



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

PERMIT NO. 21-0942
DATE PAID: 11/19/21
FEE PAID: 200.00
RECEIPT #: 17405493

APPLICATION FOR:

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

APPLICANT: Robert Burkhardt

AGENT: _____

TELEPHONE: 619-794-9956

MAILING ADDRESS: 1023 Santa Anita St. Oceanside CA. 92058

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 #: 26-75-16-04328-006 ⁽²³⁰³²⁾ ZONING: Ag I/M OR EQUIVALENT: [Y] [N]

PROPERTY SIZE: 5.27 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 505 SW Worry free glen Fort White FL 32038

DIRECTIONS TO PROPERTY: Head west on SW county road 138 when road curves north go straight on SW worry free glen

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	<u>Existing Mobile Home</u>	<u>3</u>	<u>960</u>	<u>MH 1987 - no original</u>
2	<u>Storage/Workshop</u>	<u>-</u>	<u>1228</u>	
3	<u>proposed</u>			
4				

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

SIGNATURE: [Signature]

DATE: 11/15/21

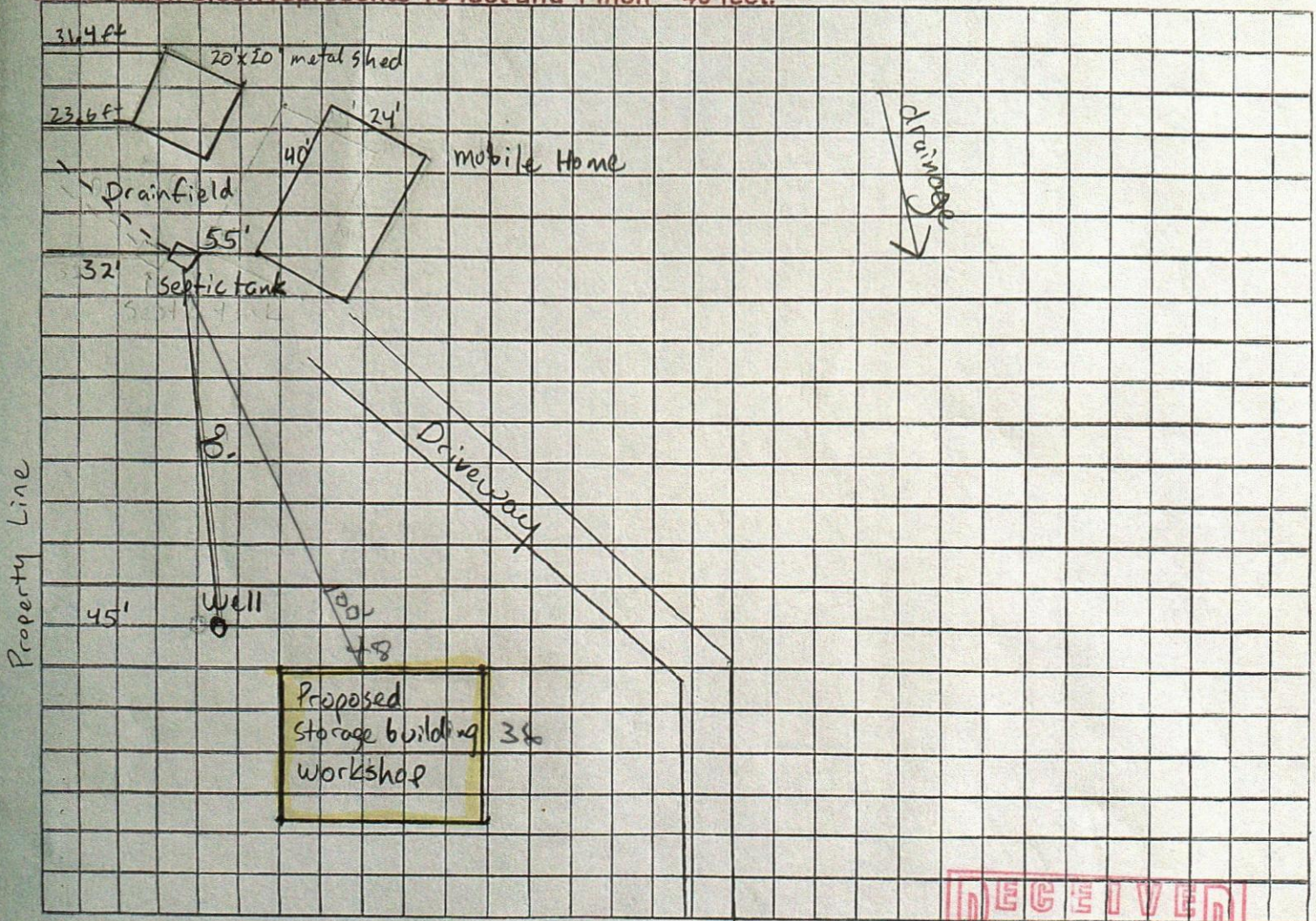
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Permit Application Number

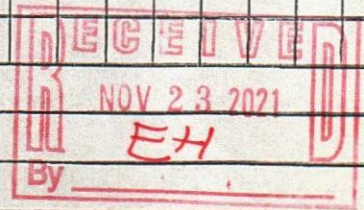
21-0942

PART II - SITEPLAN

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



Notes: lacre shown of 5.27 acre property



Site Plan submitted by: Robert Burkhort TITLE

DATE: 11/19/2021

Plan Approved X Not Approved

Date 11-30-21

By Sally Ford Env Health Director
Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT