sallie Ford TITLE: Env Health Director COLUMBIA CHD

DATE ISSUED: 1.13.12 EXPIRATION DATE: 7.20.13

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

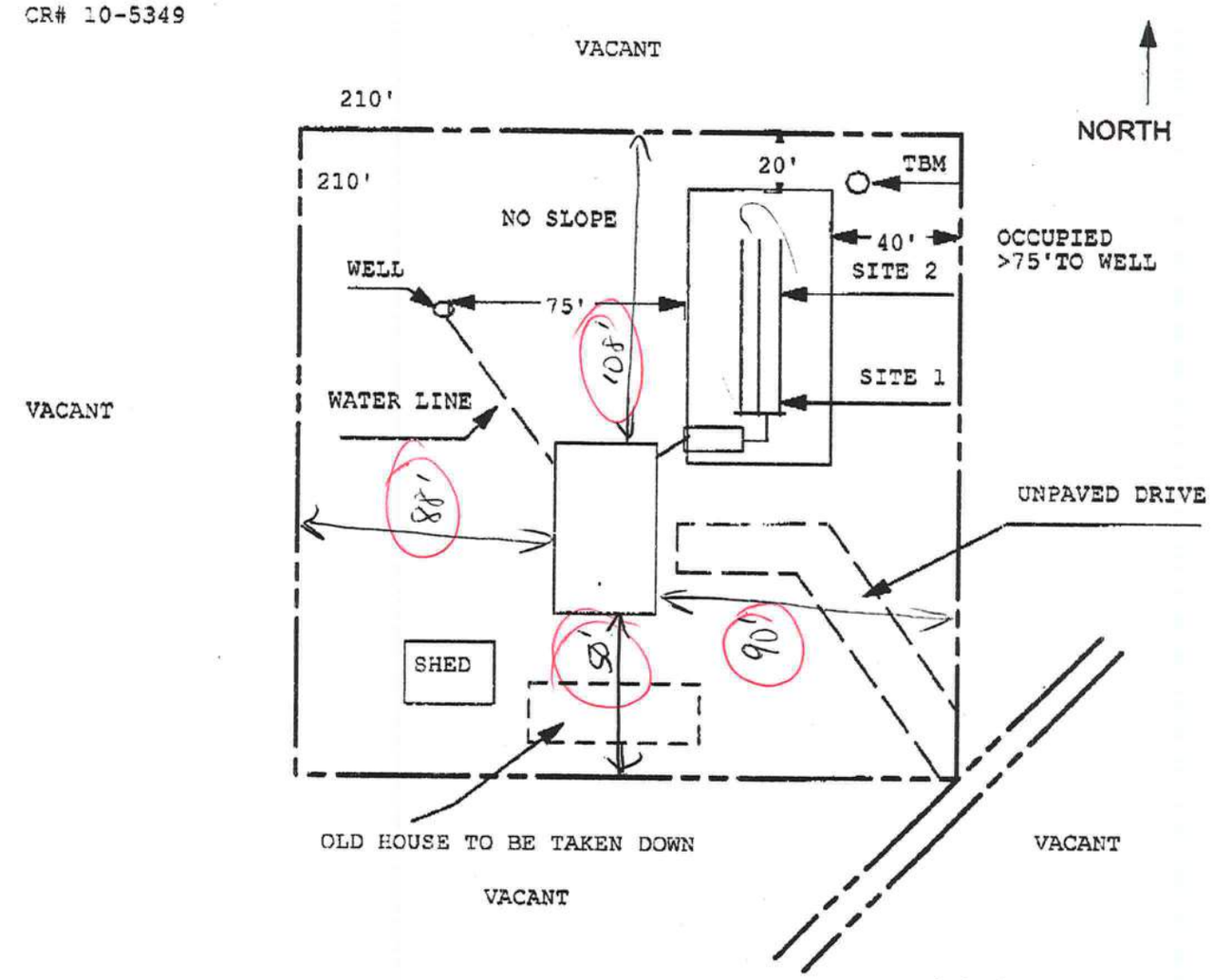
2,550.00

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 12-6017-N

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

CR# 10-5349



Site Plan Submitted By Karl Lloyd Date 1/9/12

Plan Approved X Not Approved ____ Date 1-12-12

By Sallie Ford · Env Health Director CPHU

Notes: Columbia

Hall's Pump & Well Service, Inc.
904 NW Main Blvd
Lake City, FL. 32055

Date: 01/20/2012

Notice to All Contractors:
Re: Kenneth Wilson

Please be advised that due to the new building codes we will use a large capacity diaphragm tank on all new wells. This will insure a minimum of one (1) minute draw down or one (1) minute refill. If a smaller diaphragm tank is used then we will install a cycle stop valve which will produce the same results. All wells will have a pump & tank combination that will be sufficient enough for each situation.

If you have any questions please feel free to call our office.

Thank You,

Russell Davis

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, RONNIE NORRIS (Installer License Holder Name), give this authority for the job address show below only, 301 New Matthews Lane LCF (Job Address), and I do certify that the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Rente Callaway	Rente Callaway	✓ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

RONNIE NORRIS — IH-1025145-1 — 1-19-12
License Holders Signature (Notarized) — License Number — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Rente Callaway, personally appeared before me and is known by me or has produced identification (type of I.D.) Drivers License on this 20 day of January, 2012.

Paula F. Ammons
NOTARY'S SIGNATURE

(Seal/Stamp) PAULA F. AMMONS Commission DD 835663 Expires November 9, 2012

12-1457

Jan. 20. 2012 3:20PM First Coast Mobile Home Sales No. 5967 P. 1