



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

CR # 10-5773

PERMIT NO. 13-654
DATE PAID: 12/26/13
FEE PAID: 183.00
RECEIPT #: 1130413

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: GARY E. ANDERSONAGENT: PAUL LLOYDTELEPHONE: (386) 303-1589MAILING ADDRESS: 1665 NW HAMP FARMER RD.LAKE CITYFL 32055

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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____PROPERTY ID #: 07-2S-17-04681-002 ZONING: AG I/M OR EQUIVALENT: ☐ NO ☐PROPERTY SIZE: 20.000 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐DISTANCE TO SEWER: N/A FTPROPERTY ADDRESS: 2047 NW HAMP FARMER RD.

DIRECTIONS TO PROPERTY:

441 NORTH PAST I-10 TURN LEFT OF HAMP FRMER RD. SITE ON LEFT JUST BEFORE FALLING CREEK RD.

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	MOBILE HOME	3	880	
2				
3				
4				

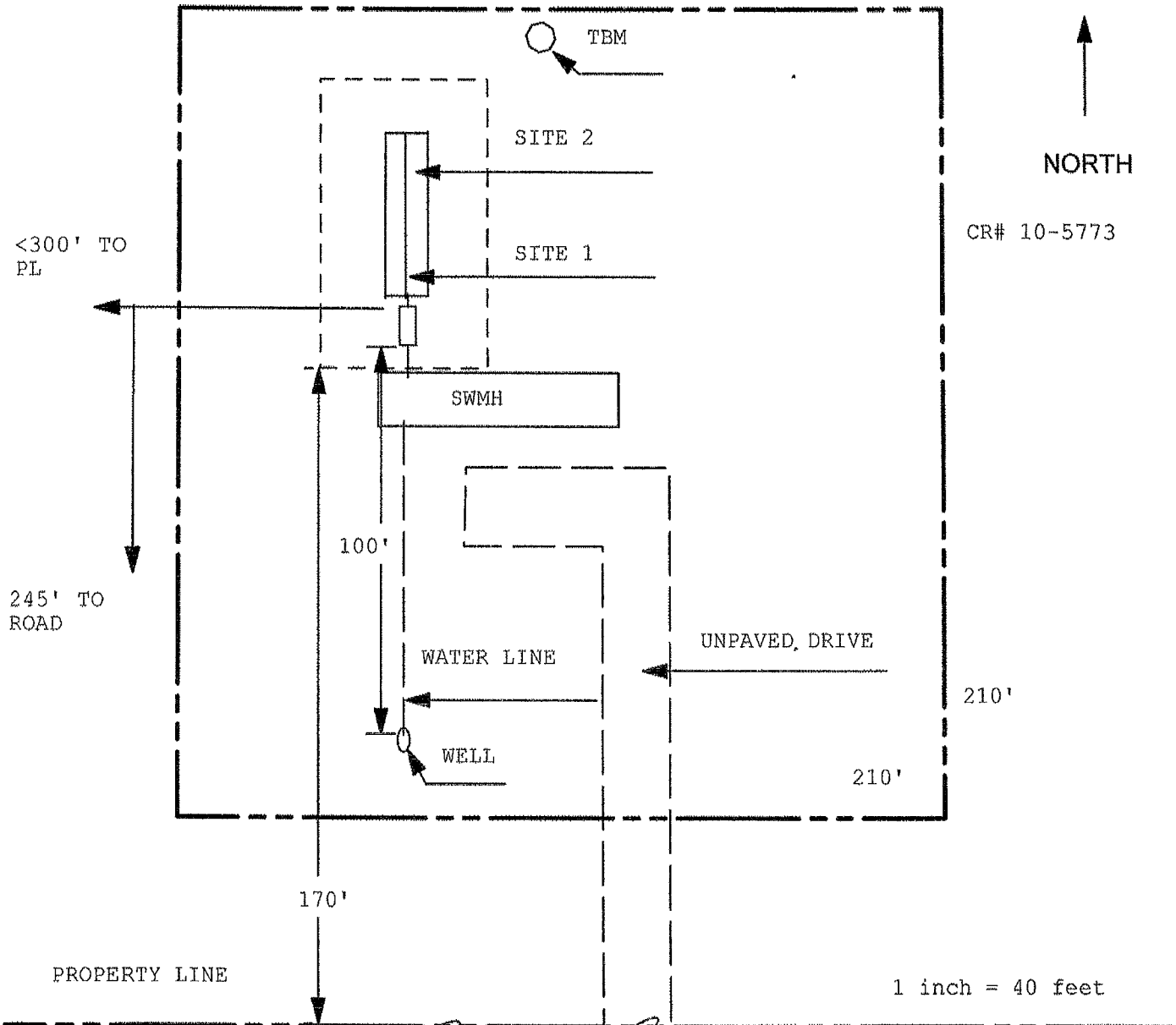
☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Paul LloydDATE: 12/29/13

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

Permit Application Number: 13-D654

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul L. Leland Date 12/26/17
Plan Approved Y Not Approved _____ Date 1/31/14

By [Signature] ESI Columbia CPHU

Notes: _____

JE