(2)

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

PERMIT NO. 20-0765
DATE PAID: 9/22/20
FEE PAID: 60.00
RECEIPT #: 1579833

APPLICATION FOR:
[ ] New System [✓] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Florida Credit Union 352-377-4141 x-2146

AGENT: Donna Denton - Holly Electric Inc TELEPHONE: 386-755-5944

MAILING ADDRESS: PO Box 5549 Gainesville FL 32627
HEI - PO Box 2266 Lake City FL 32056

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 #: 09-4S-17-08301-040 ZONING: _____ I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 1.72 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 345 SE Gator Ln Lake City FL 32025

DIRECTIONS TO PROPERTY: R-US 90 1.7mi, R-Country Club 2.3mi, R-Woodhaven St. 0.5mi, L-Piute Way 0.3mi, Straight-Gator Ln 0.2mi, 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	Existing Single Family	4	1800	ORIGINAL ATTACHED
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: _____ DATE: 9/18/20

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

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PART II - SITEPLAN

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

FL Credit Union

See attached

Notes:

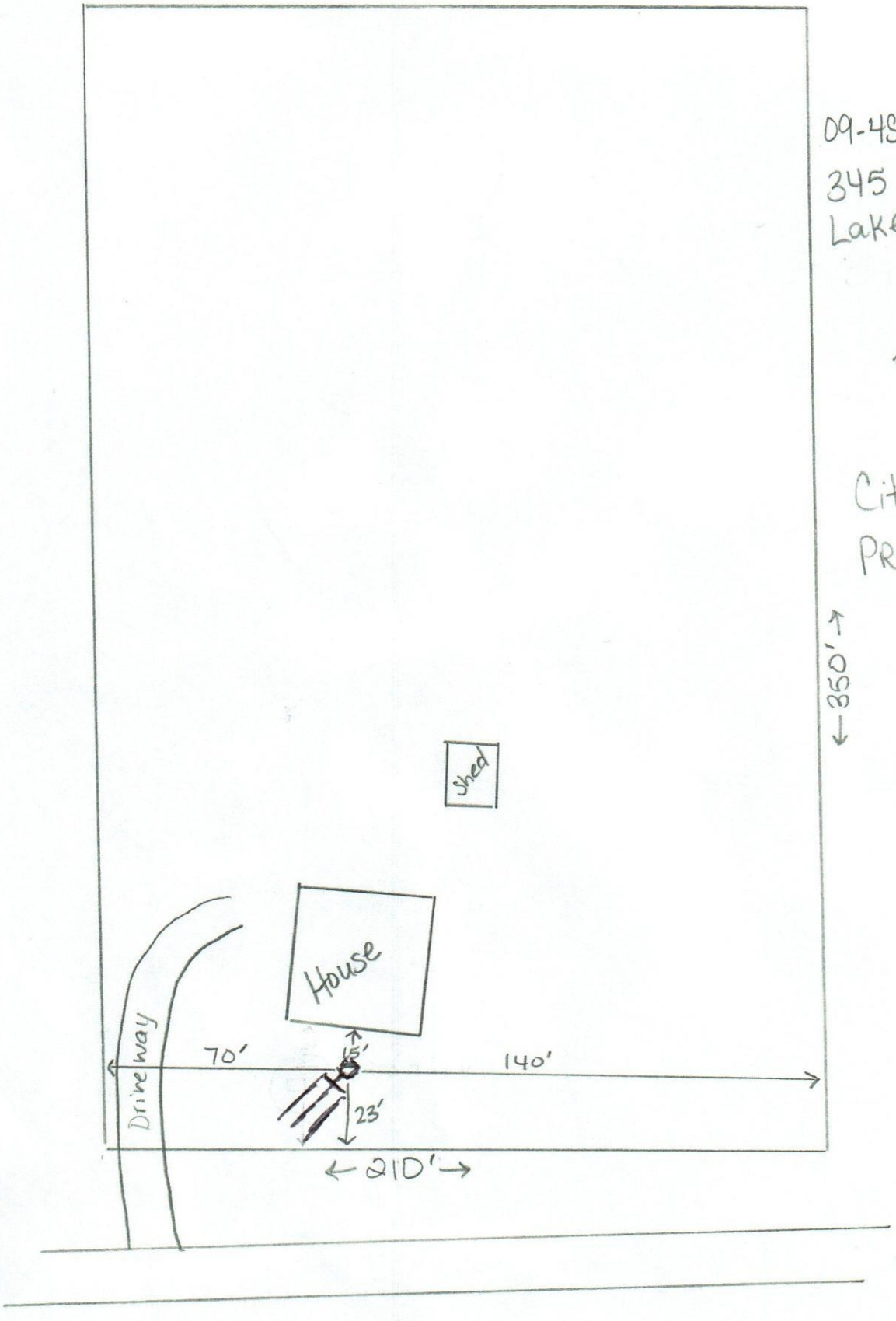
Site Plan submitted by: Donna Denton TITLE Agent DATE: 9/30/20

Plan Approved ✓ Not Approved ____ Date 9/30/20

By [signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-0265



09-4S-17-08301-040
345 SE Gator Ln
Lake City FL

North

City Water Supply
Private Well