



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

PERMIT NO. 20-0557  
DATE PAID: 7/16/20  
FEE PAID: 60.00  
RECEIPT #: 1524114

APPLICATION FOR:

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

APPLICANT: George and Lane Dekle

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: 1 BLOCK: A SUB: Forest Country PLATTED: \_\_\_\_\_

PROPERTY ID #: 16-4S-16-03000-101 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 1.22 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 289 Loblolly Place, Lake City, FL

DIRECTIONS TO PROPERTY: Head W on NE Franklin St, TL onto NW Main Blvd, TR onto US-90 W, TL onto FL-247S, TL onto SW Monk Way, TL onto Longleaf Blvd, TR onto SW Loblolly Place.

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>Library</u> | <u>0</u> | <u>544</u> | <u>open floor plan</u> |
|---|----------------|----------|------------|------------------------|

|   |  |  |  |  |
|---|--|--|--|--|
| 2 |  |  |  |  |
| 3 |  |  |  |  |

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: William Dekle

DATE: 7/14/2020

50 46704

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

Permit Application Number 20-0557

DeKle

PART II - SITEPLAN

Scale: 1 inch = ~~40~~<sup>60</sup> feet.



Notes:

Site Plan submitted by:

William D. Bishop II

Plan Approved ☒

Not Approved ☐

MASTER CONTRACTOR

Date 7-15-20

By

Chamberlain County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT