



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

PERMIT NO. 23-8414
DATE PAID: 6/6/23
FEE PAID: 500.00
RECEIPT #: 1970072

APPLICATION FOR:

☐ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☒ Swimming Pool

APPLICANT: Michael Hunter

AGENT: Chad Cunningham

TELEPHONE: 386-155 2848

MAILING ADDRESS: 8390 SW Old Wire Rd Ft. White, FL 32030

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 31-45-1708920-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 8.5 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [☒ Y / N] DISTANCE TO SEWER: 60 FT

PROPERTY ADDRESS: 724 SW Wester Dr. Lake City, FL 32020

DIRECTIONS TO PROPERTY: 475 → (R) on Wester Dr → House on (R)

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>			
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) Swimming pool

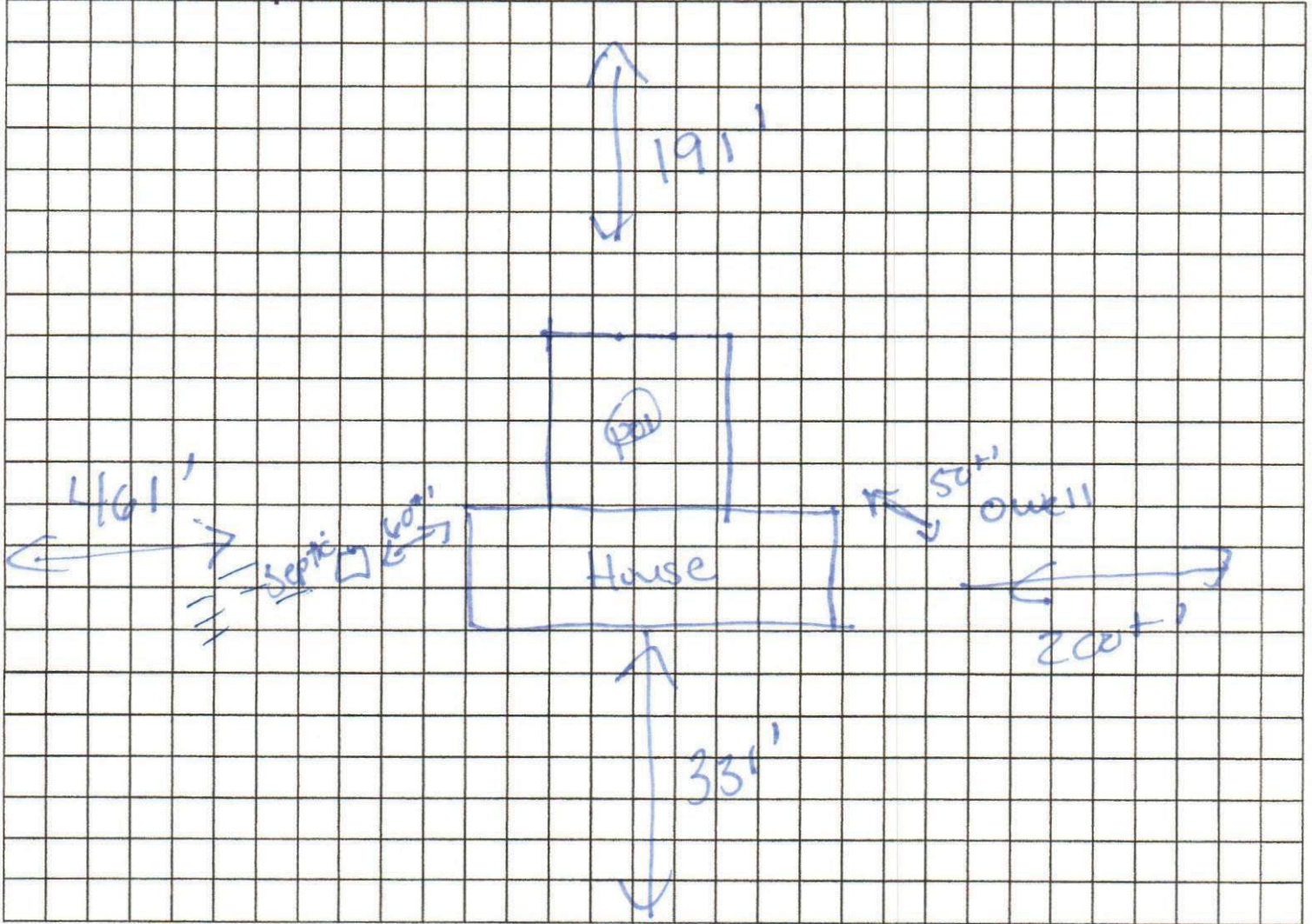
SIGNATURE: [Signature] DATE: 5-31-23

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Permit Application Number 23-0414

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

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



Notes: _____

Site Plan submitted by: [Signature] Agent: X Owner: _____ Date: 5.31.23

Plan Approved X Not Approved _____ Date: 6.7.23

By [Signature] TH Director Columbia COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT