

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 18-0490

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.

See Attached

Notes: _____

Site Plan submitted by: Ron Mon

M.S.T.C.

Plan Approved X Not Approved _____

Date 6.27.18

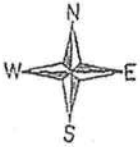
By Sally Lark Env Health Direct

County Health Department

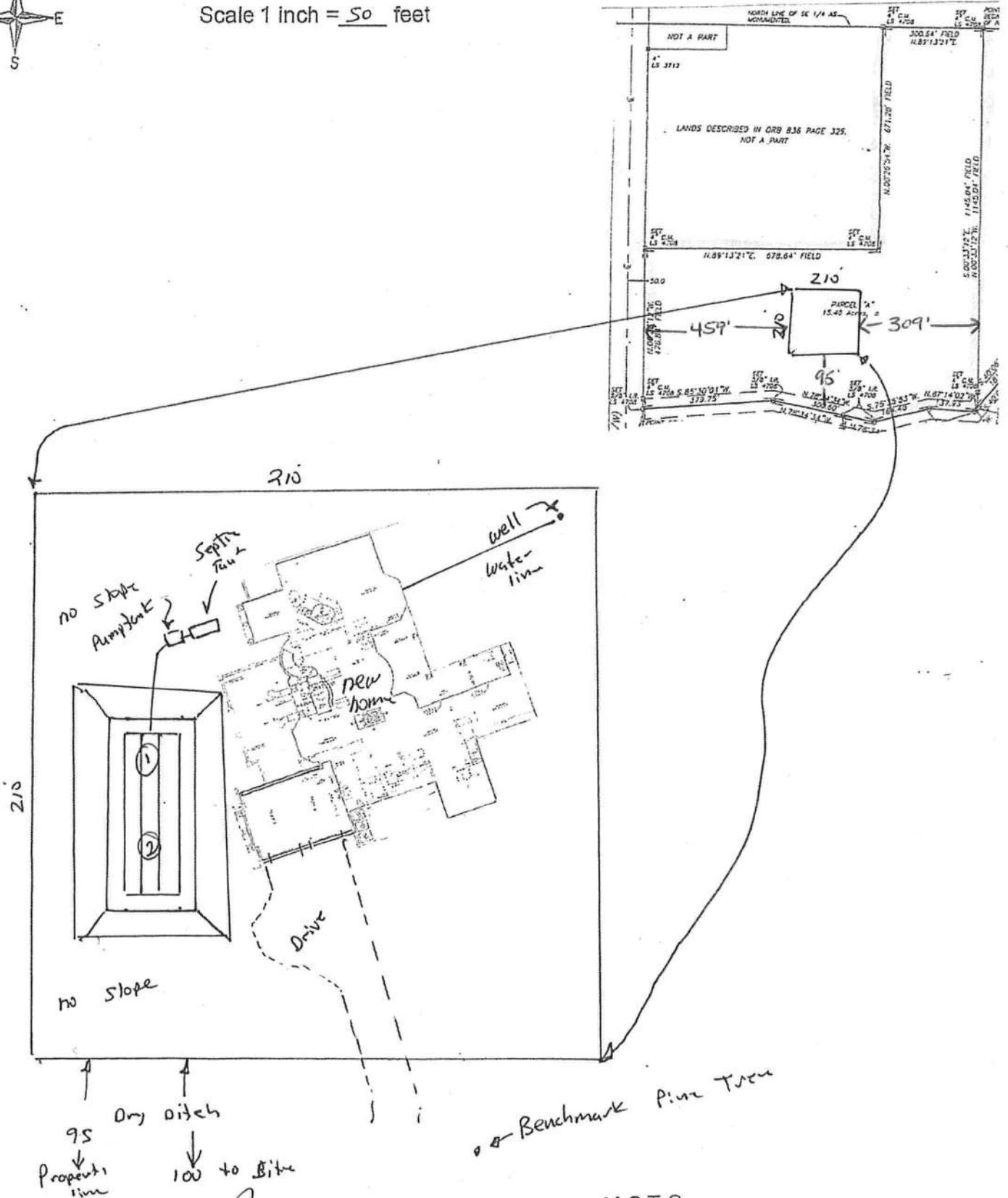
Columbia

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Permit # 18-D490
Property ID# 20-2S-17-D4755-006



Scale 1 inch = 50 feet



Site Plan submitted by Ben Mann M.S.T.C.
Plan Approved ✓ Not Approved ESI Date 6/19/18
By Sam Mann Columbia County Health Department

**EMAILED**

E-mail to (Lanapavlyuchenko@gmail.com)



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

PERMIT NO. 18-0490
DATE PAID: 6/18/18
FEE PAID: 3181.00
RECEIPT #: 1994556

APPLICATION FOR:

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

APPLICANT: KHOMICH GRYGORIYAGENT: Ronnie MooreTELEPHONE: 352-246-3997MAILING ADDRESS: PO Box 158 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: N/A BLOCK: N/A SUBDIVISION: N/A PLATTED: 2007PROPERTY ID #: 20-2S-17-04755-006 ZONING: AG I/M OR EQUIVALENT: [Y / (N)]PROPERTY SIZE: 15.4 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: N/A FTPROPERTY ADDRESS: 181 NE Frogs Gln Lake City FL 32055DIRECTIONS TO PROPERTY: 441 north follow past I-10 to Frogs Gln turn right to 1st lot 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	single family	5	5240	580 gpd
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Ronnie MooreDATE: 06/14/18