

Incorporated 64E-6.001, FAC

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

PERMIT NO.	22:0094
DATE PAID:	13/8/20
FEE PAID:	- CO DO
RECEIPT #:	18020207

Page 1 of 4

APPLI	CATION FOR:							
[]	New System Repair		bandonment	em [] Temp	orary	[]	Innovative
APPLI	CANT: Ayth	ur 5 m	ckibbin Jr	and Twil	la moki	bbin		
AGENT	- Rock Ford	A+B (onstruction	- S	ne	TELE	PHONE:	386 - 497-2311
MAILI	NG ADDRESS:	546 SW	Dortch St.	Ft. White	F1. 320	88		
BY A D	COMPLETED BY A PERSON LICENSEI CANT'S RESPONSI ED (MM/DD/YY)	D PURSUAN IBILITY T	T TO 489.105 O PROVIDE DO	(3) (m) OR CUMENTATIO	489.552, N OF THE	FLORIDA S	TATUTES	S CREATED OR
PROPE	RTY INFORMATION	N						
LOT:	59 BLOCK:	NA	SUBDIVISION:	Shiloh	Ridge		P	LATTED:
PROPE	RTY ID #: 16-	75-16-0	4226-159	ZONIN	G:	I/M OR	EQUIVA	LENT: [Y/M]]
PROPE	RTY SIZE: 10	ACRES	WATER SUPPL	Y: [X] PR	IVATE P	OBLIC []	<=20000	GPD []>2000GPD
IS SEV	WER AVAILABLE A	AS PER 38	1.0065, FS?	[Y/N)]		DISTAN	CE TO S	EWER: MA FT
PROPE	RTY ADDRESS: _	868 (umberland e	st, Fort W	hite Fl	32038		
DIREC	FIONS TO PROPER	RTY: I	onto NW ma	in blud, s	light right	onto FI-	475 ,TI	L onto US 275
TR	onto Fry Au	ie, TR	onto SW Cu	imberland	st.			
BUILD	ING INFORMATION	N	[X] RESID	ENTIAL	[]	COMMERCIA	L	
Unit No	Type of Establishment		No. of Bedrooms					l System Design FAC
1 2	Residential	add on		800	ORIGI	NAL ATTACI	HED _	
3								
4								
[]	Floor/Equipmer							1 1
	TURE: Turke-						ATE:	2/8/22
DH 40	15, 08/09 (Obso	oletes pr	evious editi	ons which	may not !	be used)		

Twillamy flreattor@gmail.com

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number_

cation Number 33-0099

	PART I	I - SITEPLAN
Scale: 1 inch = 40 feet.	210'	Sw cumberland st.
↑N	900	
110		. 2
		² / ₂ ≥ 2
	891	Well at the state of the state
		111/1/11/11
		5 300 5 WL
		008
		0
		175' well
		10,
Notes:		
Site Plan submitted by: Jim		Agent: Owner: Date: 2/8/>
Plan Approved X By Allue To	nd Env Health	Date COLUMBIA County Heat Department
1	1100	THE CONTRIBIT COUNTY THE STATE OF THE STATE

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Short Number: 5744-002-4015-6)

Page 2 of 4