



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

PERMIT NO. 20-0272
DATE PAID: 4.6.20
FEE PAID: 310.00
RECEIPT #: AP 14 77400

APPLICATION FOR:

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

APPLICANT: Sidney Williamson & Edith Mae Smith

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: NA BLOCK: NA SUB: NA PLATTED: _____

PROPERTY ID #: 24-5S-16-038707-003 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 11 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 699 Shepard Way, Lake City

DIRECTIONS TO PROPERTY: 47 South left on Walter Ave continue onto Old Wire Rd left on Gainor Rd left on Sheppard Way turn Right to address on left.

BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
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1	SF Residential	5	1898	
2				
3				

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

SIGNATURE: William D. Bishop II DATE: 4/2/2020

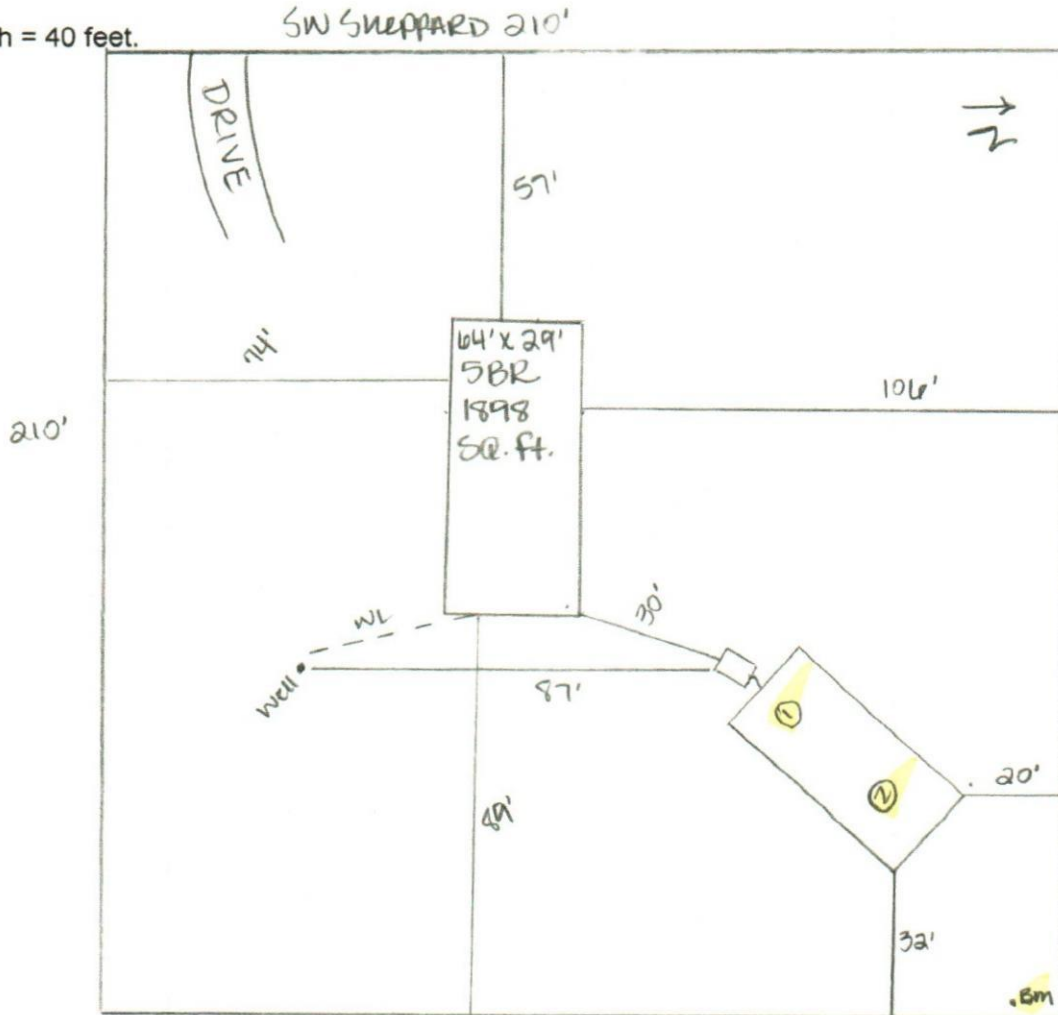
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APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 20-0272

S. Williamson & E. Smith

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: William O. Bishop II

MASTER CONTRACTOR

Plan Approved X Not Approved _____

Date 4/2/2020

By [Signature] **Columbia CHD** County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

