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

PERMIT NO. 14-0199E
DATE PAID: 4/8/14
FEE PAID: 40.00
RECEIPT #: 1142491

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

APPLICANT: John Goss

AGENT: TREEA Foster TELEPHONE: 386 - 362-4968

MAILING ADDRESS: 10314 US 90 E Live Oak, FL

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: 32 BLOCK: ____ SUBDIVISION: Double Run PLATTED: 9/2/77

PROPERTY ID #: 17-3S-17-04971-032 ZONING: Res I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 1.16 ACRES WATER SUPPLY: [/] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 207 NE Waylon Glen Lake City, FL

DIRECTIONS TO PROPERTY: US 90 East to 41 N TO 100 go east on 100 TO 441 go North ON 441 To Tammy Lane, Take (R) go to Rebecca take (R) go to Waylon Glen turn (L) go to End of Waylon on (R)

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	Mobile Resident	3/2	1216	
2				
3				
4				

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

SIGNATURE: Treea Foster DATE: 4-8-14

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

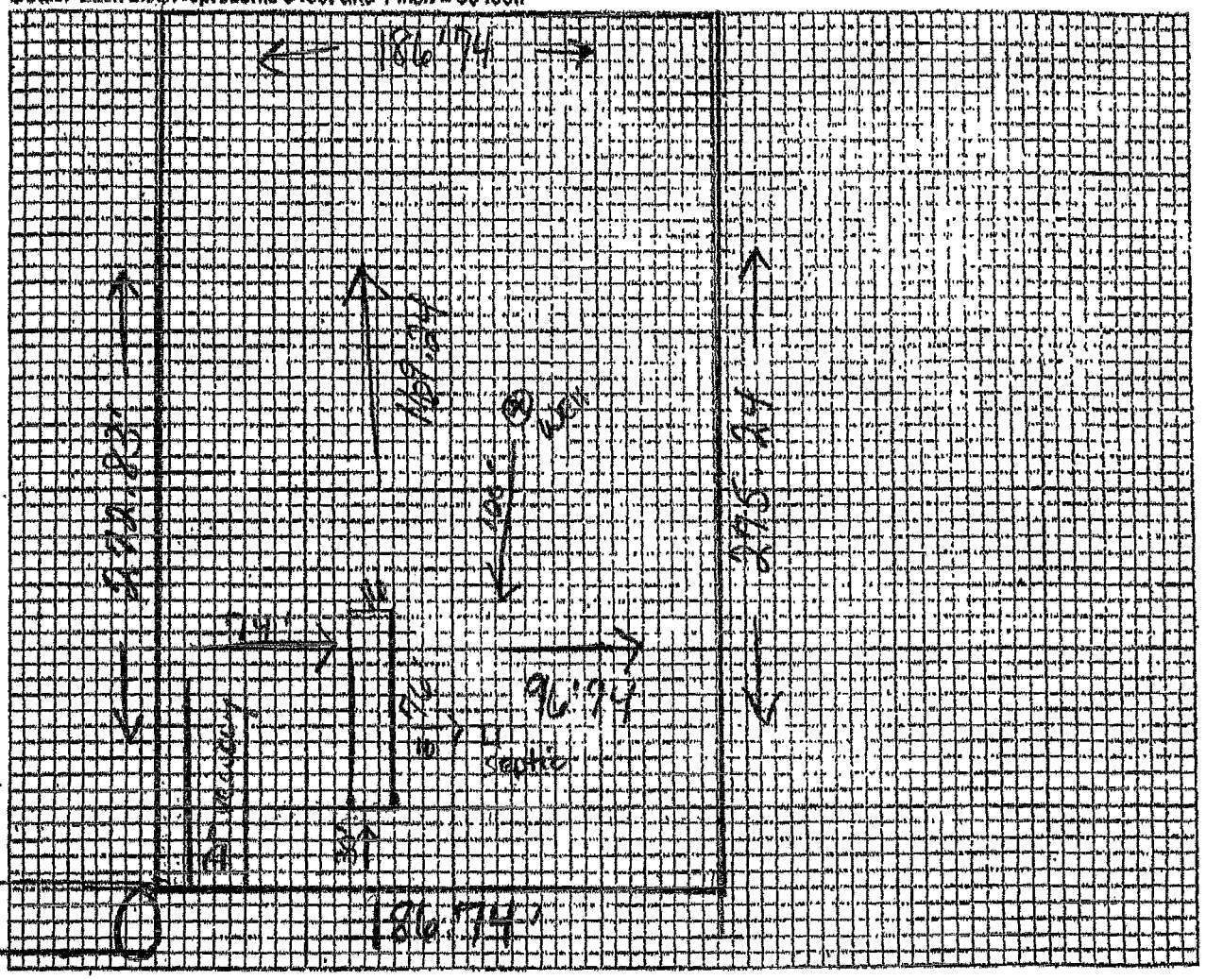
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 14-0199E

PART II - SITE PLAN

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



Notes:

Site Plan submitted by: _____ Signature _____ Title

Plan Approved Not Approved Columbia CHD Date 4-8-14

By _____ County Health Department 4/9/14

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/98 (Replaces HRS-H Form 4015 which may be used)
(Stock Number) 6744-002-4015-8