FW

CR # 10-7563

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

PERMIT NO: 20-0412
DATE PAID: 5/29/20
FEE PAID: 350.00
RECEIPT #: 1507239

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

APPLICANT: WILLARD BAUGHN

AGENT: WOODMAN PARK CONSTRUCTION TELEPHONE: (386) 755-2411

MAILING ADDRESS: PO BOX 1755 LAKE CITY FL 32056

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: 15 BLOCK: 5 SUBDIVISION: WILSON SPRINGS PH 1 PLATTED: _____

PROPERTY ID #: 06-7S-16-04149-515 ZONING: RES I/M OR EQUIVALENT: [NO]

PROPERTY SIZE: 1.620 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [NO] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 419 MEMORIAL DR. FT. WHITE

DIRECTIONS TO PROPERTY: SR 47 SOUTH TO FT. WHITE, TURN RIGHT ON WILSON SPRINGS RD.TURN LEFT AT POPE'S STORE GO THRU S CURVE SITE 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	HOUSE	2	1,144	
2				
3				
4				

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

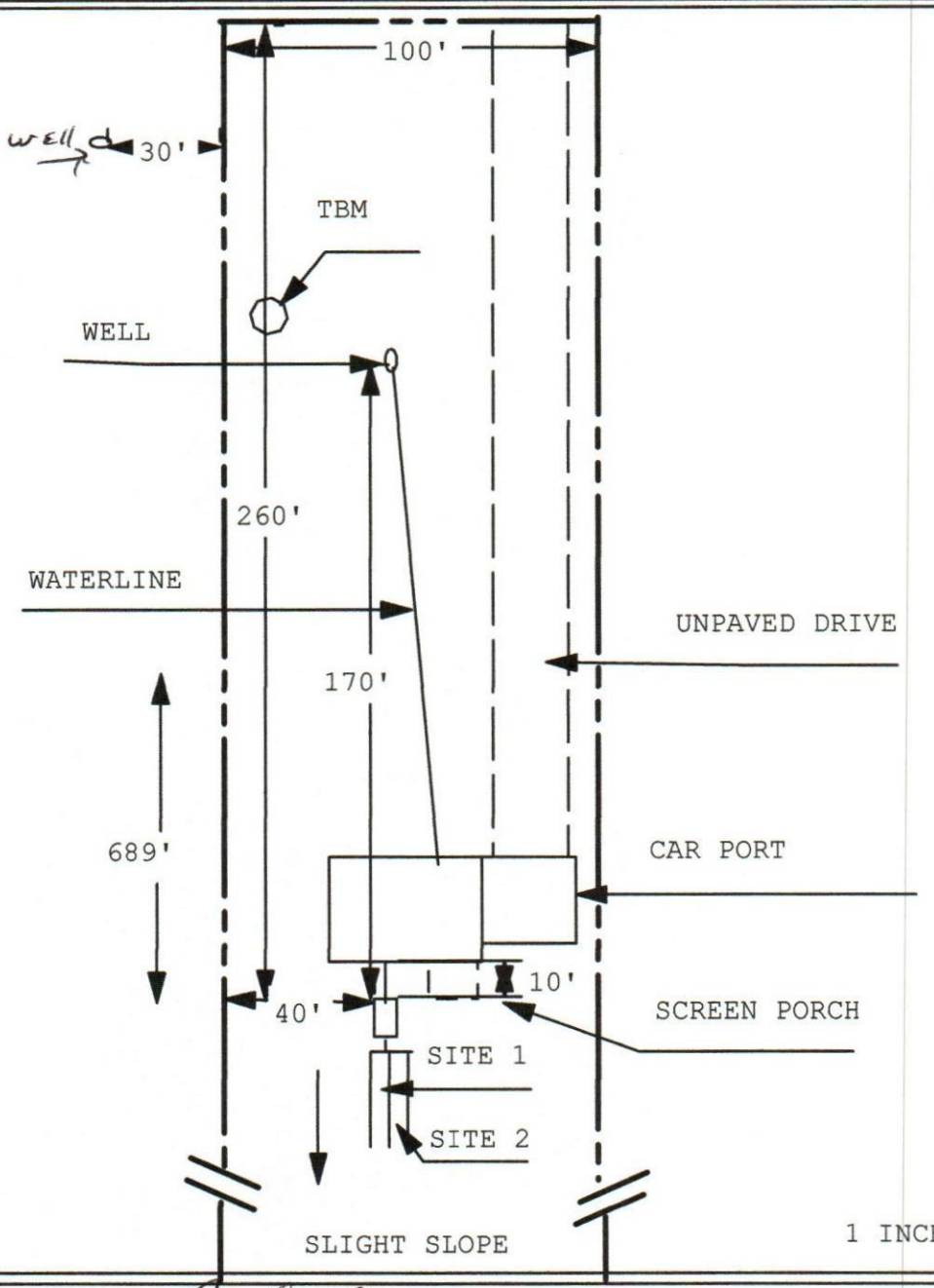
SIGNATURE: [signature] DATE: 5-28-20

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

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 20-0442

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul Lloyd **Date** 4/1/20

Plan Approved ✓ **Not Approved** ____ **Date** 6/1/20

By _____ Columbia **CPHU**

Notes: _____