

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

PERMIT NO. DATE PAID:	22-035/
FEE PAID: RECEIPT #:	1829850

APPLICATION FOR:  [] New System [] E [] Repair [] A APPLICANT: WHITE	xisting Systematics (Ads)	em [	] H	olding Tank emporary	] :	]	Innovative								
AGENT:				T	ELEPHO	ONE :	386344769								
MAILING ADDRESS: 6013 SW County Road 242 (ake City, TZ 32024)															
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUAN APPLICANT'S RESPONSIBILITY T PLATTED (MM/DD/YY) IF REQUES	T TO 489.105 O PROVIDE DO	(3) (m) OR CUMENTATIO	489.5 N OF	52, FLORIDA THE DATE TH	STAT	UTES WAS	S. IT IS THE S CREATED OR								
PROPERTY INFORMATION															
LOT: BLOCK:	SUBDIVISION:	120		***************************************		_ P	LATTED:								
PROPERTY ID #: 19-45-16	3-11086-	NINOS SA	G:	I/M	OR EQ	UIVA	LENT: [YN]								
PROPERTY SIZE: 12 ACRES WATER SUPPLY: 1 PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: 25 FT PROPERTY ADDRESS: 6013 SW Chunty Road 242															
								DIRECTIONS TO PROPERTY: SR 247 to insection 242 make a right							
								Come down approximately nile 1/2							
		J													
BUILDING INFORMATION	[ ] RESID	ENTIAL	[	] COMMERC	CIAL										
Unit Type of No Establishment	No. of Bedrooms			ercial/Inst e 1, Chapte			l System Design FAC								
1 Shed	-	1500		-ORIGINAL A	TTACI	HED	****								
2	-														
3															
4	-														
[ ] Floor/Equipment/Drains	[, ] Oth	er (Specif	y) _												
SIGNATURE: Temete 11.	Sh						4-15-22								

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20 -6 ----- PART II - SITEPLAN -----Scale: Each block represents 10 feet and 1 inch = 40 feet 25 Notes: enta Willser Site Plan submitted by: \_\_DATE: Plan Approved Date 4-15- 2022 Not Approved\_\_\_\_ Columbia CHD \_ County Health Department

ALC CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT