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

PERMIT NO. 14-1800E
DATE PAID: 4/8/14
FEE PAID: 60.00
RECEIPT #:

APPLICATION FOR:
[ ] New System [✓] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Eugene & Tricia Dawdy

AGENT: Tricia Foster TELEPHONE: 386-362-4948

MAILING ADDRESS: 10314 US Hwy 90 E Live Oak, FL 32060

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 #: 12-2S-16E-01594-001 ZONING: _____ I/M OR EQUIVALENT: [Y / (N)]

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

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

PROPERTY ADDRESS: 5825 NW Falling Creek Rd

DIRECTIONS TO PROPERTY: Hwy 441 N TO Lassie Black Talke (L)
go to Falling Creek make (R) 4th DR. on (R)

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	Mobile	3	1728	ORIGINAL ATTACHED
2				
3				
4				

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

SIGNATURE: Tricia Foster DATE: 4/8/14

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

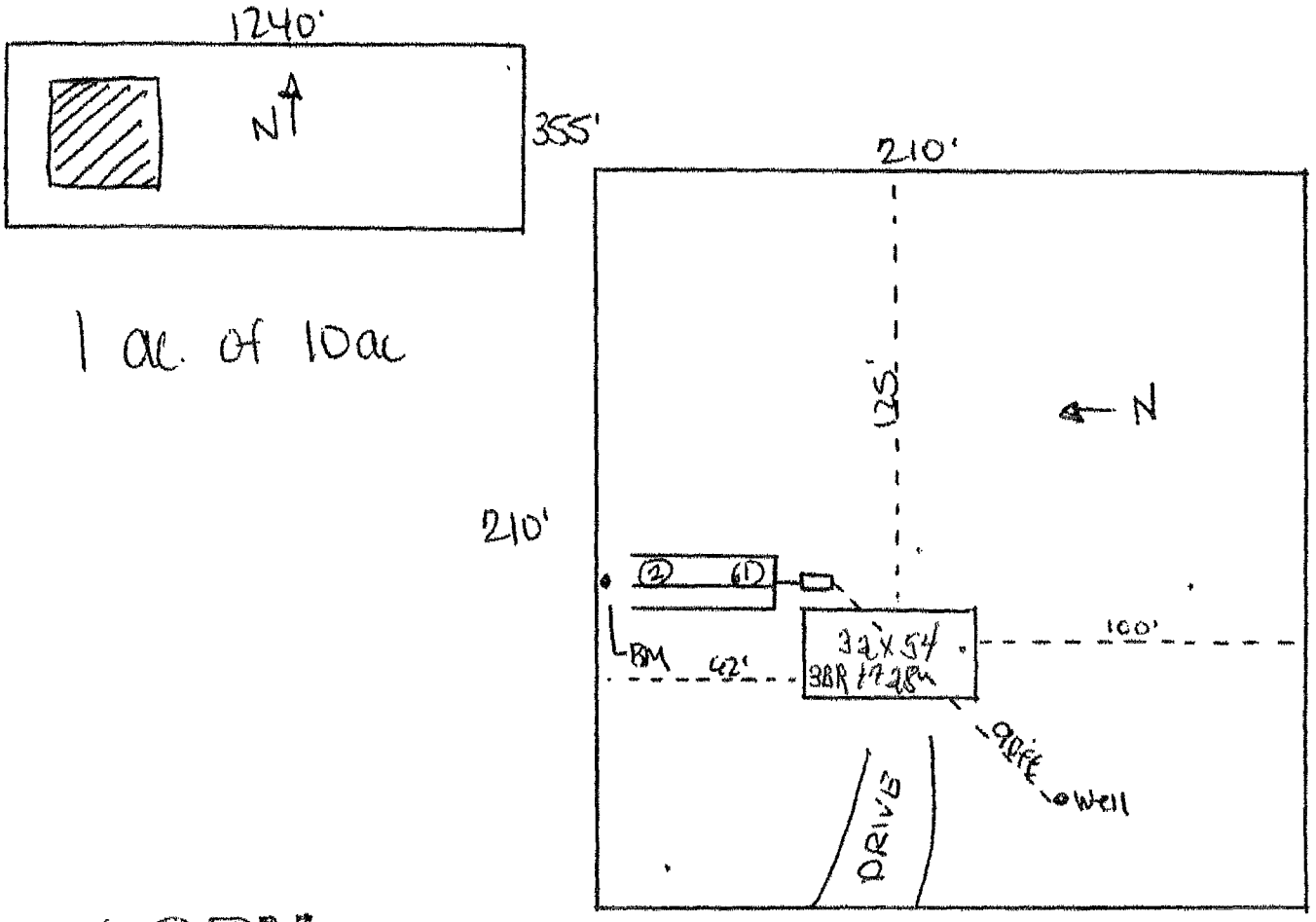
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT 14-0200E

Permit Application Number

PART II - SITE PLAN

ale: Each block represents 5 feet and 1 inch = 50 feet.



COPY

otes: 1 ac of 10 ac.

ite Plan submitted by: [signature] Agent
Signature Title

lan Approved N Not Approved Date 4/9/14

y [signature] Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

4015, 10/98 (Replaces HRS-H Form 4015 which may be used)
tock Number 5744-002-4015-6)