



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

PERMIT NO. 20-0420
DATE PAID: 4/1/20
FEE PAID: 205.00
RECEIPT #: 1507453

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [✓] Modification

APPLICANT: Kathryn Gonyer

AGENT: Dale Burd / Dale Burd LLC

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, Lake City, FL, 32024

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: 9 BLOCK: NA SUBDIVISION: Cross Roads Unrec PLATTED: NA

PROPERTY ID #: 12-6S-16-03816-109 ZONING: na I/M OR EQUIVALENT: [No]

PROPERTY SIZE: 10.62 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [] ≤2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [No] DISTANCE TO SEWER: na FT

PROPERTY ADDRESS: 309SW Explorer Glen, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: SR 47 South, TL SW Herlong St, TR SW Old Wire Road, TL Explorer Glen, 2/10ths mile on left

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	SF Residential <u>MH</u>	3	1173	
2				
3				
4				

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

SIGNATURE: [Signature]

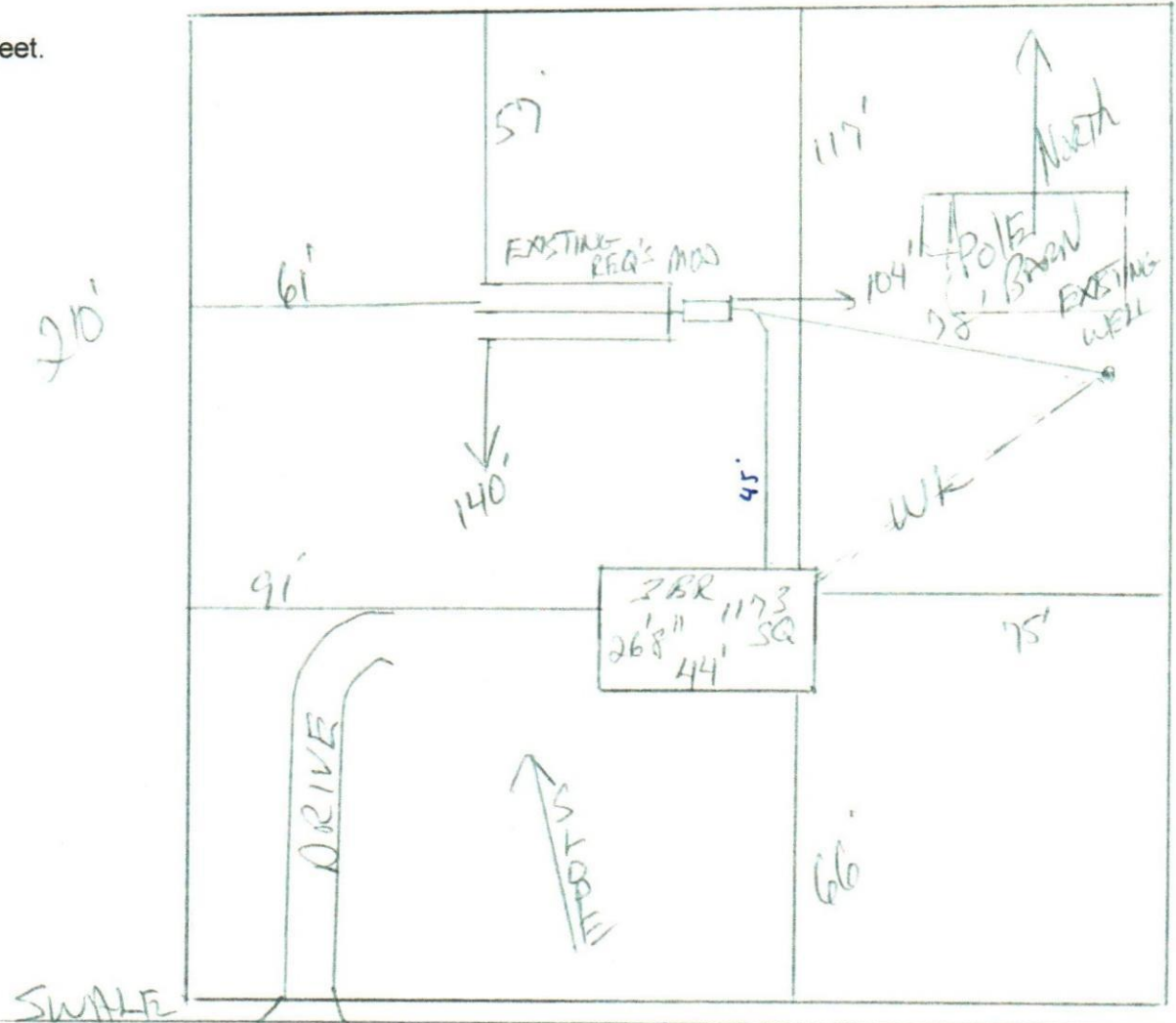
DATE: 5/30/2020

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

Permit Application Number 20-0420

----- Gonyer ----- PART II - SITEPLAN ----- 210' -----

Scale: 1 inch = 40 feet.



Notes: EXPLORED GLEN
1 Acre of 10.62 Acres

Site Plan submitted by: [Signature] CONTRACTOR
Plan Approved ☒ Not Approved ☐ Date 6/3/2020
By Kell Rapp Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 20-0416
DATE PAID: 5/29/20
FEE PAID: 318.00
RECEIPT #: 1502228

APPLICATION FOR:

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

APPLICANT: Gary Pinkham

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

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

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PROPERTY INFORMATION

LOT: NA BLOCK: NA SUB: NA PLATTED: _____

PROPERTY ID #: 27-3S-16-02321-004 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 3.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 413 NW Wilks Ln, Lake City, FL

DIRECTIONS TO PROPERTY: Head W on NE Franklin St, TL onto NW main Blvd, TR onto US-90W, TR onto NW Lake City Ave, TL onto NW Wilks Ln.

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
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1	SF Residential	3	1942	
2				
3				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: William D. Bishop II

DATE: 5/26/2020

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

Permit Application Number 20-046

Pinkham

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

Scale: 1 inch = ~~40~~ feet.
60

All
attached

Notes: _____

Site Plan submitted by: William D. Bishop II

Plan Approved X Not Approved _____

By _____

Columbia CHD

MASTER CONTRACTOR

Date 5-20-20

County Health Department

6/2/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Scale: 1 in = 60 ft.

Pinkham
20-0416 5-26-20

William D. Bishop II

