



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 21-0323
DATE PAID: 4/5/21
FEE PAID: 208.00
RECEIPT #: 1659340

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary Swimming Pool

APPLICANT: Wayne + Marlyte Bousquet
AGENT: Chad Cunningham TELEPHONE: 755-2948
MAILING ADDRESS: 8390 SW Old Wire Rd Ft. White, FL 32078

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: 33134 BLOCK: _____ SUBDIVISION: River Rise U2 PLATTED: _____

PROPERTY ID #: 16-75-17-10006-233 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.12 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 70' FT

PROPERTY ADDRESS: 1159 SW Marynik Dr. High Springs, FL 32643

DIRECTIONS TO PROPERTY: 441 South, (R) on CR 778
(L) on Marynik Dr., Residence on (L)

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>Swimming pool</u>	<u>N/A</u>	<u>0</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

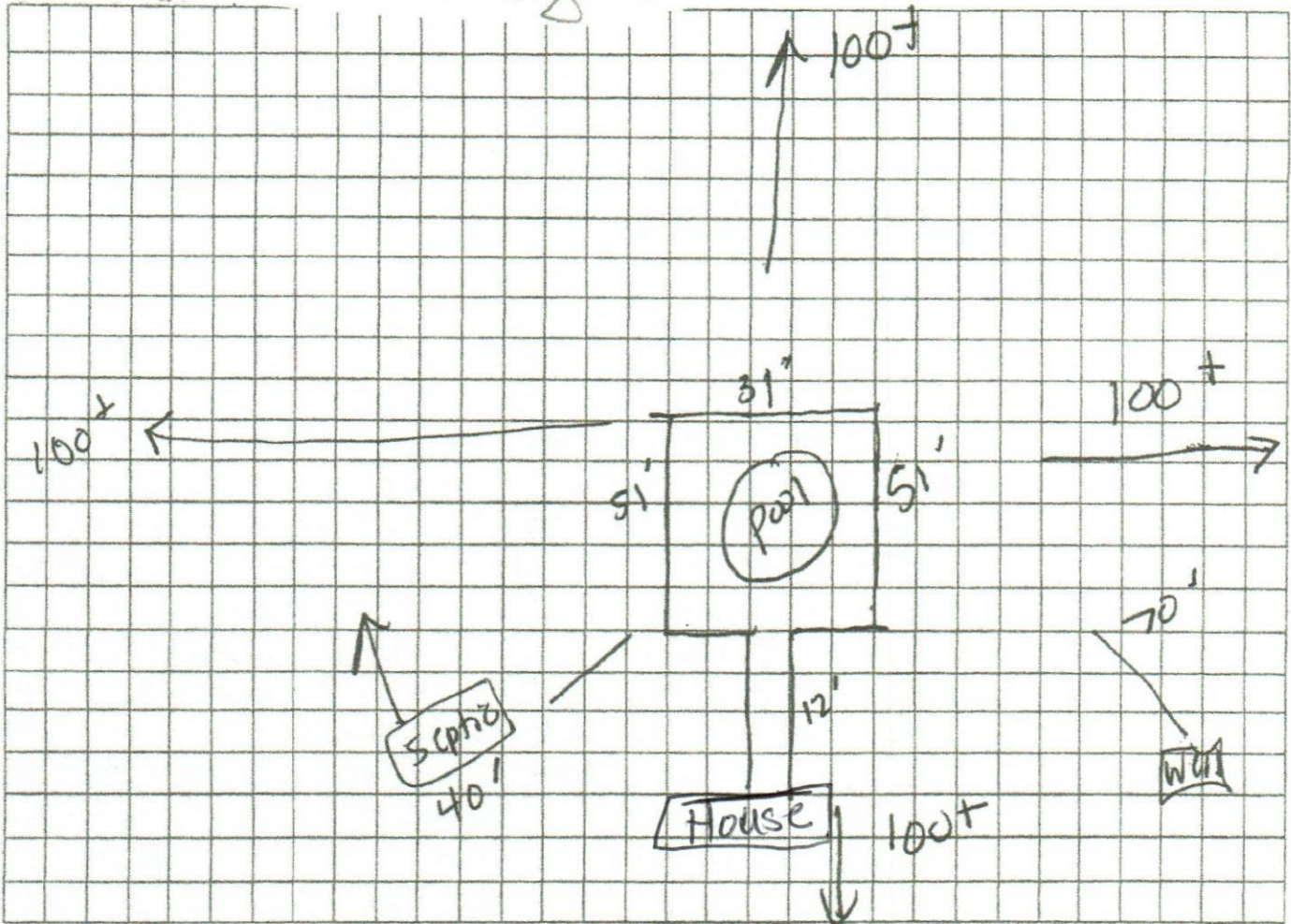
SIGNATURE: [Signature] DATE: 3/31/21

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

Bouquet



Notes: _____

* Site Plan submitted by: Katie Cunningham Date 4/2/21
 Plan Approved Not Approved _____ Date 4/15/21
 By KM B Columbus County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT