



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

PERMIT NO. 20-0393  
DATE PAID: 5/22/20  
FEE PAID: 28.88  
RECEIPT #: 1506011

APPLICATION FOR:

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

APPLICANT: Brian Slankin

AGENT: Same

TELEPHONE: 386-288-2766

MAILING ADDRESS: 141 NW Taylor Magee 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 #: 29-25-17-04287-201 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 7.69 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 446 NW Marshon St Lake City, FL 32055

DIRECTIONS TO PROPERTY: 441 N to Marshon St. Third driveway on LT. White double wide by the road.

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 | <u>Dw</u> | <u>3</u> | <u>1344</u> |  |
| 2 |           |          |             |  |
| 3 |           |          |             |  |
| 4 |           |          |             |  |

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

SIGNATURE: Brian Slankin

DATE: 5/22/2020

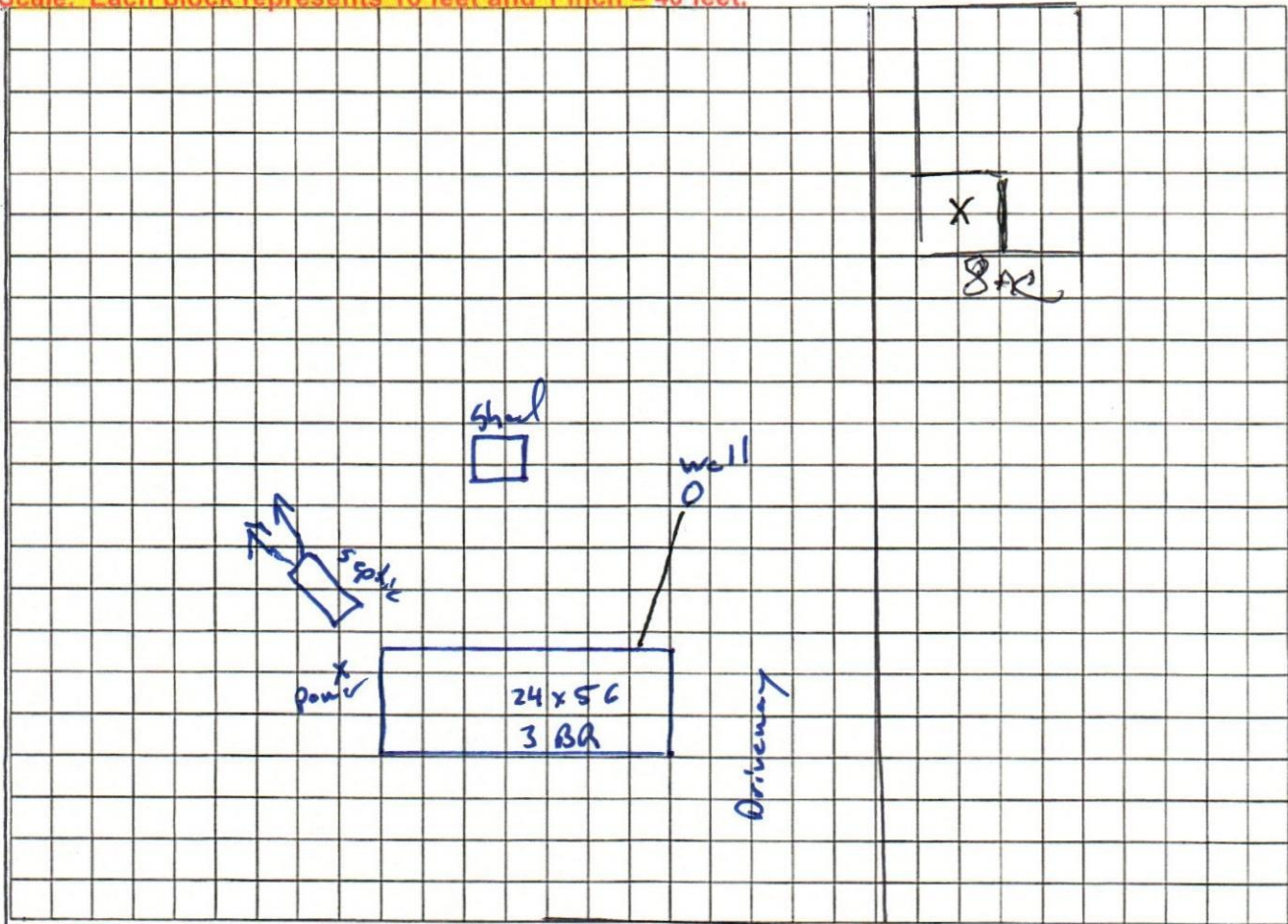


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----- PART II - SITEPLAN -----

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



Notes:

1 of 8 acres

Site Plan submitted by: Brian Slusher Agent: \_\_\_\_\_ Owner: X Date: 5/11/2020  
Plan Approved ✓ Not Approved \_\_\_\_\_ Date \_\_\_\_\_  
By: [Signature] ES2 COLUMBIA County Health Department

5/26/20  
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

2000

1000



2000

2000

2000

2000