

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

PERMIT NO.	20-	84	19
DATE PAID:	5	29	120
FEE PAID:		00,1	حعر
RECEIPT #:	(20	20	37

APPLICATION FOR:
[] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Henry Wesley Farnin & Pamela Fannin Developme
AGENT: Sonya Creu35 Linda Craft TELEPHONE: 352-231-380
MAILING ADDRESS: 3781 NW Falling Creek Rd Lake City, F1320
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: 11 BLOCK: SUBDIVISION: Falling Creek PLATTED:
PROPERTY ID #: 19-25-17-04736-111 ZONING: I/M OR EQUIVALENT: [Y / N]
PROPERTY SIZE: ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 3781 Falling Creek Rd Lake City F1 32050
DIRECTIONS TO PROPERTY: Take Huy 41 N just past 1-10 Turn
right onto NW Falling Creek Rd. LOOK for mailsox
Sign just past Mershon St on right
BUILDING INFORMATION [X RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 mobile Home 3 1840
2
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: Song Crus DATE: 5-27-2020

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

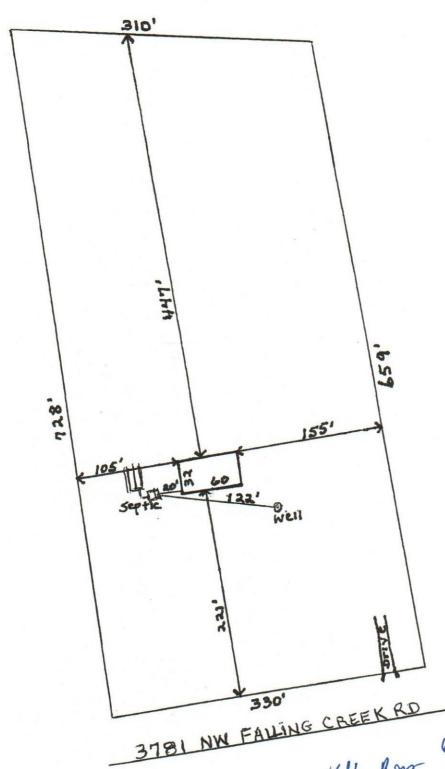
STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20 -8419

ale:	Eac	h	loc	Kr	epr	ese	nts	10	Tee	et a	nd	7 11	ch	= 4	U TE	et.				T		T	T	T	П		_
-											-					-		\neg		-	+	-	+	+	\vdash		+
+	+	_																		-	+	+	+	-	\vdash	+	+
-	+		_						_		-	_							_	\dashv	-	+	+	+		_	-
+	-										-	_				-				-	-	-	+	-	\vdash	-	+
	-	_				_														\dashv	-	-	+	+-	\vdash	-	-
+	++				_			-			-	_	_					-		-	-	_	+	-		+	+
-	-	_				_			•			_					_			-	+	_	+	+	\vdash	+	-
-											_	_								_	-	_	_	-		_	-
-												_						_		_	-		+	-		_	-
-	-									(1	,								_	-		_	-			
	1									1	1		1								1	_	-	-			_
-																					4		_	-		_	_
_											1						1		4	_	-	_	_	_		_	
_										(1	-	1/	1		1					_		_				
_												\sim	V	W	9		Q	4		_	_						
	-												_								_	_					
_																								_			
1											_									~							
es:																											
Di	n sub	mi	ted	bur	<	00	1 N	}	1/1	0 11	10									-							

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



FANNIN

Kills Rope Colombia Heartz Dept.