



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

PERMIT NO. 22-0233  
DATE PAID: 3/17/22  
FEE PAID: 600.00  
RECEIPT #: 1811480

APPLICATION FOR:

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

APPLICANT: William Russell ~~XXXXXXXXXXXX~~ lindabondo@yahoo.com

AGENT: \_\_\_\_\_ TELEPHONE: 386 569 9850

MAILING ADDRESS: 151 N. H. Hat Pl Lake City, FL 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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 26-35-17-65570-000 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: .5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 20 FT

PROPERTY ADDRESS: 405 NE OKINAWA ST LAKE CITY, FL 32055

DIRECTIONS TO PROPERTY: EAST ON Washington st to NE Burbank North 1/2 mile  
Burbank turns into OKINAWA go 1/2 mile on left is 405 NE OKINAWA

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 <sup>old</sup>	mobile Home	3	929	Roading
2 <sup>new</sup>	mobile Home	3	924	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: William Russell DATE: 3/17/22

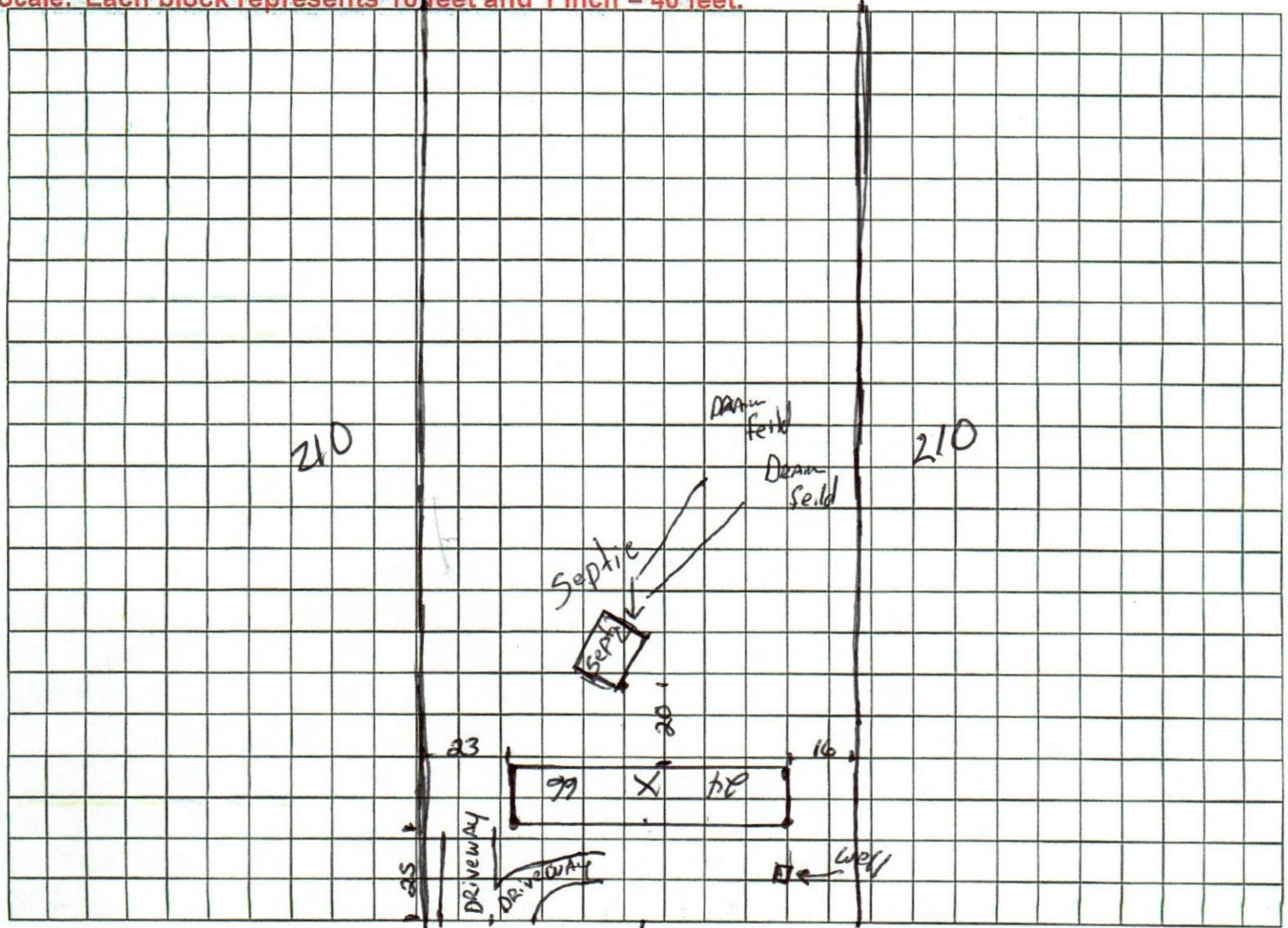


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----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet. <sup>105</sup>



Notes: 210 X 105

105

Site Plan submitted by: William Russell TITLE \_\_\_\_\_ DATE: 3/17/22  
Plan Approved X Not Approved \_\_\_\_\_ Date: 3/21/22  
By: [Signature] Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT