

## STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO.	3	_	DH	19
DATE PAID:	7	4	130	W
FEE PAID:		1	10	Ø'
RECEIPT #:	14	الما	$39^{c}$	

ACCO WE TANK	APPLICATION	FOR CONSTR	UCTION PE	RMIT	RECEIPT	#: 1660397
APPLICATION F [ ] New Sys [ ] Repair	OR: tem [X] E: [ ] A	xisting Syst	em [	] Holding T ] Temporary	ank [ ]	Innovative
APPLICANT: F	Tederal No	Local	moda	iae_		
	in you				TELEPHONE	:380-209-71
MAILING ADDRE	ss: 107 E			<u>†                                      </u>		
TO BE COMPLET		OR APPLICAN		<del></del>	SVSTEMS MIS	ST BE CONSTRUCTED
BY A PERSON L APPLICANT'S R	ICENSED PURSUAN ESPONSIBILITY TO D/YY) IF REQUES	T TO 489.105 O PROVIDE DO	(3)(m) OR 4 CUMENTATION	189.552, FLOR N OF THE DATE	IDA STATUTE THE LOT W	ES. IT IS THE AS CREATED OR
PROPERTY INFO						
LOT: NA	block: NA	SUBDIVISION:	NA		:	PLATTED: NA
PROPERTY ID #	: 14-55-16	<u>-03d5-(</u>	ZONING ZONING	:: <u>AU</u> 1,	/M OR EQUIV	ALENT: [Y/N)
PROPERTY SIZE	: <u>19</u> acres	WATER SUPPL	Y: [ 🗸 ] PRI	CVATE PUBLIC	[ ]<=2000	OGPD [ ]>2000GPD
IS SEWER AVAI	LABLE AS PER 38	1.0065, FS?	[ Y /N]	D:	ISTANCE TO	SEWER:FT
PROPERTY ADDR	ESS: 415 S	N Beau	food Pl	. Lake	City, FI	. 32024
DIRECTIONS TO	property: 50	a they	teul Lh	past Co	lumbia	Cxy, left or
Cates ac	for about	1.5m; R	on Fa	masia (di	A) folk	xu around
cure (18	a mile) then	becomes	> Beaut	erd. 1st	house	on L. back
BUILDING INFO	RMATION	[ ] RESID	ENTIAL	[ ] COMM	ERCIAL	
Unit Type of No Establi		No. of Bedrooms	Building Area Sqft	Commercial/I Table 1, Cha		al System Design , FAC
1 Hox	re	3	1780	Origi	nd at	tachel
2				<del></del>		
3						
4						
	Equipment Drains	[ ] O+h	er (Specifi	v)		

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

inde Welke

DATE:

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number < PART II - SITEPLAN - - - -474' 19 site ation acres wall 8 120' to edge 901 Bam 1300 28 804' A) (1 56' Beauford PL. drainean field 310 DAIVED DAIVEWAY PROPERTY IS FLAT Notes: Site Plan submitted by Plan Approved Not Approved County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT