

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM (OSTDS)

PERMIT NO.

DATE PAID:
FEE PAID:
RECEIPT #:

PARMIT NO.

PARMIT NO

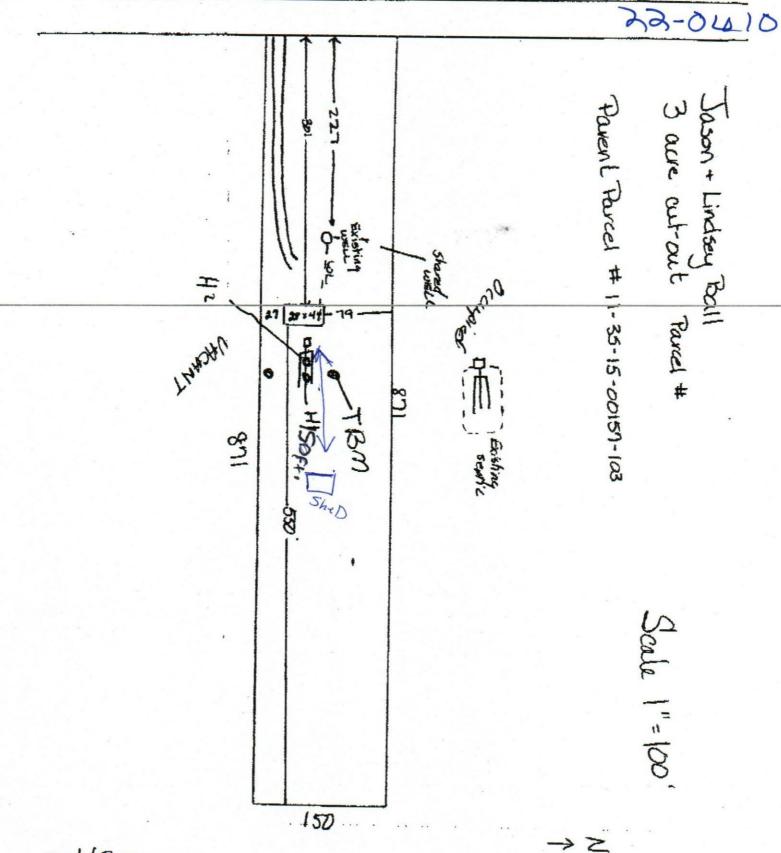
APPLICATION F	OR CONSTRUCTION	PERMIT	
APPLICATION FOR: [] New System [V] Ex [] Repair [] Ab	isting System andonment	[] Holding Tank	[] Innovative
APPLICANT: John Miller EMAIL:			
AGENT:			EPHONE:
MAILING ADDRESS: // NW	Union par	K RD	
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	TO 489.105(3) (m) OF PROVIDE DOCUMENTAT	R 489.552, FLORIDA ION OF THE DATE TH	A STATUTES. IT IS THE WE LOT WAS CREATED OR
PROPERTY INFORMATION			MEDIATION PLAN? [Y/N]
LOT: BLOCK: SUE	division: Betheo	Acres	PLATTED:
PROPERTY ID #: $1/-35-15-00157-108$ zoning: I/M OR EQUIVALENT: [Y N			
PROPERTY SIZE: 3 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD []>2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 5 FT			
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: 30 FT			
PROPERTY ADDRESS: 16/ NW Union park RD Well Born			
DIRECTIONS TO PROPERTY: Home on Land			
			Ann
BUILDING INFORMATION	RESIDENTIAL	[] COMMERC	TAL
Unit Type of No Establishment	No. of Building Bedrooms Area Sqf	Commercial/Inst	ritutional System Design or 62-6, FAC
1 Shed	0 384	ORIGINAL	ATTACHED
2		ORIGINAL	
3			
4			
[] Floor/Equipment Drains	[] Other (Speci	fy)	
SIGNATURE: Thon Much			DATE: 7-11-2022

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-04)0 ------ PART II - SITEPLAN ------Scale: Each block represents 10 feet and 1 inch = 40 feet. Notes: p miller Agent: Owner: Date: 7 Site Plan submitted by: Plan Approved____ Not Approved____ Date 7/29/22 COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



18-0137