



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

PERMIT NO. 210583  
DATE PAID: 4/30/21  
FEE PAID: 45.00  
RECEIPT #: 287299

APPLICATION FOR:

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

APPLICANT: Cari Arganbright

AGENT: \_\_\_\_\_ TELEPHONE: 386-923555

MAILING ADDRESS: 209 SW Kansas Ct. 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: 8 BLOCK: \_\_\_\_\_ SUBDIVISION: Arrow Wood PLATTED: \_\_\_\_\_

PROPERTY ID #: 01-75-16  
04103-008 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 5.9 ACRES WATER SUPPLY: [ ☒ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 248<sup>SW</sup> Chap Dr Fort White

DIRECTIONS TO PROPERTY: Hwy 47 S to 27. go E on 27 to  
CR 18. go (L) (East) on CR 18 to Hawthorne. go (R) (S)  
to Hilliard. go (L) (E) to Lime. go (L) (N) to Chap. go  
(R) (E) - to 1st property on (R) 248 Chap.

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>Singlewide mobile home</u>	<u>2</u>	<u>12x60</u> <u>720</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

[ ☒ ] Floor/Equipment Drains [ ] Other (Specify) Mobile home

SIGNATURE: Cari Arganbright DATE: 3/18/21

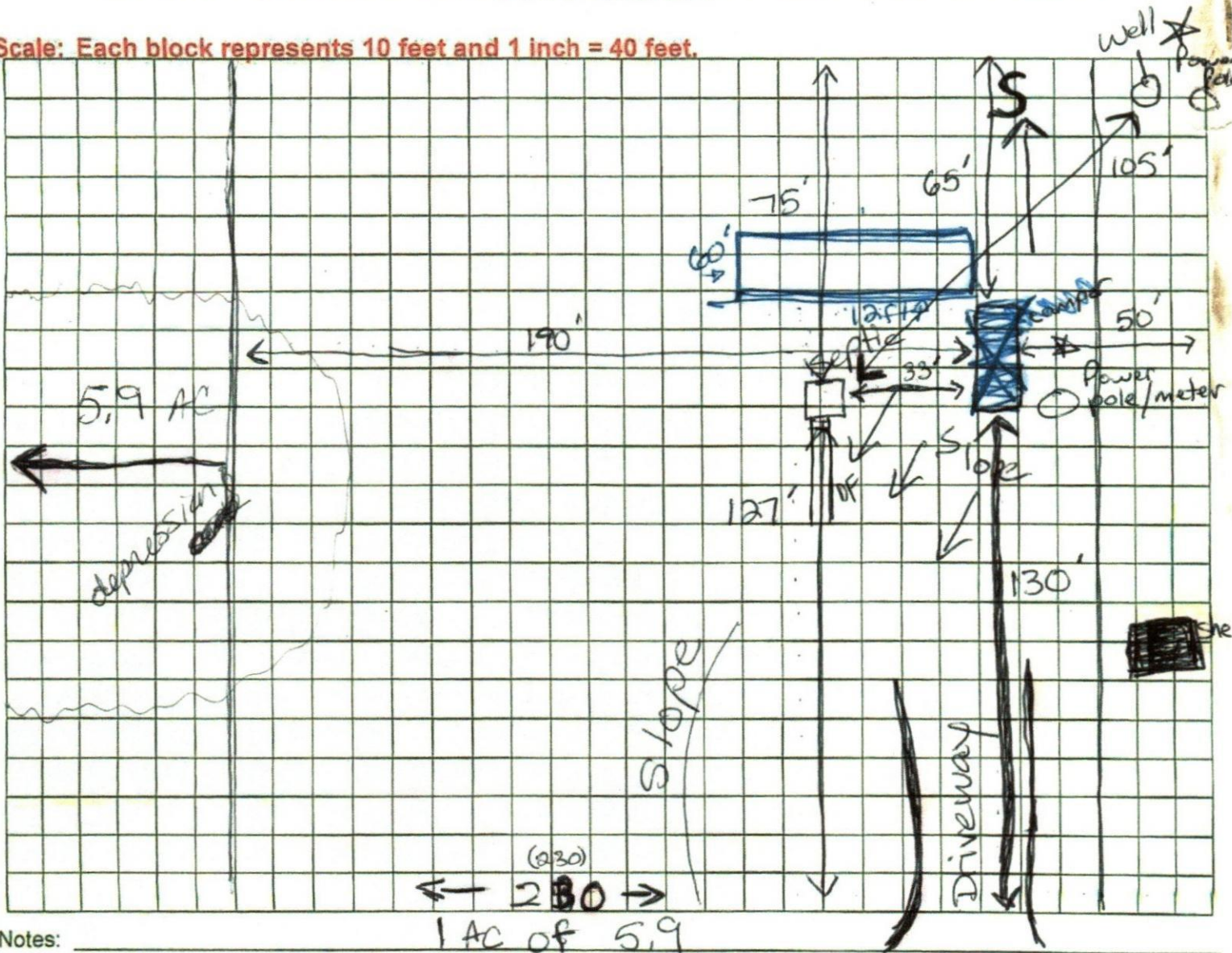


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Permit Application Number 21-0582

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: \_\_\_\_\_

Site Plan submitted by: Cari Argenbriant

TITLE owner

DATE: 6/30/21

Plan Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Date 7/1/2021

By \_\_\_\_\_

Kell By

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT