



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

PERMIT NO. 22-0106  
DATE PAID: 2/10/22  
FEE PAID: 310.00  
RECEIPT #: 1802628

APPLICATION FOR:

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

APPLICANT: DELTA OMEGA PROPERTIES INC (TRENT G)

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FLA 32025

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: 33    BLOCK: P1    SUBDIVISION: CROSSWINDS    PLATTED: 24-45-16

PROPERTY ID #: 03117-133    ZONING: \_\_\_\_\_    I/M OR EQUIVALENT: ☐ No ☒

PROPERTY SIZE: 0.5 ACRES    WATER SUPPLY: ☒ PRIVATE    PUBLIC ☐  $\leq 2000\text{GPD}$     ☐  $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☒    DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 886 SW CHESTERFIELD CIR, LAKE CITY FLA

DIRECTIONS TO PROPERTY: 47S TR ON SW CR 242, ROAD NAME CHANGES TO CANNON CREEK DR, TL ON CHESTERFIELD CIR, STAY ON CHESTERFIELD CIR TO 886

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	HOME	3	1660	
2				
3				
4				

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

SIGNATURE: Robert Ford (IN)

DATE: 2-8-2022

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

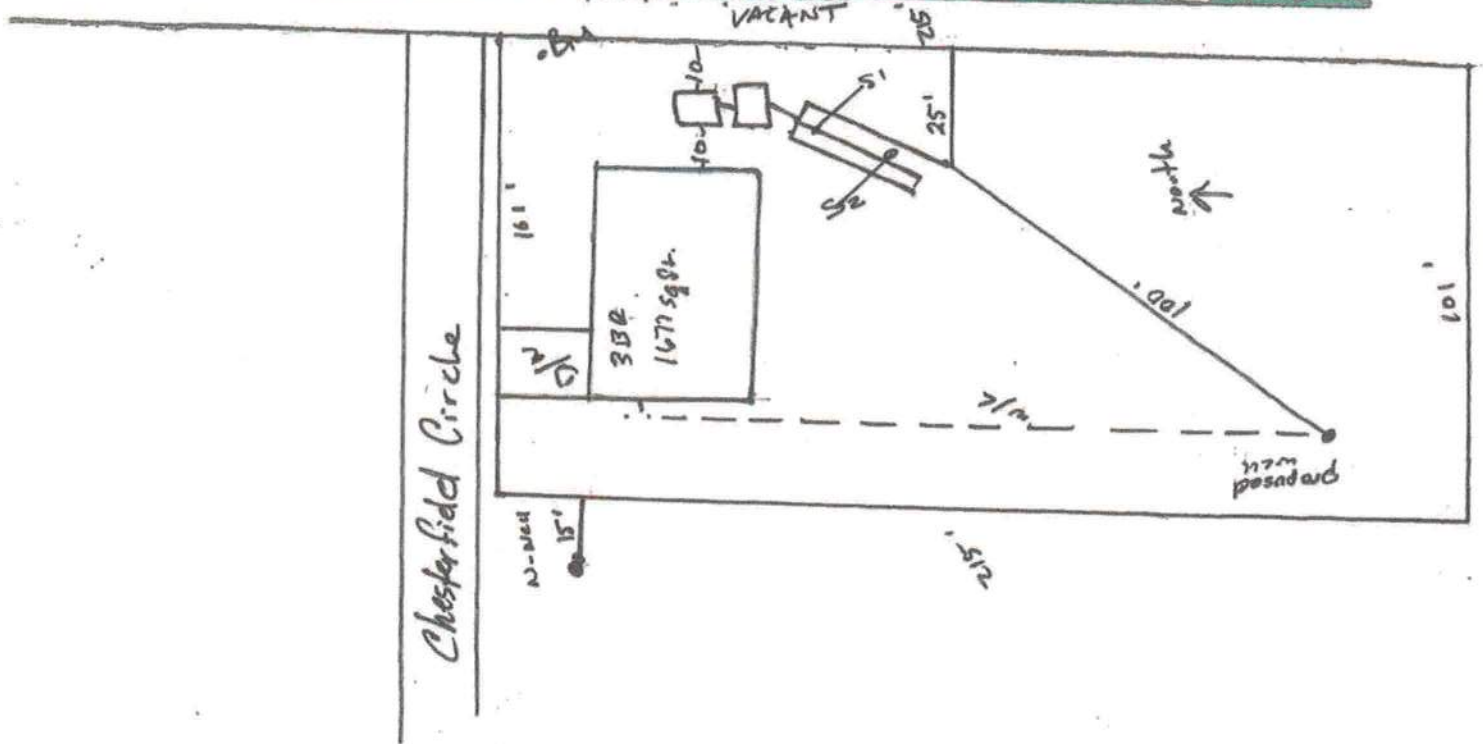
56

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

1"=40' Lot 33

Permit Application Number 22-0106

Lot 33 Crosswinds



Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Plan submitted by: Robert W. Ford III Date 2-8-2022

Approved ☒

Not Approved ☐

Date 3/11/22

*[Signature]*

ESS2 Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT