





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

PERMIT NO.	4-1051
DATE PAID:	10/12/12/
FEE PAID:	318.60
RECEIPT #: \	772700

APPLICATION FOR: [*] New System [] Ex [] Repair [] Ab	sisting System Mandonment	[]	Holding Tank Temporary	[]	Innovative	
APPLICANT: ROGER DAVIS (TRENT	G)					
AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 386-755-6372						
MAILING ADDRESS: 741 SE STATE I	ROAD 100, LAKE CIT	Y FLA 320	25		7	
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED FURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	TO 489.105(3) (1 PROVIDE DOCUME	n) OR 48 NTATION	9.552, FLORIDA	STATUTE	S. IT IS THE	
PROPERTY INFORMATION			**********	THE RESERVE OF THE PARTY OF		
LOT: BLOCK: SUBDIVISION: PLATTED:						
PROPERTY ID #: 16-6S-17-09688-000 ZONING: I/M OR EQUIVALENT: [No 🔄]						
PROPERTY SIZE: 25.56 ACRES	WATER SUPPLY: [✓] PRIV	ATE PUBLIC []<=2000	GPD []>2000GPD	
is sewer available as per 381	.0065, FS? [No	T]	DISTA	NCE TO S	SEWER:FT	
PROPERTY ADDRESS: 1450 SW TOMP DIRECTIONS TO PROPERTY: 415 10 WOLLDS HIGH SPH 10 1450	i merae.	Stro	night 1-70 Denmy	j, E) Lites	(it 414 St,	
BUILDING INFORMATION	[v] RESIDENTIA	AL.	[] COMMERC:	IAL		
Unit Type of No Establishment	No. of Builded Bedrooms Area	ding Co	ommercial/Inst	itutiona r 64E-6,	l System Design FAC	
1 NEW HOME	3 3214					
2						
3						
4	***************************************					
[] Floor/Equipment Drains	[] Other (S	pecify)				
SIGNATURE: KOVUA A	DIACID	reconstitute and an address	-	DATE: _	12/12/21	

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

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

PERMIT #: 12-SC-2432390

APPLICATION #: AP1772788

DATE PAID: 17 /29/21

FEE PAID: 310.00

RECEIPT #:____

DOCUMENT #: PR1718574

CONSTRUCTION PERMIT	FOR: OSTDS New			
APPLICANT: ROGER*	*21-1051 DAVIS			
PROPERTY ADDRESS:	1450 SW TOMMY LITES	Fort White, FL 320	38	
LOT:	BLOCK:	SUBDIVISION:		
PROPERTY ID #: 096	688-000		[SECTION, TOWNSHIP, RANGE, PARK [OR TAX ID NUMBER]	CEL NUMBER]
SATISFACTORY PERFO WHICH SERVED AS PERMIT APPLICATION ISSUANCE OF THIS	ND CHAPTER 64E-6, RMANCE FOR ANY S A BASIS FOR ISSU	PECIFIC PERIOD ANCE OF THIS P IONS MAY RESULT EXEMPT THE AP	MENT APPROVAL OF SYSTEM DOE OF TIME. ANY CHANGE IN ERMIT, REQUIRE THE APPLICANT IN THIS PERMIT BEING MADE PLICANT FROM COMPLIANCE WITH	S NOT GUARANTEE MATERIAL FACTS,
A [] GALLON: K [] GALLON:	ONS / GPD ONS / GPD S GREASE INTERCEPTOR	N/A CAPACITY [MAXIMU	CAPACITY CAPACITY M CAPACITY SINGLE TANK: 1250 GALI	CONS] #Pumps []
R [] SQUARE A TYPE SYSTEM:	[x] STANDARD [[x] TRENCH []	SYSTEM FILLED [] BED []	MOUND []	
E BOTTOM OF DRAINFIE L	DSED SYSTEM SITE	[24.00] [INCHES	FT] [ABOVE BELOW BENCHMARK/R	
			UIRED: [0.00] INCHES rsons (2 per bedroom), for a total estimate	d flow of
SPECIFICATIONS BY:	WILLIAM D BISHOP	2	TITLE: SA0890009; SM0081587	
APPROVED BY:	Profile M.	TITLE: Environme	ental Specialist II	Columbia сно
DATE ISSUED:	01/07/2022		EXPIRATION DATE:	07/07/2023
	letes all previous e .003, FAC	ditions which may	not be used)	Page 1 of 3

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

