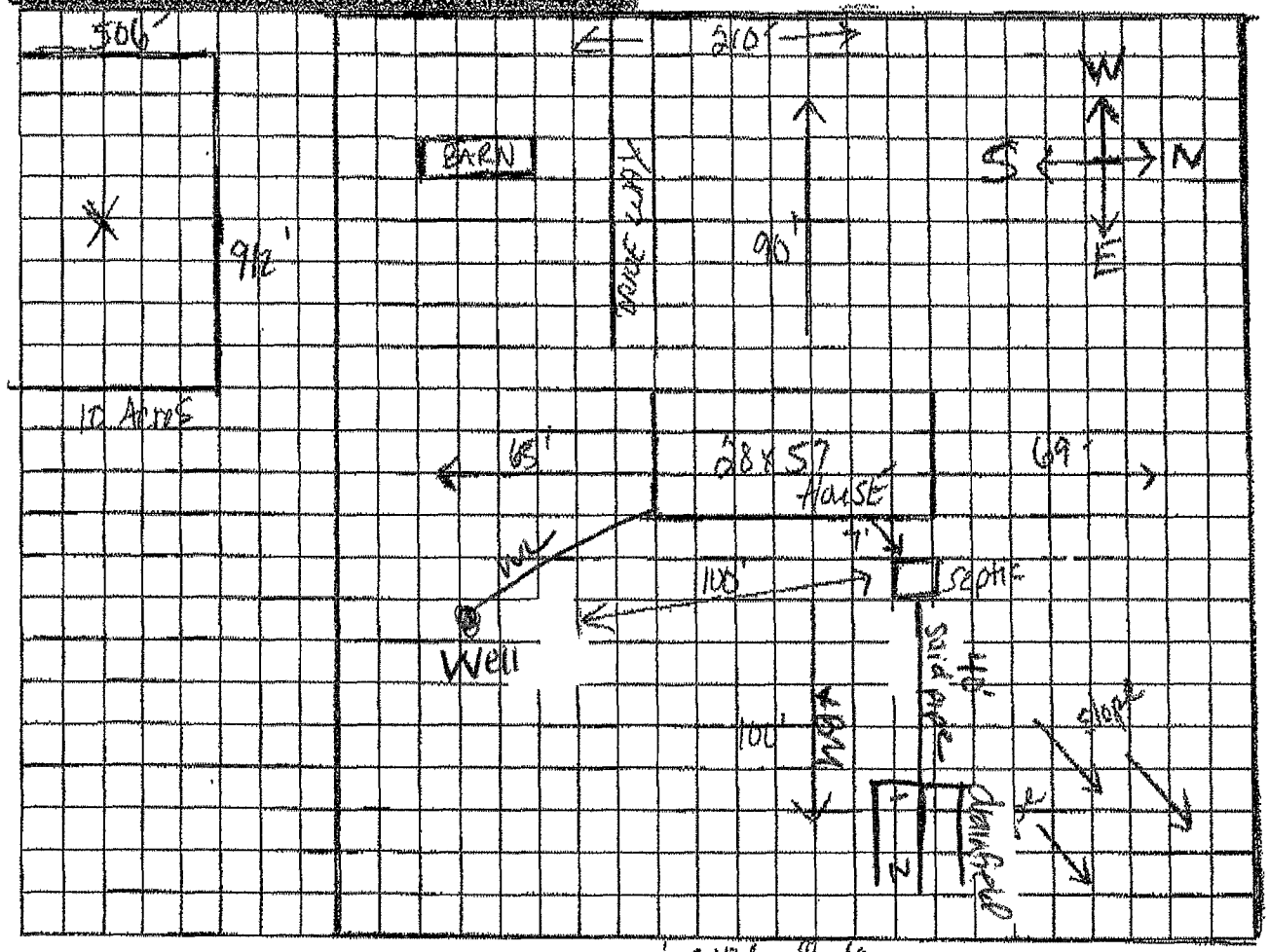
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Thomas Coppedge

Permit Application Number 13-0459

PART II - SITEPLAN

Scale: Each block (square) is 10 feet and 1 inch = 40 feet



Notes: 1 acre & 10

Site Plan submitted by: owner Thomas Coppedge Owner

Plan Approved X Not Approved Date 9/20/13

By Sallie Lead Env Health Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

appl. # 1308-58

Pump Repair & Well Drilling

Jamie Storey, State License # 2664

Office (352) 542-7877
Fax (352) 542-7533

RESIDENTIAL WATER WELL BUILDING PERMIT INFORMATION

*Building Permit #*_____ *Owners Name:* **Thomas & Trudie Coppedge**

Well Depth TBD ft. *Casing Depth* TBD ft *Water Level* TBD ft.

PUMP INSTALLATION: Submersible XX *Deep Well Jet* ___ *Shallow Well Jet* ____

Pump Make Goulds *Pump Model #*18LS *Pump H.P.* 1

System Pressure (PSI) 40 *On* 60 *Off Average Pressure* 50

Pumping System GPM at average pressure and pumping level 18 *(GPM).*

TANK INSTALLATION: Precharged (Bladder) XX *Atmospheric (Galvanized)* ____

Make Well Flo *Model* 100WF *Size* 81 *Gallons.*

Tank Draw-down per cycle at system pressure 21 *Gallons.*

Constant flow device installed ____ *Yes* _X_ *No.*

I hereby certify that this water well system has been installed as per above information.

Jamie Storey
State contractor signature

Jamie Storey
print name

2664
State license number

08/20/2013
Date

SSU 946309297

FW

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

PERMIT NO. 13-1459
DATE PAID: 9/3/13
FEE PAID: 115.00
RECEIPT #: 1174620

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

APPLICANT: Thomas Coppedge

AGENT: Thomas Willits TELEPHONE: 904-813-1066

MAILING ADDRESS: PO Box 607 Steinhatchee Fl. 32359

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: 13 BLOCK: _____ SUBDIVISION: Buckhead Woods PLATTED: Unrec

PROPERTY ID #: 05-5s 16-03716-113 ZONING: Ag I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [X]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 259 SW Mystic Way FORT WHITE, Fl 32038

DIRECTIONS TO PROPERTY: from County Rd 131 SW take Tuskenuggee true travel 8 miles to Markham Rd. take rt go 1 mile then take rt on Chime terrace go .3 miles on left will be mystic way 2nd property on right —

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	Single family home	2	2000	
2				Cleared SSO Sept 4-13
3				
4				

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

SIGNATURE: [signature] DATE: 8/20/13

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

9/3/13 My Mail