

SSO # 081305364



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

PERMIT NO. \_\_\_\_\_  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_

## APPLICATION FOR:

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

APPLICANT: Stuart SmithAGENT: Stuart SmithTELEPHONE: 352-239-3388MAILING ADDRESS: PO Box 634 Alachua FL 32616

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: 26 BLOCK: 0 SUBDIVISION: Three Rivers Estates PLATTED: \_\_\_\_\_

PROPERTY ID #: 00-00-00-01048-000 ZONING: A1 I/M OR EQUIVALENT: ☐ No ☐

PROPERTY SIZE: .918 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ DISTANCE TO SEWER: 75 FT

PROPERTY ADDRESS: TBD SW Central Terrace Fort White FLDIRECTIONS TO PROPERTY: See attached

## 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	Placement of Mobile Home	3	1,568	
2				
3				
4				

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

SIGNATURE: \_\_\_\_\_

DATE: 28 Feb 23

DH 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC

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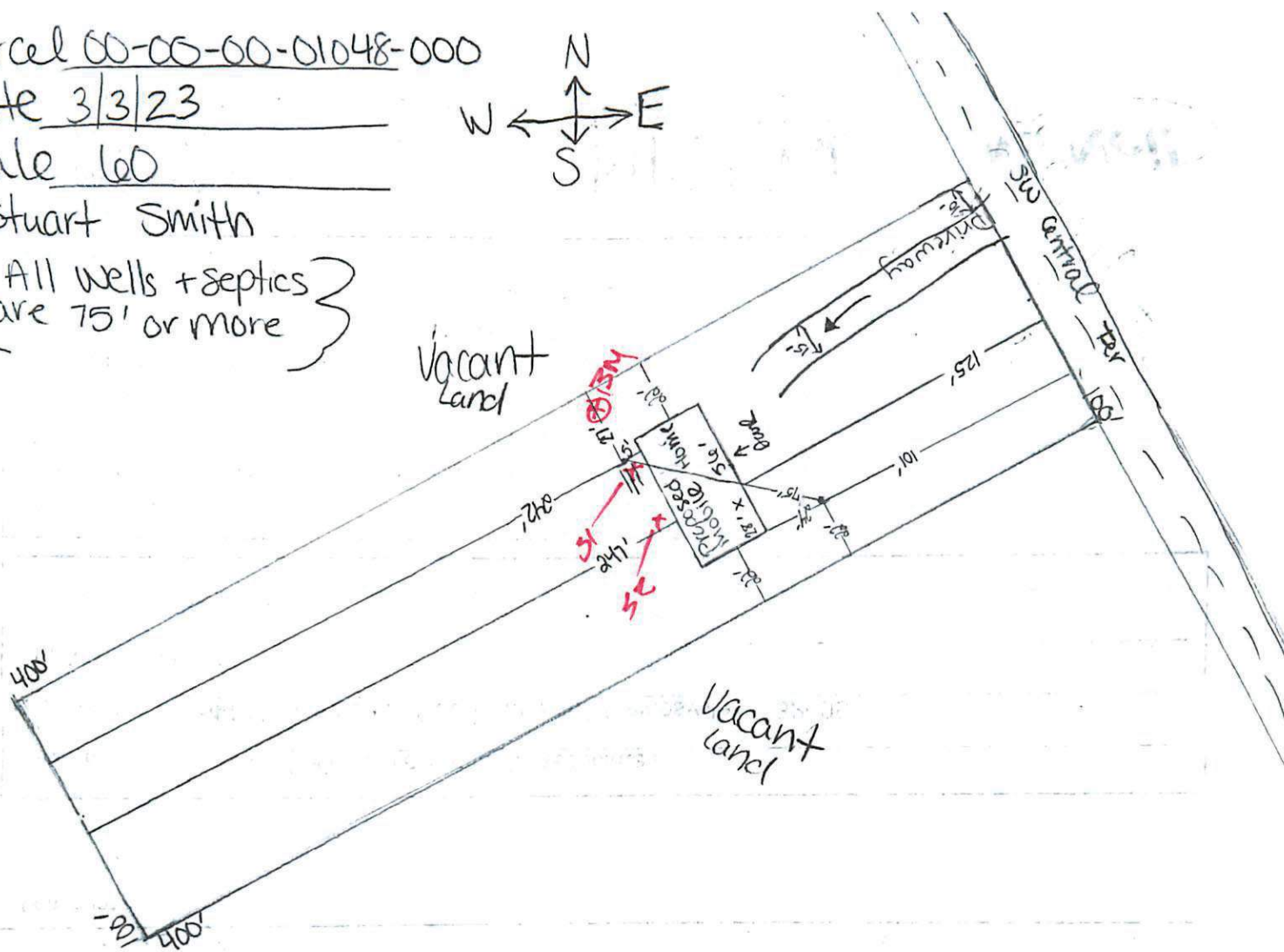
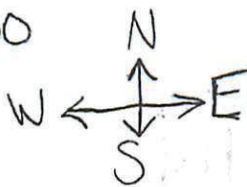
Parcel 00-00-00-01048-000

Date 3/3/23

Scale 60

Stuart Smith

All wells + septic  
are 75' or more



Site plan

APPROVED

Columbia CHD

3/27/23

