



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

FW

PERMIT NO: 22-0172
DATE PAID: 3/1/22
FEE PAID: 310.00
RECEIPT #: 1807301

APPLICATION FOR:

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

APPLICANT: Joshua and Jessica Gamble

AGENT: Ronald Ford - Ford's Septic

TELEPHONE: 386-755-6288

MAILING ADDRESS: 116 NW Lawley Way Lake City, Florida 32055

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: N/A BLOCK: N/A SUBDIVISION: MEETS & BOUNDS PLATTED: _____

PROPERTY ID #: 01-6S-15-00491-001 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 3.03 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 19 FT

PROPERTY ADDRESS: 849 SW Spruce Road Fort White, FL 32038

DIRECTIONS TO PROPERTY: 47 South. (R) on CR 240. (L) on Ichetucknee Avenue. (R) on Yale Terrace. (R) on Spruce Road. go approx 1/4 mile. Home # 849 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	<u>mobile home</u>	<u>4</u>	<u>1456</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: RC RL DATE: 2-25-22

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North

*scale: one inch = _____ feet

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PART II - SITEPLAN

**** SEE NEXT PAGE FOR SITE PLAN ****

DRAWN TO SCALE OF ONE INCH = **80** FEET

Notes:

* PARCEL ID #: 01-65-15-00491-001

* ADDRESS: 849 SW Spruce Road

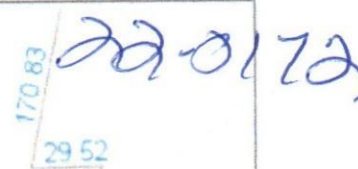
Fort White, Florida 32038

Site Plan submitted by: RCF - Ronald Ford **Ford's Septic Tank Service, LLC.**

Plan Approved ✓ Not Approved _____ Date 3/7/22

By [Signature] ESL Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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