



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

CR # 10-9008

PERMIT NO: 21-04609  
DATE PAID: 8/3/22  
FEE PAID: 310.00  
RECEIPT #: 1872445

APPLICATION FOR:

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

APPLICANT: DANIELLE & BRIAN MCCANTS

AGENT: DANIELLE & BRIAN MCCANTS Paul Lloyd

TELEPHONE: (704) 746-7082

MAILING ADDRESS: 425 SE FAMILY ROAD

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: 6 BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: \_\_\_\_\_

PROPERTY ID #: 13-5S-17-09221-001 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 18.910 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 425 SE FAMILY ROAD LAKE CITY

DIRECTIONS TO PROPERTY: TAKE 90 EAST. TURN RIGHT ON HIGHWAY 100. TURN RIGHT ON PRICE CREEK ROAD. TURN LEFT ON FAMILY ROAD. SITE IS THIRD ON LEFT.

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>MOBILE HOME</u>	<u>3</u>	<u>1,920</u>	
2	<u>Garage</u>	<u>0</u>	<u>1200</u>	
3				
4				

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

SIGNATURE: Paul Lloyd

DATE: 7/28/22

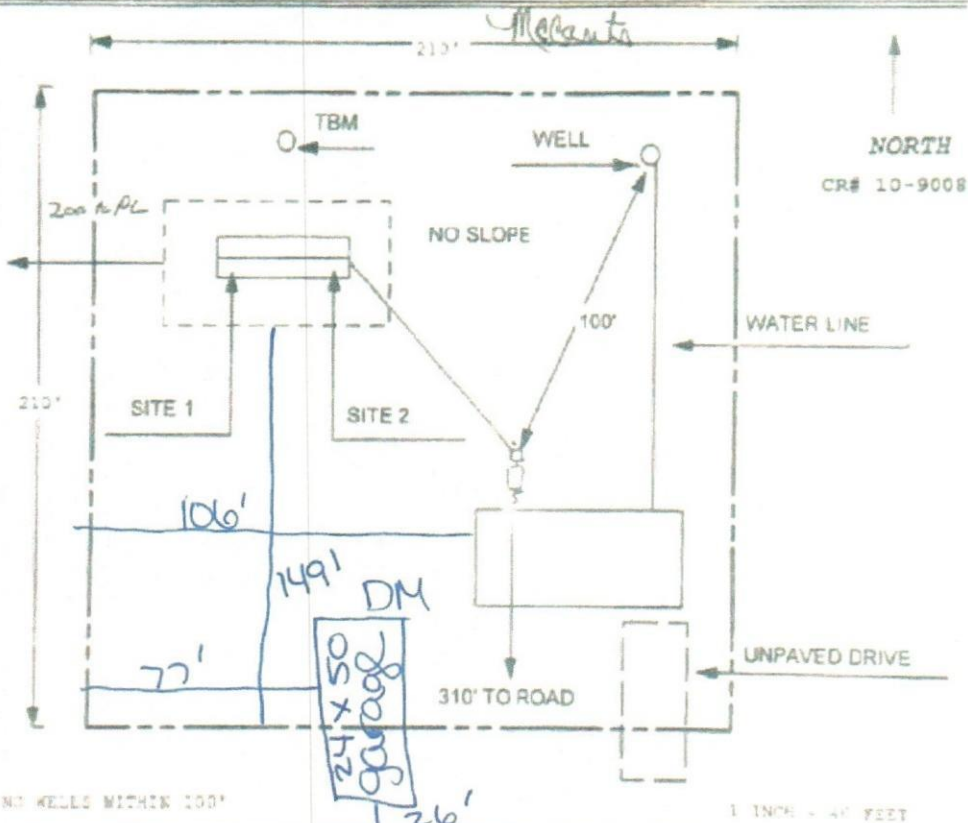
From: Mobley, Sally J Sally.Mobley@flhealth.gov  
Subject: SITE PLAN  
Date: Aug 30, 2022 at 3:19:21 PM  
To: Danielle McCants dcmccants@hotmail.com

22-0669

This is the site plan we have for you.  
Add the location of the garage/bldg. being added and the distance from your septic tank.  
Initial and date the change on the site plan and return.

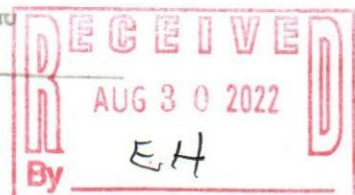
**Application for Onsite Sewage Disposal System  
Construction Permit. Part II Site Plan**  
Permit Application Number: 22-0669

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT**



Site Plan Submitted By [Signature] Date 8/25/22  
Plan Approved [Signature] Not Approved [Signature] Date 8/25/22  
By [Signature] ESS2 Columbia CPHU

Notes:  
Sally Ford E.H. Director  
9.7.22 Columbia



APPROVED