



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

21-1032  
PERMIT NO. \_\_\_\_\_  
DATE PAID: 12.20.21  
FEE PAID: 60.00  
RECEIPT #: AAT71514

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐ \_\_\_\_\_

APPLICANT: Jason or Jennifer Mueller

AGENT: Mike Hutzog Hydro Fun Pools LLC TELEPHONE: 352-215-5666

MAILING ADDRESS: 209 SW Marynik, High Springs FL 32643

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: 2 BLOCK: \_\_\_\_\_ SUBDIVISION: River Rise PLATTED: \_\_\_\_\_

PROPERTY ID #: 16-75-17-10006-202 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 209 SW Marynik, High Spring FL 32643

DIRECTIONS TO PROPERTY: Get on I-75 head South to 441 Exit  
head toward High Springs go 12-miles RiverRise Sub  
on Right

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	<u>Framed</u>	<u>3</u>	<u>3800</u>	
2	<u>Adding a pool</u>			
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: 12/20/2021



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-1032-E

----- PART II - SITEPLAN -----

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

See ATT.																																							
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Notes: \_\_\_\_\_

Site Plan submitted by: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE: 12/20/2021  
Plan Approved ☒ Not Approved \_\_\_\_\_ Date 12.20.21  
By Sallie Ford Env Health Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SITE Survey  
Parcel # 16-75-17-10006-202

