



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

PERMIT NO. 21-0416
DATE PAID: 4/29/21
FEE PAID: 225.00
RECEIPT #: 1666199

APPLICATION FOR:

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

APPLICANT: Angela J. Burch

AGENT: _____ TELEPHONE: 904/718-6276

MAILING ADDRESS: 500 SE Duane Lane Lake City FL 32025

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: 14 BLOCK: _____ SUBDIVISION: Sunshine Valley Farms phase #1 PLATTED: _____

PROPERTY ID #: 29-25-16-01777-114 ZONING: R I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.2 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 188 NW Castlewood Court Lake City, FL 32055

DIRECTIONS TO PROPERTY: _____

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
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1	(BARN) single family dwelling (1)	1932		
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Original "not finalized" attached

2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

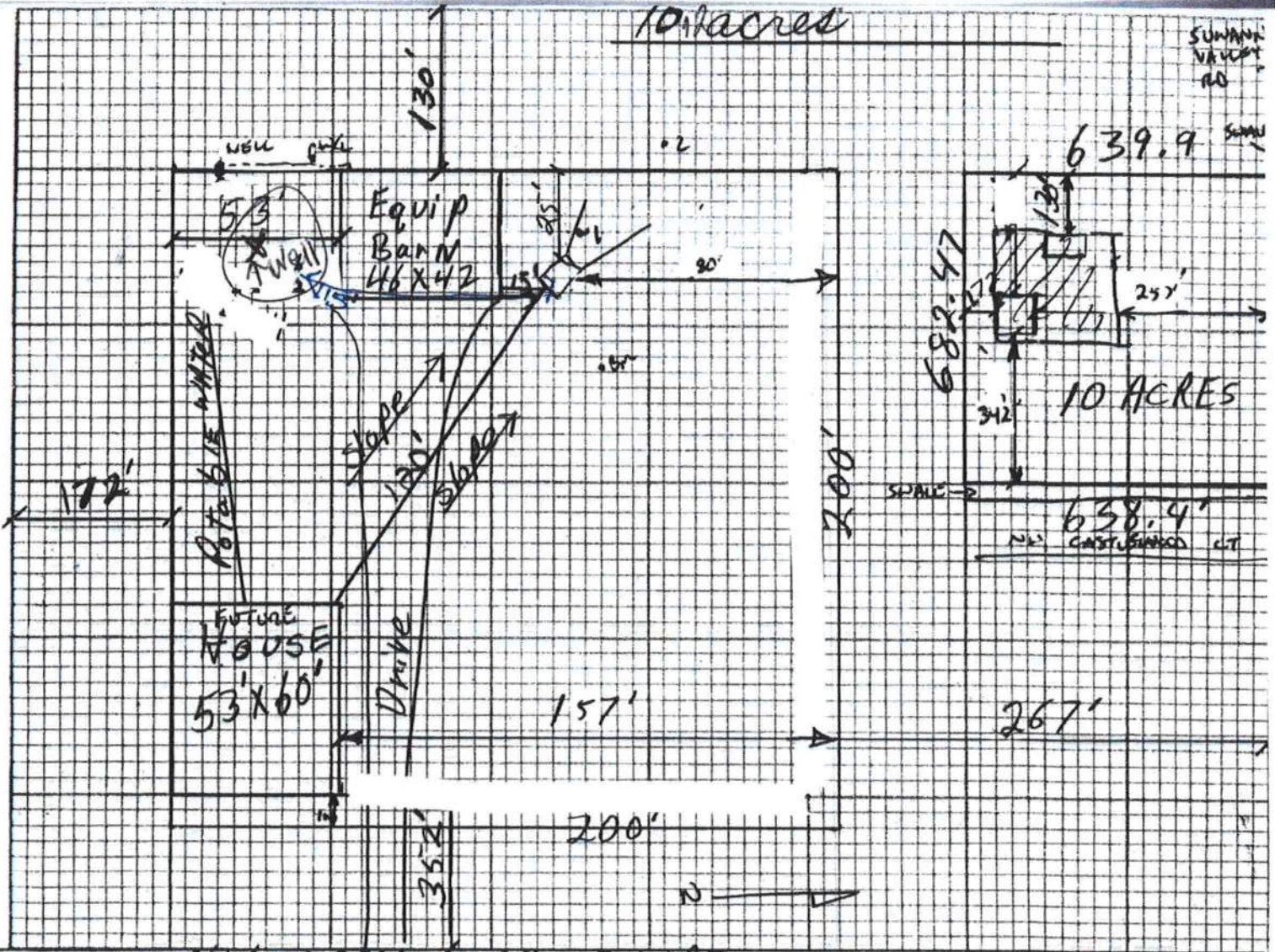
SIGNATURE: Angela J. Burch DATE: 4/29/21

BURCH Email: ladyjimjane@gmail.com

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PART II - SITEPLAN



Notes:

Site Plan submitted by: _____

Plan Approved ☒ _____

Not Approved ☐ _____

Date 5/10/21

By [Signature] ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Well Measure
75 ft. away from
septic.

115 ft. Septic away from well.
stopped