



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

PERMIT NO. 21-0824  
DATE PAID: 10/18/21  
FEE PAID: 100.00  
RECEIPT #: 1755412

APPLICATION FOR:

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

APPLICANT: Wayne Kinard

AGENT: H&L Customer Service, LLC

TELEPHONE: 386 288 9675

MAILING ADDRESS: 301 SW Fawcett Lake City FL 32024  
lamanda.mote@gmail.com

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: 3 BLOCK: B SUBDIVISION: Juchucknee Pines PLATTED: \_\_\_\_\_

PROPERTY ID #: 16-65-16-63832-106 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 4.2 ACRES WATER SUPPLY: [ ☒ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / ☒ ] DISTANCE TO SEWER: 100 FT

PROPERTY ADDRESS: 5315 Elim Church Rd Ft White FL 32038

DIRECTIONS TO PROPERTY: Onto Madison St (Main Blvd), on SR 475,  
Onto SW Elim church Rd - destination on 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	<u>New Home</u>	<u>3/2bed</u>	<u>1941 sq ft</u>	<b>ORIGINAL ATTACHED</b>
2	<u>old Home</u>	<u>3/2bed</u>	<u>1958 sq ft</u>	
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Lamanda Mote

DATE: 5/13/2021




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

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

See  
Attached  
  
Thank you.

Notes: \_\_\_\_\_

\*Site Plan submitted by: Lamanda Hester Agent: ☒ Owner: \_\_\_\_\_ Date: 5/13/2021  
Plan Approved 12 Not Approved \_\_\_\_\_ Date: 10/14/21  
By \_\_\_\_\_ COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

