



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

PERMIT NO. 22-0426
DATE PAID: 5/14/22
FEE PAID: 6000
RECEIPT #: 1832722

APPLICATION FOR:

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

APPLICANT: Javier & Marisol Leal leal0808@icloud.com

AGENT: — TELEPHONE: 386-628-6778

MAILING ADDRESS: 1010 SW Logan Gln Apt 102

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 #: 21-25-16-01681-002 ZONING: ESA-2 I/M OR EQUIVALENT: [Y / ☒ N]

PROPERTY SIZE: 3 ACRES WATER SUPPLY: [☒ PRIVATE] PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: Swannee Valley Road

DIRECTIONS TO PROPERTY: 91 north, left on Vaughn St, Right on Cracknell way, Left on Sugar Cane Pl, straight onto swannee valley Rd, 1405 on your right.

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	House (proposed)	3	1.5-1.7 ²	
2	workshop (now)		1680 ft ²	
3				ORIGINAL ATTACHED
4				

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

SIGNATURE: [Signature] [Signature] DATE: 05-04-22

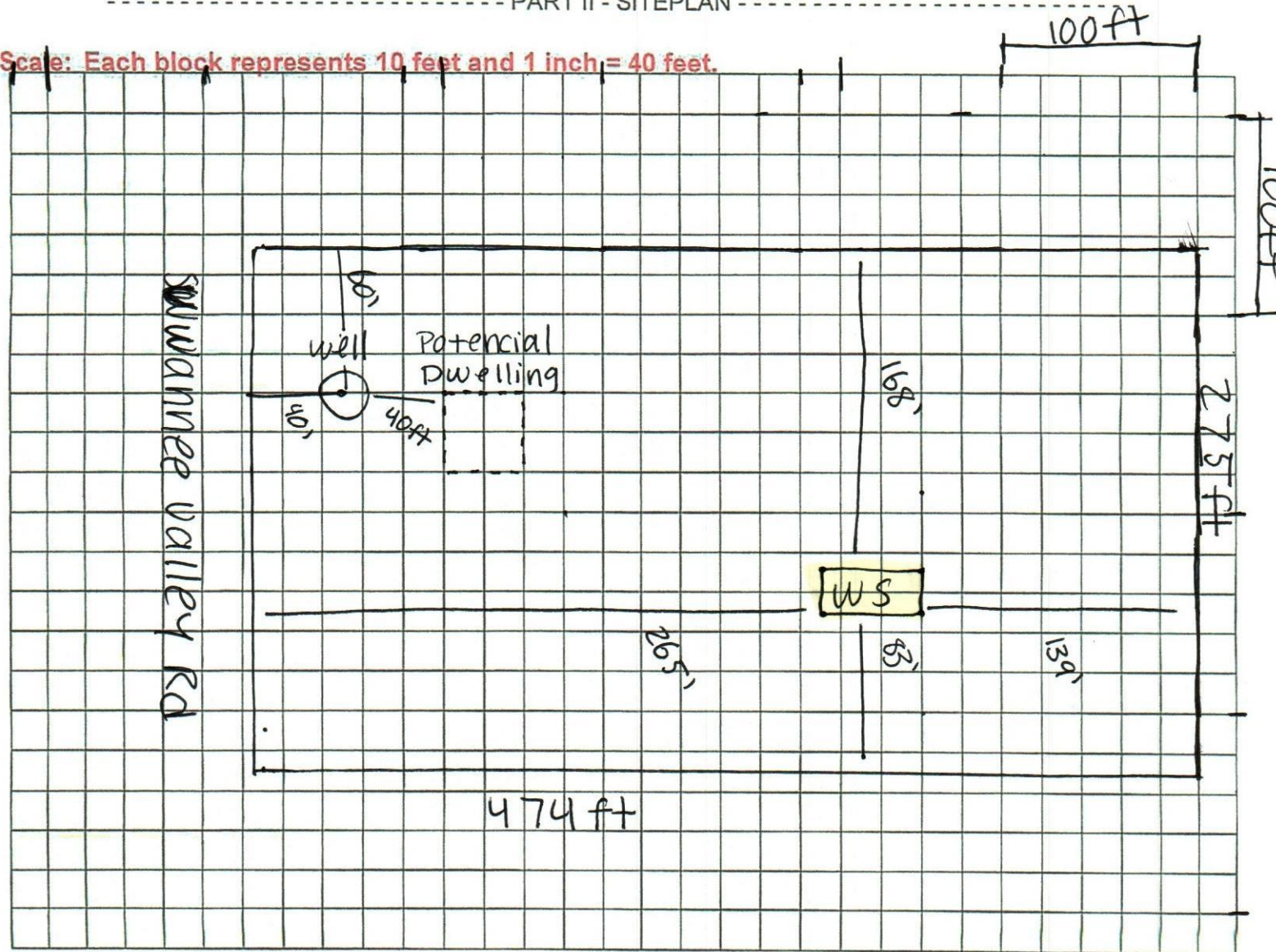
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----- PART II - SITEPLAN -----

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



Notes: SCALE - 1 block = 20 ft

The "Potencial Dwelling" area has not been accurately measured,
neither have Plans been formed.

Site Plan submitted by: Merlin Leaf TITLE _____ DATE: _____
Plan Approved X Not Approved _____ Date 5/10/22
By: [Signature] **Columbia CHD** County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

RESEARCH REPORT

1. TITLE

2. AUTHOR

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5. EXPERIMENTAL

6. RESULTS AND DISCUSSION

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