



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

PERMIT NO. 13-1608E  
DATE PAID: 11/25/13  
FEE PAID: 135.00  
RECEIPT #: 148509

APPLICATION FOR:

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

APPLICANT: HANS W. DINDIAL

AGENT: SAME TELEPHONE: 352-281-0625

MAILING ADDRESS: 555 SW LAUMAN GLEN, FT. WHITE, FL, 32038

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: 9 BLOCK: N/A SUBDIVISION: DOERUN (UNR.) PLATTED: \_\_\_\_\_

PROPERTY ID #: 9-6516-03804-109 ZONING: AS I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 555 SW LAUMAN GLEN, FT. WHITE, FL, 32038

From LAKE CITY  
DIRECTIONS TO PROPERTY: 47 SOUTH, (TR) on HERLONG Rd, (TL) on CENTERVILLE Rd, (TL) on LAUMAN. DRIVE 1/2 mi on LAUMAN. (TL) at mailbox #555.

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
1	<u>RESIDENCE (NEW)</u>	<u>2</u>	<u>1600</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

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

SIGNATURE: Hans Dindial

DATE: 11/25/13

Permit Application Number 13-0608E

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

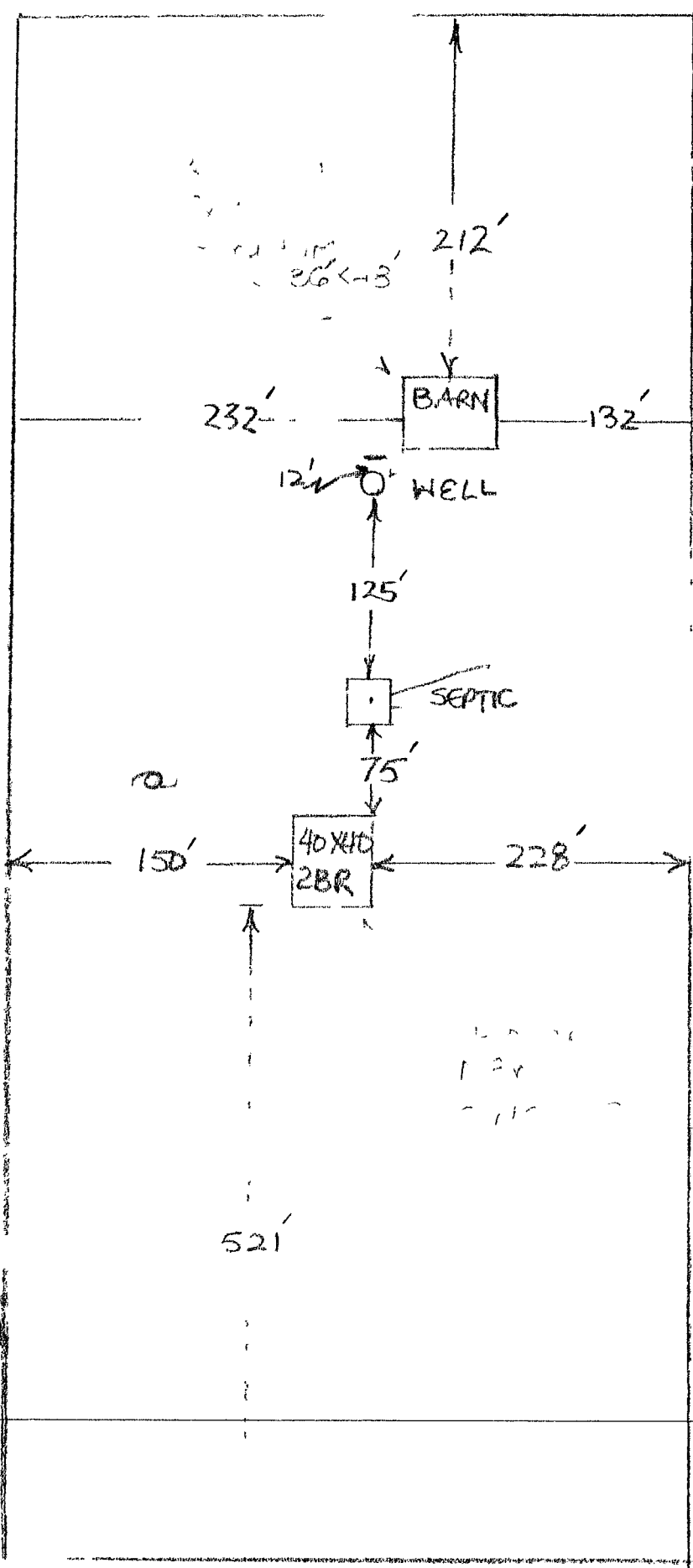
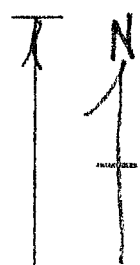
HANS DINDIAL 352-231-0625  
555 SW LAUMAN GLEN  
FE WHITE FL 32038

See attached page

Site Plan submitted by Hans Dindial OWNER  
Plan Approved ✓ Not Approved \_\_\_\_\_ Date 10/14/13  
By [Signature] Celestina County Health Department

~~ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT~~

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*[Handwritten signature]*

LAUMAN CLEN