



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

PERMIT NO. 22-0529
DATE PAID: 6/13/22
FEE PAID: 4200
RECEIPT #: 1851080

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: EDMUND & BONNIE BLACKWELL fedblackwell@att.net
(904) 307-8164

AGENT: N/A by Owner

TELEPHONE:

MAILING ADDRESS: 978 SW WASHINGTON AVE. 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: 38,39,40 BLOCK: 11 SUBDIVISION: Three Rivers Estates PLATTED: _____

PROPERTY ID #: PARCEL 00-00-00-0056-003 ZONING: AE I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 2.8 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 978 SW WASHINGTON AVE. FORT WHITE FL. 32038

DIRECTIONS TO PROPERTY: INTO 3RE (COLUMBIA CO.) OFF HWY 27, LEFT ON UTAH, RIGHT ON WASHINGTON, HEAD SOUTH → 978 ON RIGHT JUST AFTER MONTANA

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>Home/Residence</u>	<u>2</u>	<u>1500</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

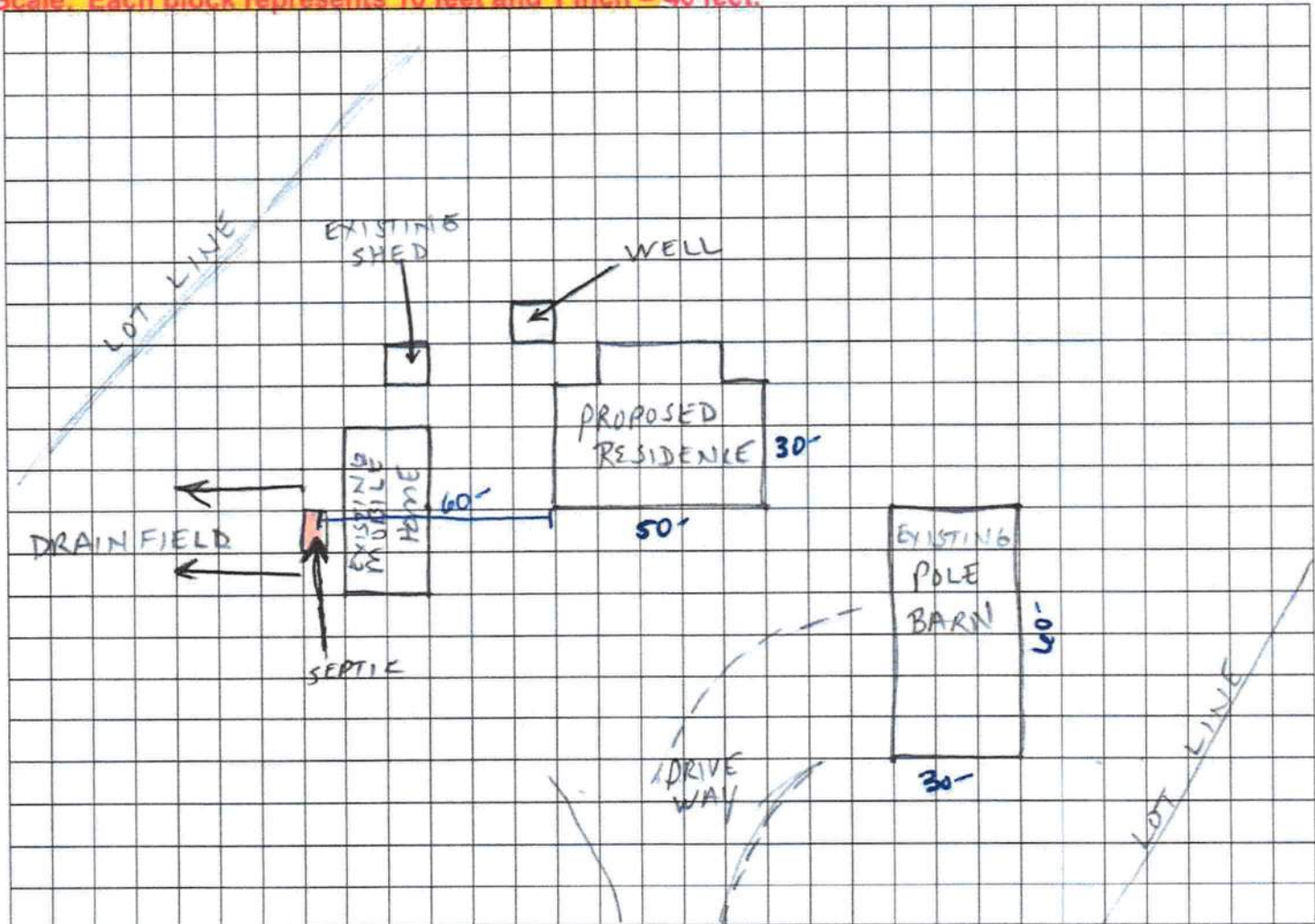
SIGNATURE: Edmund Blackwell DATE: 6/10/22

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

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



Notes: New Residence will hook into existing septic (see certification letter) Mobile Home will be discontinued if needed and just be used as a storage building.

(See Attached Survey)

Site Plan submitted by: Edmund + Bonnie Blackwell Agent: Blackwell Owner: ☒ Date: 6/10/2022
Plan Approved ☒ Not Approved ☐ Date 6/14/22
By: [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT