



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

PERMIT NO. 20-0911  
DATE PAID: 11/18/20  
FEE PAID: 310.00  
RECEIPT #: 1602149

APPLICATION FOR:

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

APPLICANT:

Darrell Keen

CitG/Dewenport

AGENT:

Robert W Ford III NFST, INC

TELEPHONE:

386-556372

MAILING ADDRESS:

741 SE State Road 100 Lake City, FL 32025

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: -NA- PLATTED: 2008

PROPERTY ID #: B-6S-17-00169-000 ZONING:        I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 12.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ [ ]  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ YES ☐ NO DISTANCE TO SEWER:        FT

PROPERTY ADDRESS: 949 1009 Giles Martin Ave Lake City, FLA

DIRECTIONS TO PROPERTY: TL on 4418, TL on CR 18

TL on SE Giles Martin Ave to 1009 on

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	<u>mhome</u>	<u>4</u>	<u>2255</u>	
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2				
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3				
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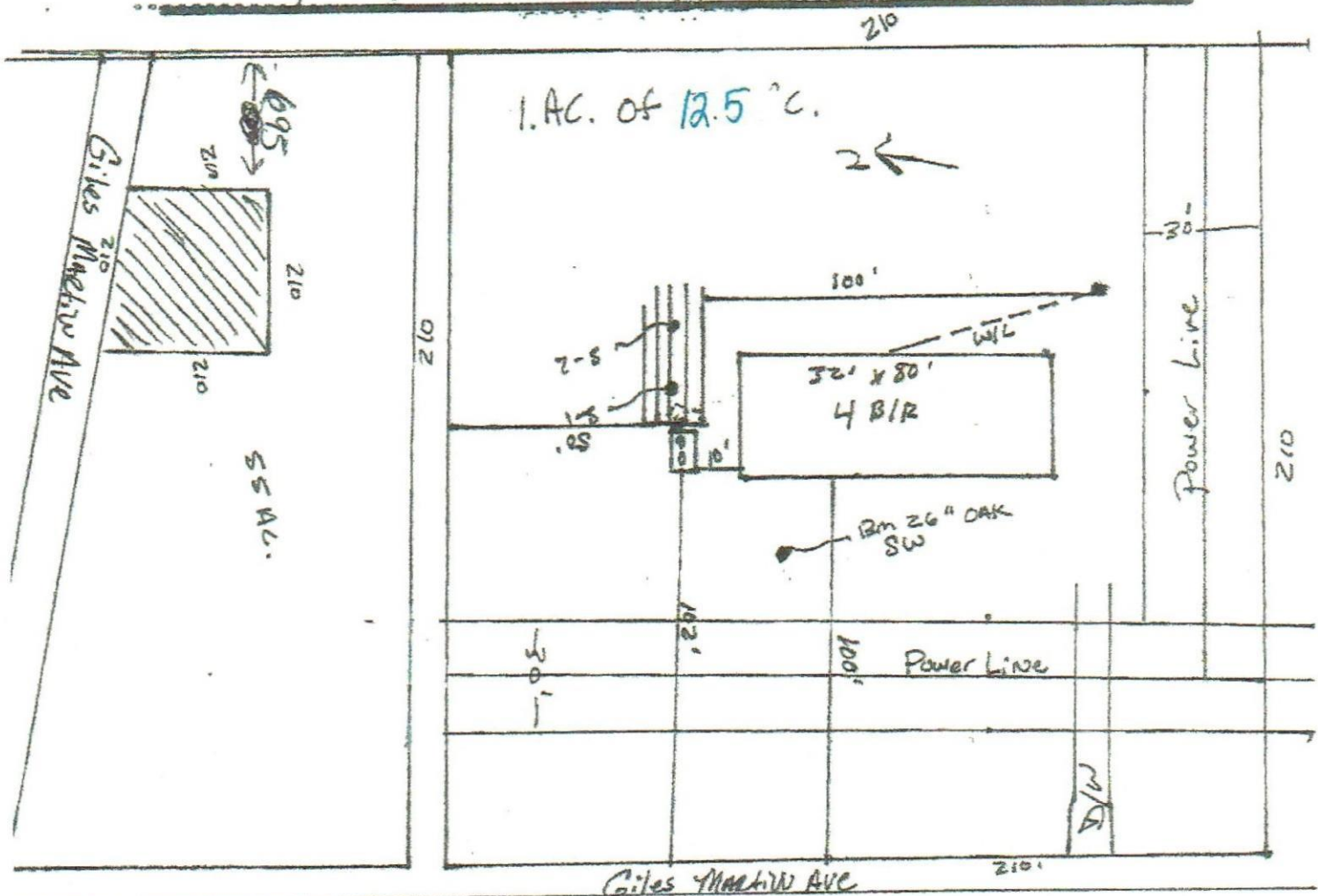
4				
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☐ Floor/Equipment Drains ☐ Other (Specify)       

SIGNATURE: Robert W Ford DATE: 11-16-2020

## Permit Application Number:

20-0911

$$11 = 40'$$


Notes: \_\_\_\_\_

Date 11/19/20

Jan Approved

Not Approved

County Health Department:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT