



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

PERMIT NO. 22-0416
DATE PAID: 5/6/22
FEE PAID: 185.00
RECEIPT #: 1833390

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[✓] Repair [] Abandonment [] Temporary []

APPLICANT: Nancy Mitchell

AGENT: Swannee Septic TELEPHONE: (239) 910-7555

MAILING ADDRESS: 2215 CR 249 Live Oak

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: B SUBDIVISION: Swannee Valley PLATTED: _____

PROPERTY ID #: 22-25-16-01717-001 ZONING: _____ I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 0.332 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [✓] ≤2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 306 NW Austin Way Lake City 32025

DIRECTIONS TO PROPERTY: _____

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>MH</u>	<u>2</u>	<u>890</u>	
2				
3				
4				

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

SIGNATURE: Cal Water DATE: 5/6/22

Permit Application Number.

PART II - SITEPLAN

Hand-drawn site plan on graph paper showing property boundaries, a driveway, a 16x60 MH, and various utility lines. The plan includes labels for "Tad Place", "Austin Way", "Drive", "16x60 MH", "Proposed water meter", "N/L", "EM", and various dimensions like "82'", "26'", "110'", "103'", "154'", "60' to P/L", "30' to P/L", and "40' to P/L".

Notes: _____

Site Plan submitted by: Gar Watson

Plan Approved ✓ Not Approved

Date 5/11/22

By Columbia CUP County Health Department

~~Columbia CHD~~

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT