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

PERMIT NO. 22-0138
DATE PAID: 2/17/22
FEE PAID: 40.00
RECEIPT #: 1805511

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

APPLICANT: Jacqueline Diane Servay (for Gleason)

AGENT: Dale Burd TELEPHONE: 386-365-7674

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

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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.

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PROPERTY INFORMATION

LOT: 2 BLOCK: B SUBDIVISION: Loblolly S/D PLATTED: _____

PROPERTY ID #: 22-4S-16-03086-122 ZONING: _____ I/M OR EQUIVALENT: [No]

PROPERTY SIZE: 4.22 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 466 SW Lamboy Circle, Lake City, FL, 32024

DIRECTIONS TO PROPERTY: 247 South, TL Callaway Ave, TL Hope Henry Road, TR Sparrow Terr, TR Lamboy Circle, 4/10ths to last driveway 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 / MH	2	1248	2 BR for 2 BR Like for Like
2				ORIGINAL ATTACHED
3				
4				

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

SIGNATURE: _____ DATE: 2/16/2022

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

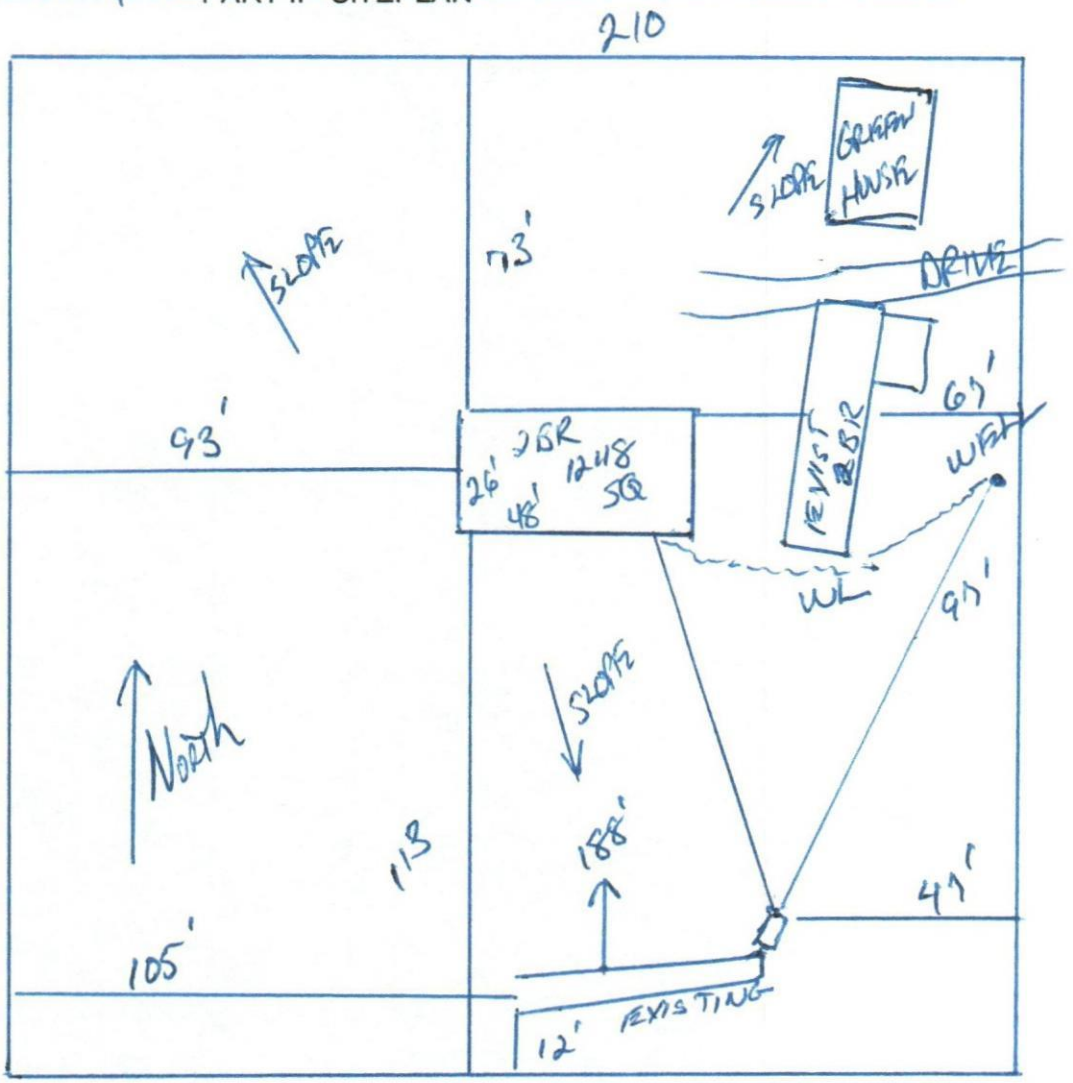
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION F0R ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 22-0138

GIBSON / SPRAY

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: 1 of 4.22 Acres Site Attached

Site Plan submitted by: _____ CONTRACTOR

Plan Approved X Not Approved

By _____ Columbia CHD County Health Department

Date 2/28/22

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT