



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

PERMIT NO. 22-0317
DATE PAID: 4/12/22
FEE PAID: 18124.45
RECEIPT #: 1812445

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: HAROLD and PEGGY GARBER

AGENT: BRYAN ZECHER CONSTRUCTION

TELEPHONE: 386-752-8653

MAILING ADDRESS: 465 NW ORANGE STREET, 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: 62 BLOCK: SUBDIVISION: OAKS OF LAKE CITY PHASE 2 PLATTED:

PROPERTY ID #: 15-5S-17-09280-162 ZONING: AGR 3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .98 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 1192 SW Mandiba Dr, Lake City, FL 32024

DIRECTIONS TO PROPERTY: From Hwy 90, go S on Hwy 41 and turn right onto Tustenuggee. After about 7 miles, turn Right into the Oaks North entrance. Follow main road to stop sign, turn Left onto SW Mandiba Dr and the property is on the right.

BUILDING INFORMATION

[X] RESIDENTIAL

[] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	existing SF Residential	3	2150	
2	Storage building 12x12		144	
3				
4				

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

SIGNATURE: [Signature]

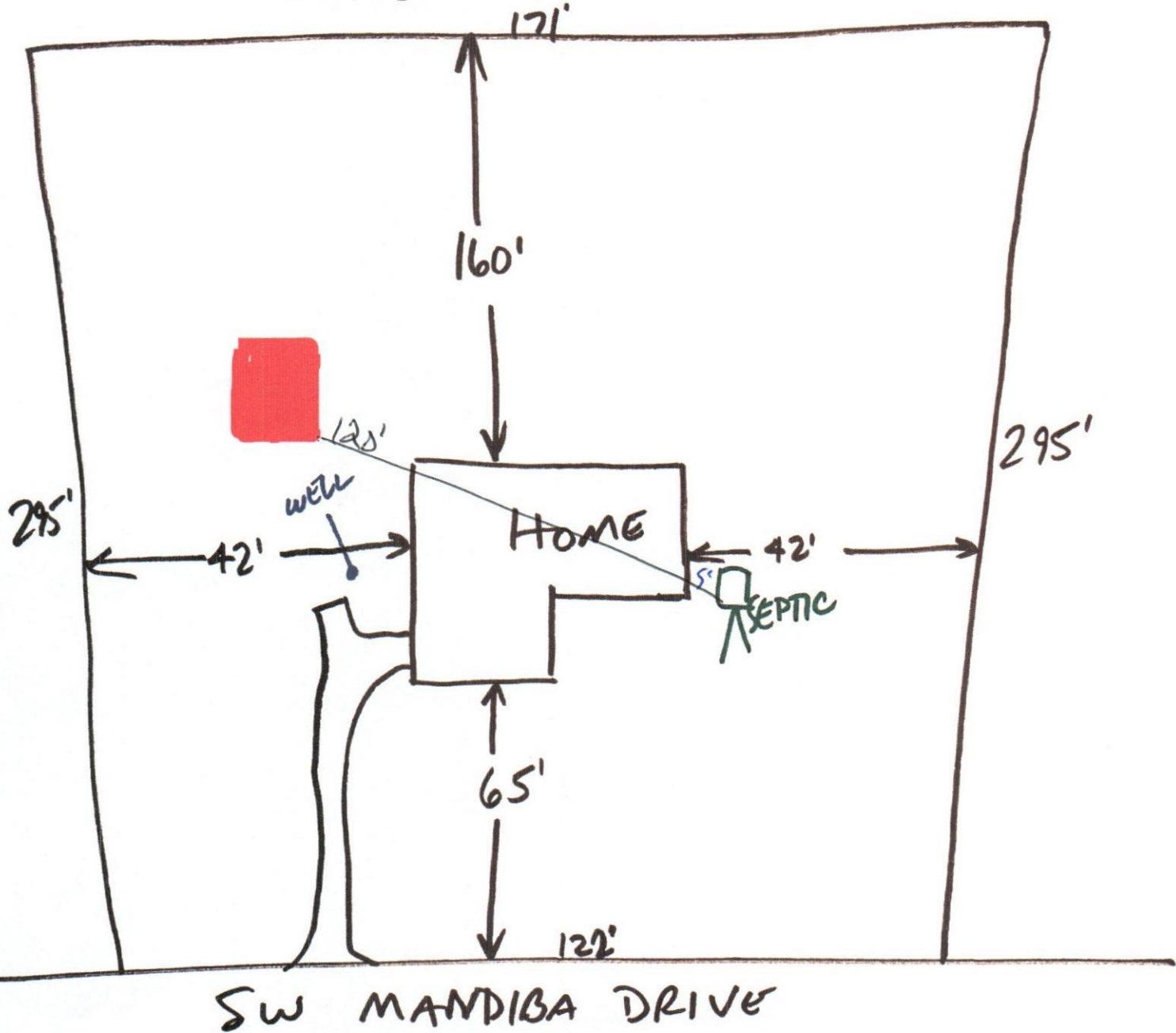
DATE: 4/7/22

22-0317

GARBER SITE PLAN

PROPERTY ID #18-55-17-09280-162

Lot 62 OAKS OF LAKE CITY Phase 2

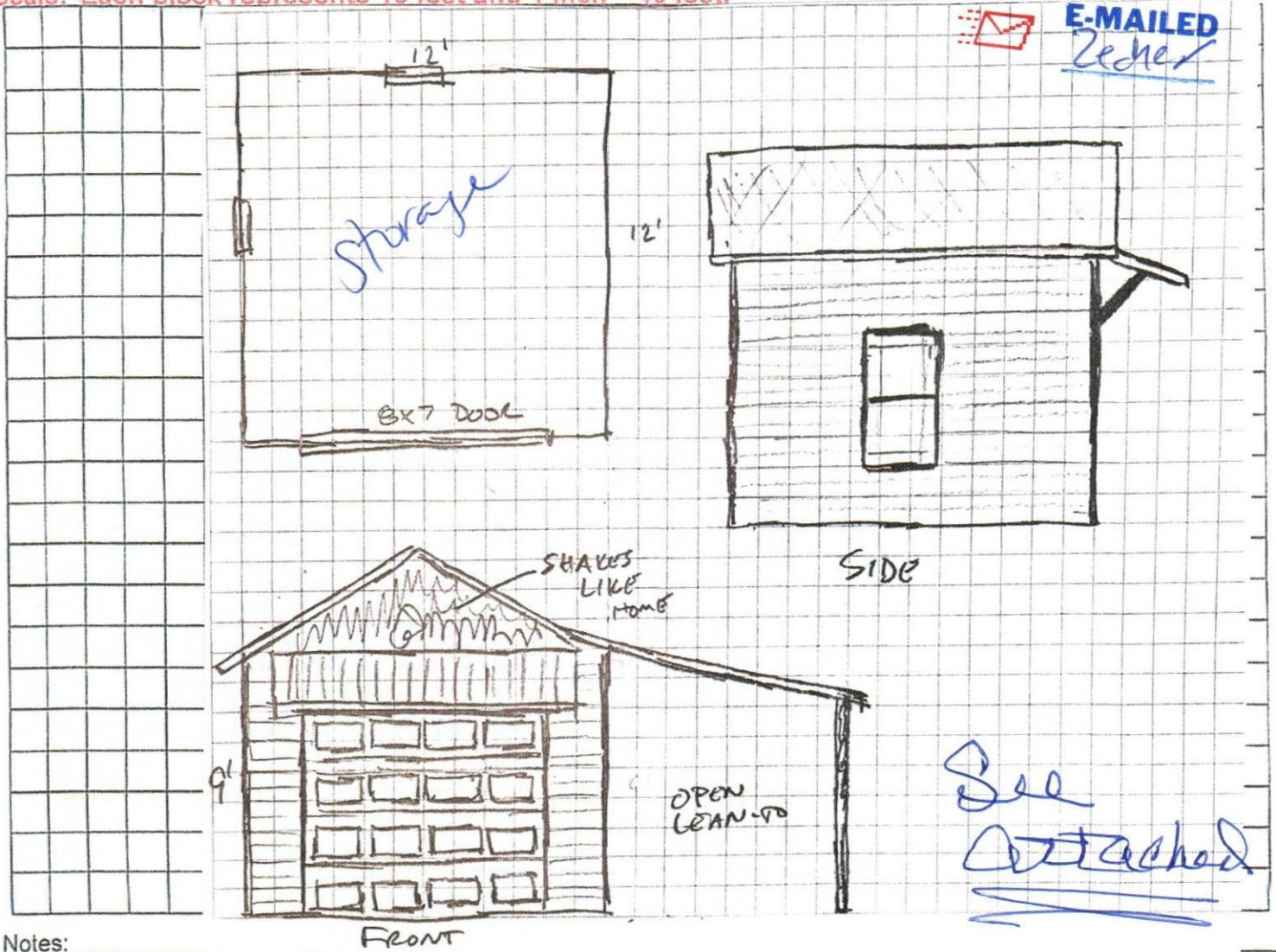


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----- PART II - SITEPLAN -----

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



Notes: _____

Site Plan submitted by: _____ TITLE _____

Plan Approved X Not Approved _____
By Sallee Ind EH Director Columbia

DATE: 4/7/22

Date 4.27.22

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT