



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

PERMIT NO. 22-0314
DATE PAID: 3/16/82
FEE PAID: 600.00
RECEIPT #: 1810980

APPLICATION FOR:

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

APPLICANT: Sandra Wilson

AGENT: Dola Price

TELEPHONE: 386-963-4295

MAILING ADDRESS: 3360 150th place Lake City FL 32024

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 07-45-16-02796-001 ZONING: A-3 I/M OR EQUIVALENT: [Y] [X] N]

PROPERTY SIZE: 1 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 314 SW Waters Ct. Lake City FL 32024

DIRECTIONS TO PROPERTY: NE Hernando Ave to Marion Ave US-90
W + pinemont Rd to SW Waters Ct. turn @ onto
SW Waters Ct.

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
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1	Install mobile home	2	960	ORIGINAL ATTACHED
2	replace gutters	2	960	
3				
4				

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

SIGNATURE: Dola Price DATE: 3-14-21

STATE OF FLORIDA
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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0214

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

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

SEE
ATTACHED
SITE
PLAN

Notes: _____

Site Plan submitted by CCP

TITLE _____

DATE: 3-14-22

Plan Approved X

Not Approved

Date 3/21/22

By [Signature]

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

22-0214

N

↑ Scale

1"=40'

07-45-16-0296-001

Sandra Wilson
314 SW Waters Ct.
Lake City FL 32024

Site Plan
Ode River
3/14/00
Replacement
Home
Fire



