

FW

SSO 067 204386



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

PERMIT NO: 22-0195
DATE PAID: 3/8/22
FEE PAID: 425.00
RECEIPT #: 1808824

APPLICATION FOR:
☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Scott Kremer

AGENT: N/A TELEPHONE: 386-466-5201

MAILING ADDRESS: 161 SW Winthrop Place, Fort 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: 21422 BLOCK: _____ SUBDIVISION: Spring Run PLATTED: _____

PROPERTY ID #: 16-65-16-03832-22 ZONING: A-1 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.95 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 161 SW Winthrop Place, Ft White FL 32038

DIRECTIONS TO PROPERTY: Head North on SR47 Adm Ft White,
Head West on SW Elm Church Rd to SW Henderson
Ter, Head North on SW Henderson to Winthrop 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	Travel Trailer	1	200	Carport with Travel Trailer
2	Modular Home	3	1800	3/2 with Washer (Phase II)
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 3/8/22

*Permit
ONLY for
Rat-Trap
Time

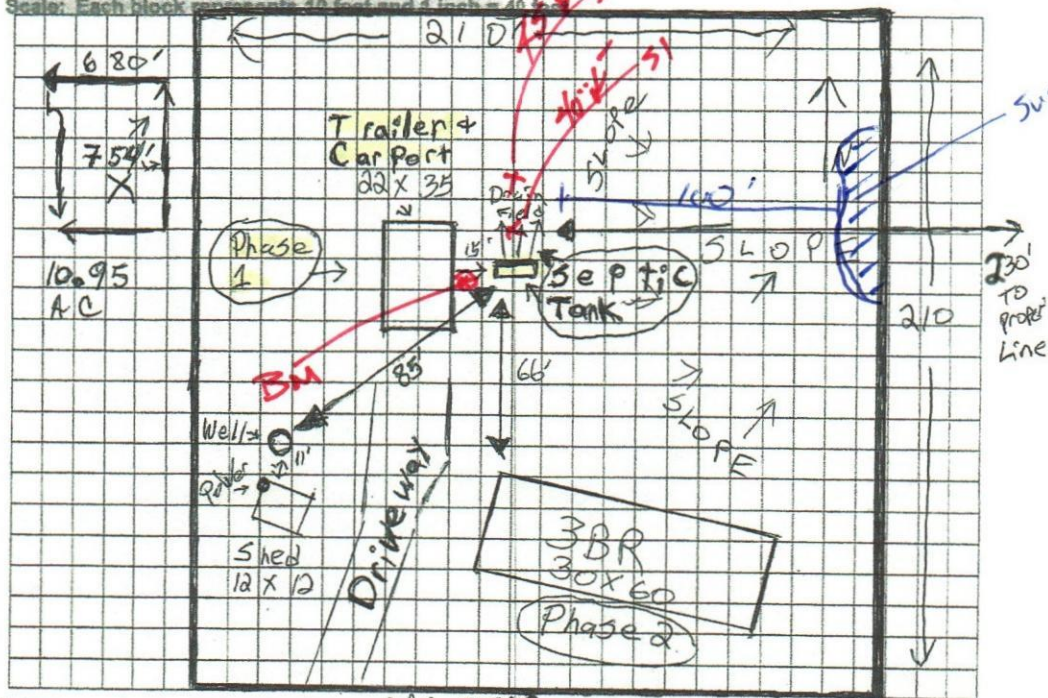
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PART II - SITEPLAN

Scale: Each block represents 40 feet and 1 inch = 40 feet



Notes:

1 AC OF 10.95

Would like to meet w/ inspector

Phase 1 - Install Septic for Trailer dump

Phase 2 - Install 3BR 2 Bath Washer & Maintain Trailer Dump

Site Plan submitted by: Scott Kremsler Agent: Owner: X

Date: 3/2/22

Plan Approved X Not Approved

Date: 3/17/22

By

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT