

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

APPLICATION FOR CONSTRUCTION PERMIT APPLICATION FOR: [] New System [/] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary [] APPLICANT: Jessica Walker AGENT: Dale Burd / Dale Burd LLC TELEPHONE: 386-365-7674 MAILING ADDRESS: 20619 County Road 137, Lake City, FL, 32024 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: 2 BLOCK: B SUBDIVISION: Deerhaven S/D Unrec PLATTED: NA PROPERTY ID #: 13-4S-17-08335-053 ZONING: NA I/M OR EQUIVALENT: [No] PROPERTY SIZE: 1.04 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC []<=2000GPD []>2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [No] DISTANCE TO SEWER: NA FT PROPERTY ADDRESS: 791 SE Weeks Lane, Lake City, FL, 32025 DIRECTIONS TO PROPERTY: US 90 East, TR SR 100, TR CR 245, TL Weeks Lane, 7/10ths mile to address on left BUILDING INFORMATION [✓] RESIDENTIAL [] COMMERCIAL No. of Building Commercial/Institutional System Design Unit Type of Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC No Establishment SF Residential / MH 1404 3 BR for 3 BR Like for Like 2 ----ORIGINAL ATTACHED 3 [] Floor/Equipment Drains [] Other (Specify)

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

DATE: 1/27/2021

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

| | Permit Application Number 2) - 088 | 2 |
|--|------------------------------------|---|
| WALKER | | |
| VQ.03798399 | PART II - SITEPLAN | |
| Scale: 1 inch = 40 feet. | 283.69 | 7 |
| 167' 167' 125' | 0005m2 DW /EXSWMH 62' 132' 132' | |
| Notes: Site Plan submitted by: Plan Approved By | Not Approved County Health Departm | |

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT