FW

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

PERMIT NO. 24-0044
DATE PAID: 1/22/24
FEE PAID: 315.00
RECEIPT #: 2035681

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

APPLICANT: Erin Lewis

AGENT: SAMS mobile home servic llc TELEPHONE: (352) 445-4098

MAILING ADDRESS: PO BOX 762 Crystal River FL 34423

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: F BLOCK: ____ SUBDIVISION: Shirley Gorospe Tract PLATTED: ____

PROPERTY ID #: 24-5S-15-00469-106 ZONING: Ø 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: Ø FT

PROPERTY ADDRESS: 2448 SW Ichetucknee Ave Lake City FL 32024

DIRECTIONS TO PROPERTY: (L) NW Main Blvd | slight (R) FL-47S | (R) CoRd 240 | (L) SW Ichetucknee Ave |

*Client # (904) 343-2833

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	MH	4	2254	(3)
2				
3				
4				Rec'd Payment 1/22/24

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

SIGNATURE: Monica Wright DATE: 12/28/23

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

24-0044

Notes: Based on information provided by applicant, owner or authorized agent

Site Plan Submitted by: ______ Evaluator
Signature Title

Plan Approved ____ Not Approved ____ Date ________

By: ______________________

Department of Health in ______________

ALL CHANGES MUST BE APPROVED BY DEPT OF HEALTH

The following are applicable to this site or within 75' of property lines.

If YES, must show on site plan.

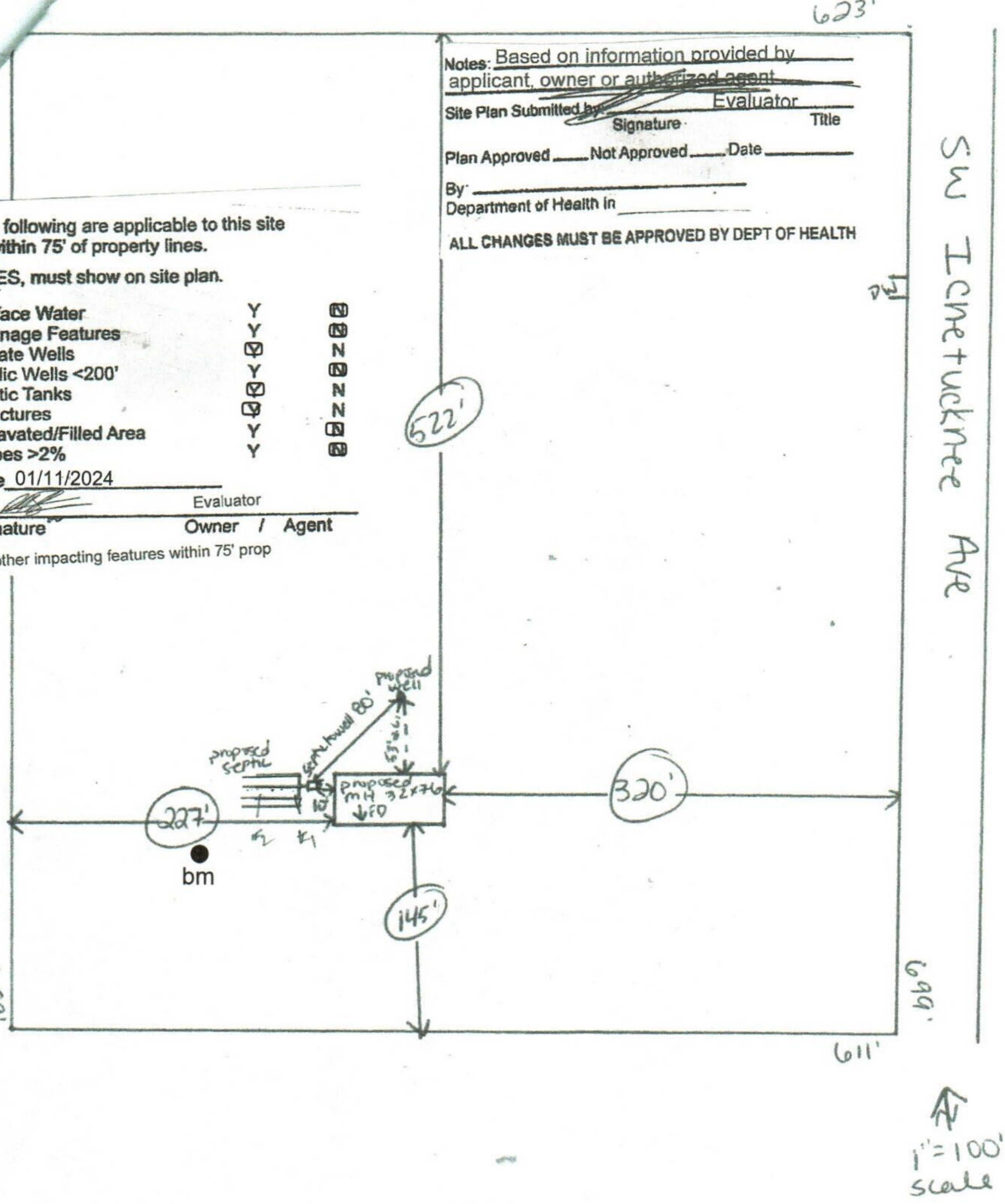
	Y	N
Surface Water	Y	N (circled)
Drainage Features	Y	N (circled)
Private Wells	Y (circled)	N
Public Wells <200'	Y	N (circled)
Septic Tanks	Y (circled)	N
Structures	Y (circled)	N
Excavated/Filled Area	Y	N (circled)
Slopes >2%	Y	N (circled)

Date 01/11/2024

Evaluator

Signature **Owner / Agent**

No other impacting features within 75' prop



parcel 24-5S-15-00469-106

owner enn lewis

Flags: pink=home yellow=septic blue=well orange=driveway Sam's mobile Home Service 352-445-4098 SIGNATURE Monica Meadows

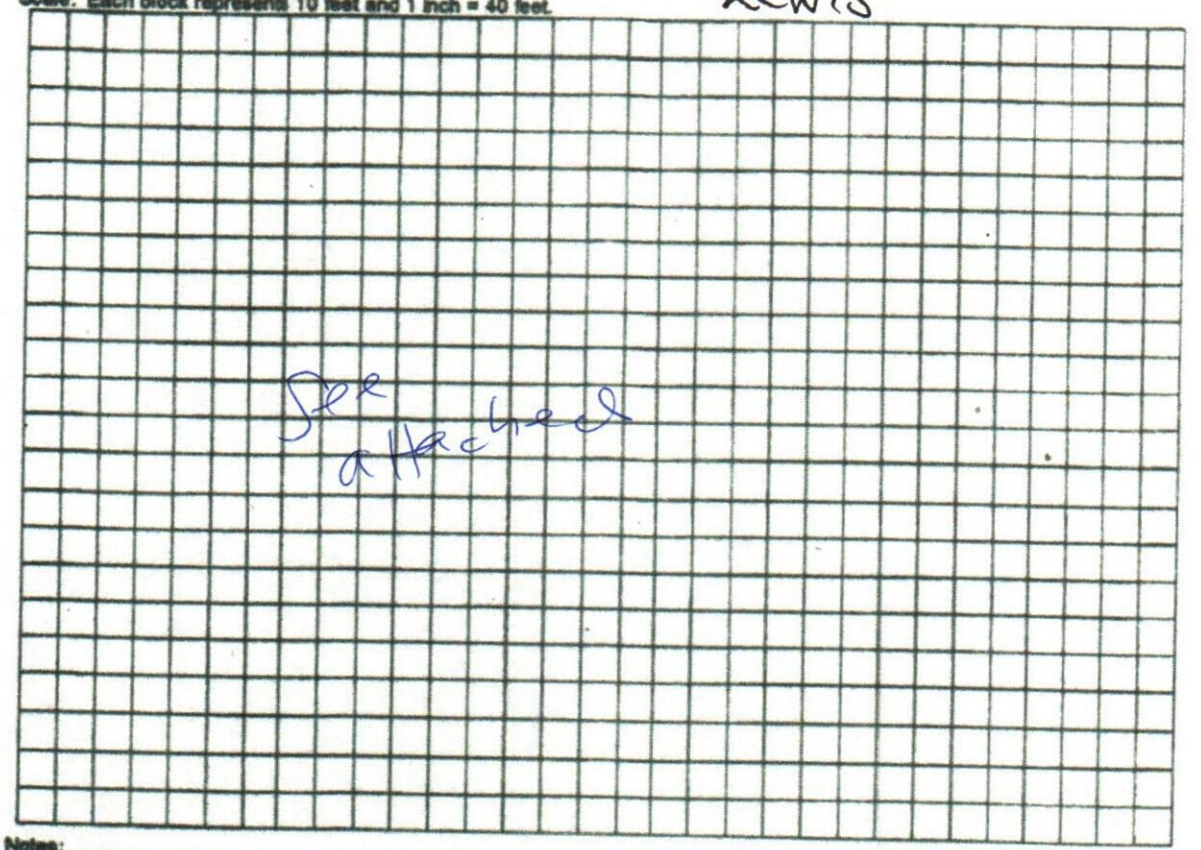
12/28/23

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0044

PART II - SITEPLAN

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



Notes: _____

Site Plan submitted by: Marica McAfee

Plan Approved ✓ Not Approved _____ Date 12/28/23

By _____ EJ2 Columbia County Health Department 2/5/24

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004,F.A.C.