

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official 2/11/19 Building Official 2/11/19

AP# 1903-27 Date Received 3/11 By SW Permit # 37492

Flood Zone X Development Permit _____ Zoning ESA-2 Land Use Plan Map Category ESA

Comments Landowner Affidavit Rec'd

FEMA Map# _____ Elevation _____ Finished Floor 11 above the road River _____ In Floodway _____

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 19-060 ☒ Well letter OR

☐ Existing well ☒ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☒ 911 App

☐ Ellisville Water Sys ☒ Assessment owed ☐ Out County In County 3-19-19 ☒ Sub VF Form

Property ID # 36-59-15-00488-055 Subdivision Spring Hills Lot# 5 Bk# C

- New Mobile Home _____ Used Mobile Home ☒ MH Size 16x60 Year 1998
- Applicant Sean Boyle Phone # 352-745-0497
- Address 678 SW Quarry Circle Fort White, FL 32038
- Name of Property Owner John Boyle, Trustee Phone# 386-752-7155
- 911 Address 206 Redbud Glw, # White, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Sean Boyle Phone # 352-745-0497
- Address 678 SW Quarry Circle Fort White, FL 32038
- Relationship to Property Owner Father
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 1.186
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property TAKE 47 toward Fort white turn right on 240 Come down to Ichetucknee turn left come down to curtain turn right come down to redbud turn left driveway at End of road
- Name of Licensed Dealer/Installer Glenn Williams Jr Phone # 386-344-3669
- Installers Address 660 SE Putnam St Lake City FL 32025
- License Number 1H1054858 Installation Decal # 55868



SEAN is aware of what's needed 3-11-19

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual
Home is installed in accordance with Rule 15-C

Single wide ☒ Wind Zone II ☒ Wind Zone III ☐

Double wide ☐ Installation Decal # 43811

Triple/Quad ☐ Serial # GME155868

Installer: Glean Williams License # 1H1054658

Address of home being installed: 206 SW cedbud 610

Foot white FI

Manufacturer: Fleetwood Length x width: 16' x 60'

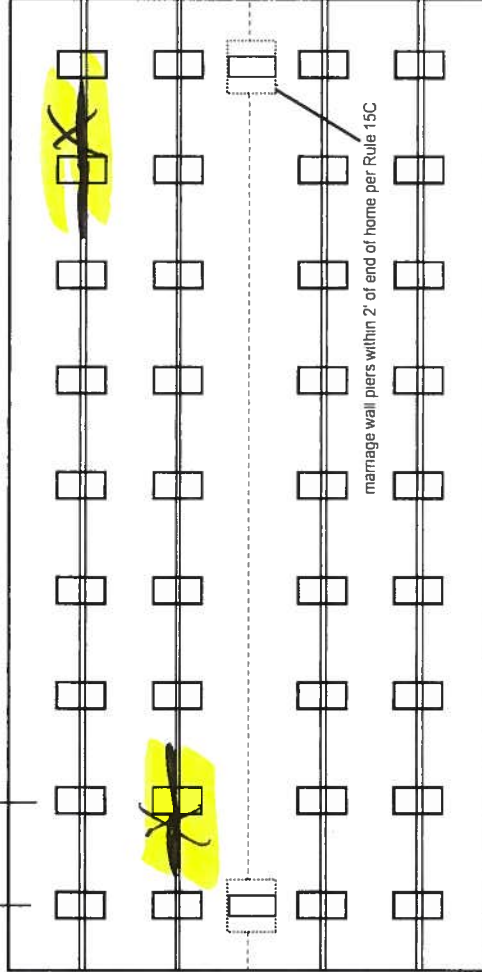
NOTE: if home is a single wide fill out one half of the blocking plan
if home is a triple or quad wide sketch in remainder of home
I understand Lateral Arm Systems cannot be used on any home (new or used)
where the sidewall ties exceed 5 ft 4 in.

Installer's initials: gyw

Typical pier spacing



Show locations of Longitudinal and Lateral Systems
(use dark lines to show these locations)



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size

18.5 x 18.5

Perimeter pier pad size

16 x 16

Other pier pad sizes (required by the mfg.)

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening

Pier pad size

4 ft ☒ 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

22 Frame Ties

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

x 2000 x 1500 x 1500

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

x 2000 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 270 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Glenn Williams

Date Tested

3-11-19

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. _____

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. _____

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. _____

Application Number: _____

Date: _____

Site Preparation

Debris and organic material removed
Water drainage: Natural Swale Pad ☒ Other

Fastening multi wide units

Floor: Type Fastener: W Length: 1/2" Spacing: 12"
Walls: Type Fastener: W Length: 1/2" Spacing: 12"
Roof: Type Fastener: W Length: 1/2" Spacing: 12"
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials

YW

Type gasket

Installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. _____
Siding on units is installed to manufacturer's specifications. Yes
Fireplace chimney installed so as not to allow intrusion of rain water. Yes

Miscellaneous

Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes N/A
Range downflow vent installed outside of skirting. Yes N/A
Drain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes
Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

Glenn Williams

Date

3-11-19

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1903-27 CONTRACTOR Glenn Williams Jr PHONE 386-344-3669

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

✓ ELECTRICAL	Print Name <u>Sean Boyle</u> License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature <u>Sean Boyle</u> Phone #: <u>352-745-0497</u>
✓ MECHANICAL/ A/C _____	Print Name <u>Sean Boyle</u> License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature <u>Sean Boyle</u> Phone #: <u>352-745-0497</u>

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 19-81200
DATE PAID: 2/2/19
FEE PAID: 310.00
RECEIPT #: 139958

APPLICATION FOR:

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

APPLICANT: John Boyle

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: 5 BLOCK: C SUB: Spring Hills PLATTED: _____

PROPERTY ID #: 36-5S-15-00488-055 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1.186 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 206 Redbud Glen, Ft. White, FL

DIRECTIONS TO PROPERTY: Take NE Franklin St, left on NW main Blvd, right on 47S, right on Co Rd. 240, left on Ichetucknee Ave, right on SW Curtain Ln, left on SW Spruce St, left on SW Redbud Glen

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
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1	SF Residential	2	960	
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2				
---	--	--	--	--

3				
---	--	--	--	--

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Rocky Ford DATE: 2/13/2019

STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 19-0160

John Boyle

----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.

See attached

Notes: _____

Site Plan submitted by: Rodney D. D. 2-13-19

Plan Approved _____ Not Approved _____

By Mike D. D. ESL Columbia

MASTER CONTRACTOR

Date 2/27/19

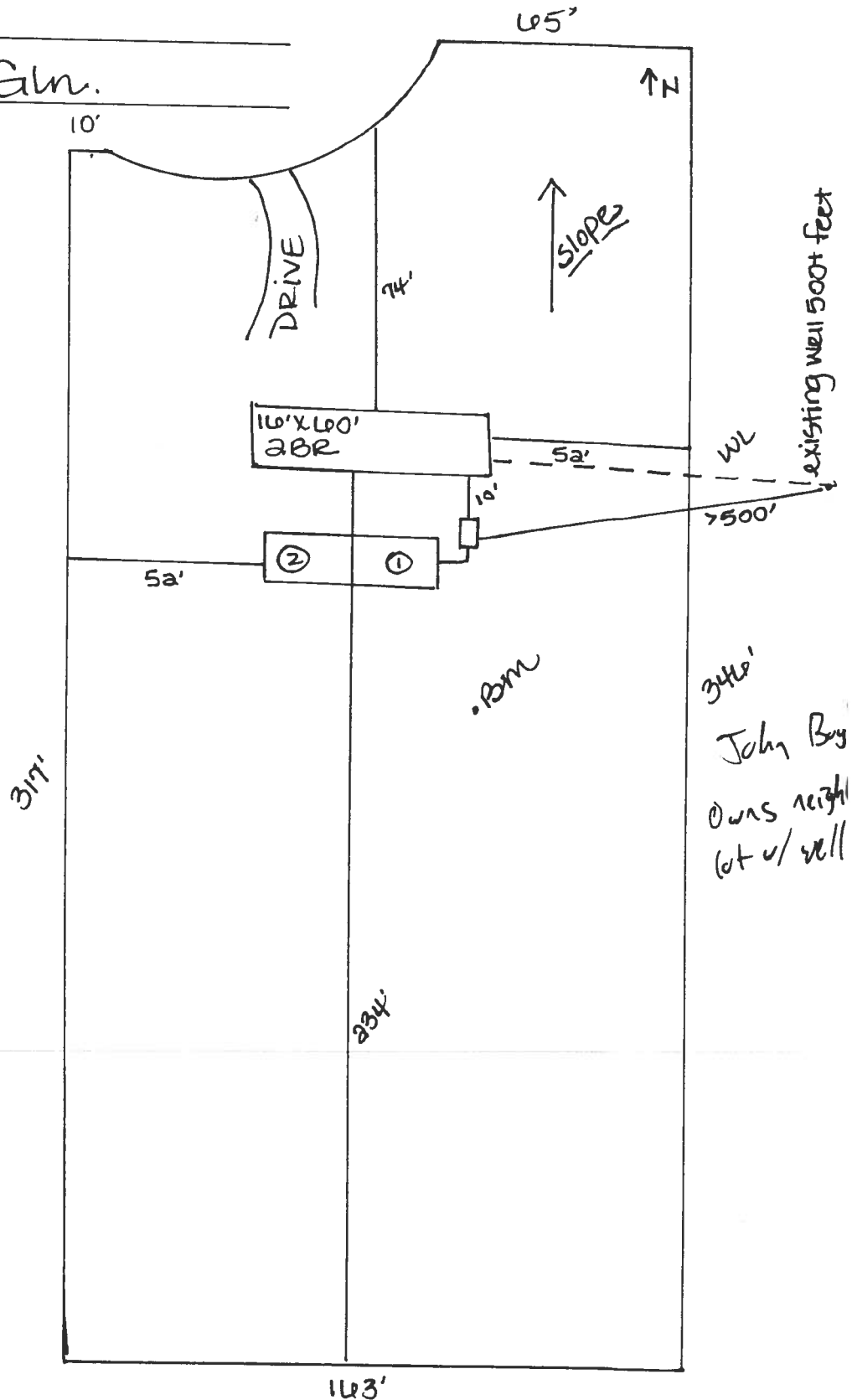
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

John Boyle

19-2160

SW Reebud Gln.



COLUMBIA COUNTY TAXING AUTHORITIES
135 NE HERNANDO AVE SUITE 238
LAKE CITY FL 32055

Notice of Proposed Property Taxes

RETURN SERVICE REQUESTED

2018 REAL ESTATE PROPERTY

36-5S-15-00488-055

DO NOT PAY THIS IS NOT A BILL

The taxing authorities which levy property taxes against your property will soon hold Public Hearings to adopt budgets and tax rates for the next year. The purpose of these Public Hearings is to receive opinions from the general public and to answer questions on the proposed tax changes and budget Prior to Taking Final Action. Each taxing authority may Amend or Alter its proposals at the hearing.

LOT 5 BLOCK C SPRING HILLS S/D
WD 1185-2176,

BOYLE JOHN G & CAROLYN K
TRUSTEES OF THE BOYLE REVOCABL
LIVING TRUST
267 SW BOYLE LOOP
FORT WHITE FL 32038-7108



41
8 - 25132

Taxing Authority	COLUMN 1*		COLUMN 2*		COLUMN 3*		PUBLIC HEARING INFORMATION A public hearing on the proposed taxes and budget will be held on:
	Tax Rate 2017	Your Property Taxes 2017	Tax Rate If No Budget Change is Adopted 2018	Your Property Taxes If No Budget Change is Adopted 2018	Tax Rate PROPOSED 2018	Your Property Taxes IF PROPOSED Budget is Adopted 2018	
003							
BOARD OF COMM	8.01500	91.25	7.75110	96.00	8.87000	109.85	SEPT 6, 2018, 5:30 PM, SCHOOL BOARD ADM BLDG, 372 W DUVAL ST
SCHOOL LRE	4.32000	49.18	4.17330	51.69	4.20100	52.03	SEPT 11, 2018, 6:00PM, SCHOOL BOARD ADM BLDG, 372 W DUVAL ST
SCHOOL DISC	2.24800	25.59	2.17170	26.90	2.24800	27.84	SEPT 11, 2018, 6:00PM, SCHOOL BOARD ADM BLDG, 372 W DUVAL ST
LSHA	.96200	10.95	.92970	11.51	1.50000	18.58	SEPT 10, 2018 5:15 PM, 259 NE FRANKLIN ST LAKE CITY, FL
SRWMD	.40270	4.58	.39480	4.89	.39480	4.89	SEPT 11, 2018, 5:05 P.M. SRWMD 9225 CR 49, LIVE OAK, FL 32060
Total	15.94770	181.55	15.42060	190.99	17.21380	213.19	

Taxing Districts	Market Value		Assessed Value		Exemptions		Taxable Value	
	2017	2018	2017	2018	2017	2018	2017	2018
County	11,385	12,385	11,385	12,385	0	0	11,385	12,385
School	11,385	12,385	11,385	12,385	0	0	11,385	12,385
Other	11,385	12,385	11,385	12,385	0	0	11,385	12,385

Assessment Reductions	Applicable to:	Value
None		

Exemptions	Applicable to:	Value
None		

* See reverse side for explanations.

* If you feel the market value of your property is inaccurate or does not reflect fair market value or if you are entitled to an exemption that is not reflected above contact your county property appraiser at **COURTHOUSE ANNEX RM 238 LAKE CITY FL 32055 386-758-1083**

* If the property appraiser's office is unable to resolve the matter as to market value, classification, or an exemption, you may file a petition for adjustment with the Value Adjustment Board. Petition forms are available from the county property appraiser and must be filed **ON OR BEFORE 9-7-2018**

* Your final tax bill may contain non-ad valorem assessments which may not be reflected on this notice such as assessments for roads, drainage, garbage, fire, lighting, water, sewer, or other government services and facilities which may be levied by your county, city, or any special district.



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave. Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Glenn Williams, give this authority for the job address show below
Installer License Holder Name

only, 206 redbird Glu Fort White, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
SEAN BOYLE	<i>Sean Boyle</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

[Signature]
License Holders Signature (Notarized)

1H1054858
License Number

3-11-19
Date

NOTARY INFORMATION:

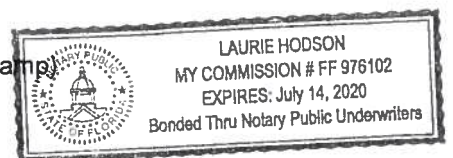
STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is GLENN WILLIAMS, JR., personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 11 day of MARCH, 2019.

Laurie Hodson

NOTARY'S SIGNATURE

(Seal/Stamp)



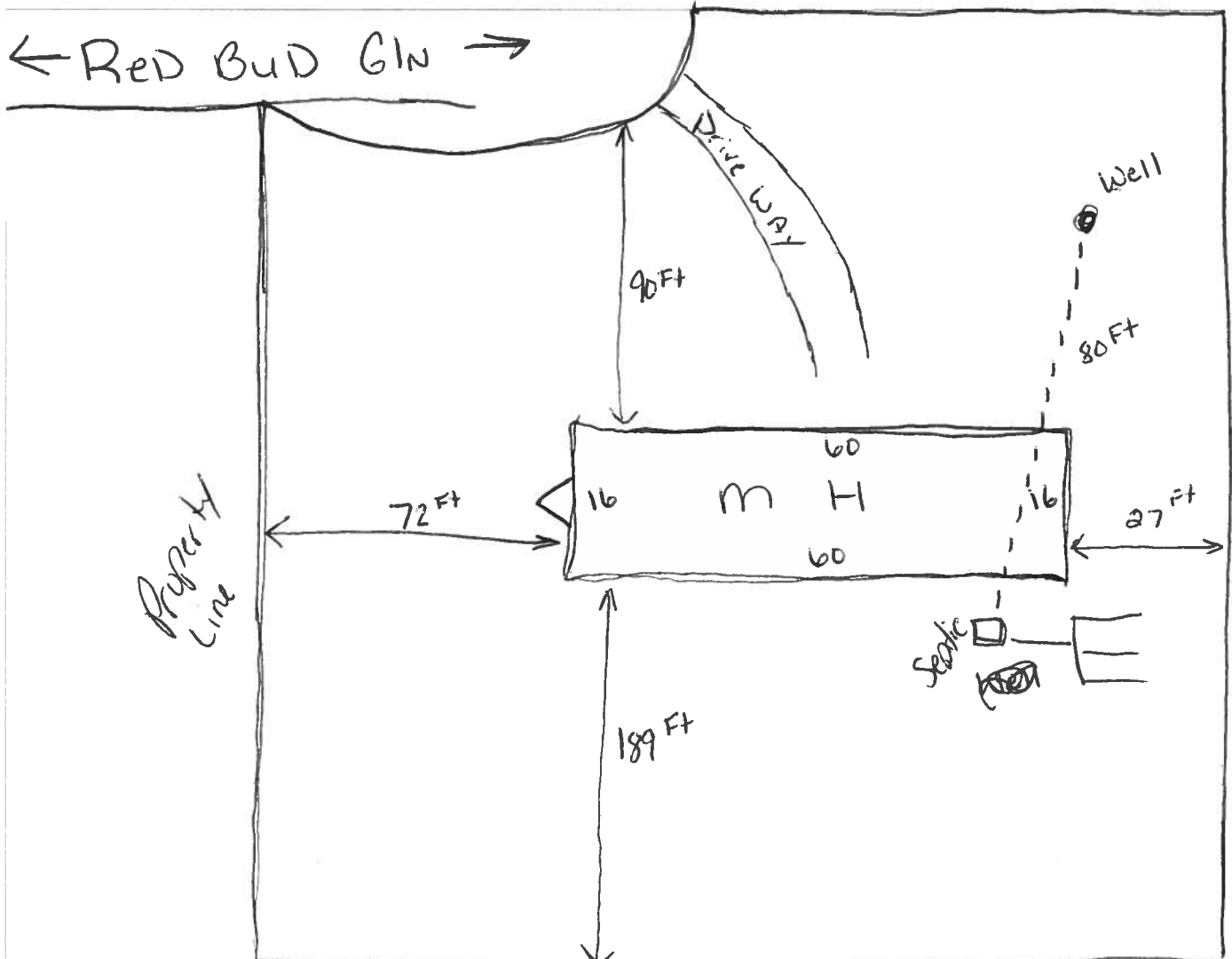
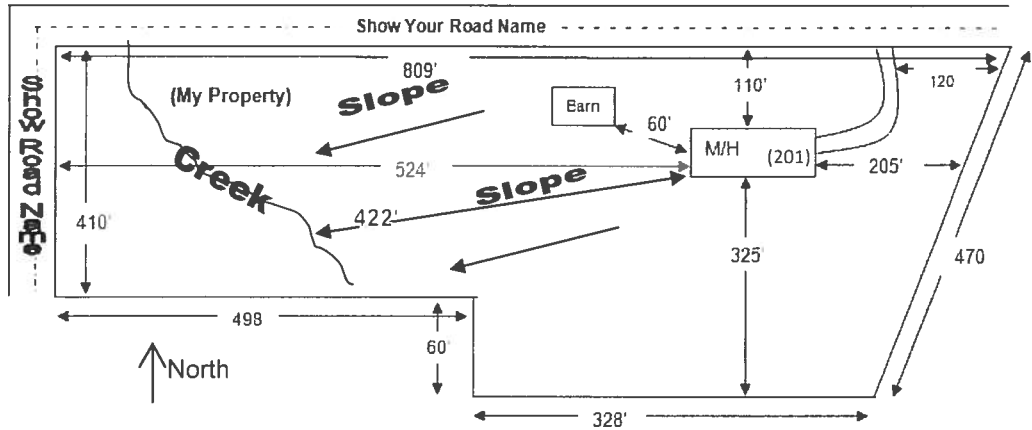
SITE PLAN CHECKLIST

- ___ 1) Property Dimensions
- ___ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ___ 3) Distance from structures to all property lines
- ___ 4) Location and size of easements
- ___ 5) Driveway path and distance at the entrance to the nearest property line
- ___ 6) Location and distance from any waters; sink holes; wetlands; and etc.
- ___ 7) Show slopes and or drainage paths
- ___ 8) Arrow showing North direction

SITE PLAN EXAMPLE

Revised 7/1/15

NOTE:
This site plan can be copied and used with the 911 Addressing Dept. application forms.



4-33



Columbia County Property Appraiser

updated: 3/5/2019

2018 Tax Roll Year

Parcel: 36-5S-15-00488-055

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

2018 TRIM (pdf)

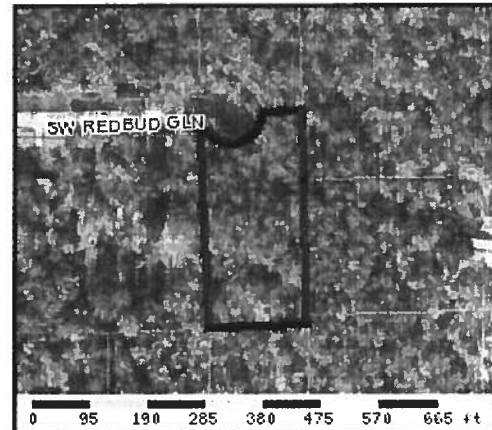
Interactive GIS Map

Print

Search Result: 1 of 1

Owner & Property Info

Owner's Name	BOYLE JOHN G & CAROLYN K		
Mailing Address	TRUSTEES OF THE BOYLE REVOCABL LIVING TRUST 267 SW BOYLE LOOP FT WHITE, FL 32038		
Site Address	206 SW REDBUD GLN		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	Neighborhood	36515
Land Area	1.186 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 5 BLOCK C SPRING HILLS S/D WD 1185-2176,		



Property & Assessment Values

2018 Certified Values		
Mkt Land Value	cnt: (0)	\$12,385.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$12,385.00
Just Value		\$12,385.00
Class Value		\$0.00
Assessed Value		\$12,385.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$12,385 Other: \$12,385 Schl: \$12,385	

2019 Working Values		
Mkt Land Value	cnt: (0)	\$12,385.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$12,385.00
Just Value		\$12,385.00
Class Value		\$0.00
Assessed Value		\$12,385.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$12,385 Other: \$12,385 Schl: \$12,385	

NOTE: 2019 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
12/9/2009	1185/2176	WD	V	U	11	\$100.00
4/1/1983	512/27	WD	V	Q		\$3,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), JOHN BOYLE

as the owner of the below described property:

Property tax Parcel ID number 36.5s.15.00488.05E

Subdivision (Name, lot, Block, Phase) SPRING HILLS - LOT 5 BLOCK C

Give my permission for SEAN BOYLE to place a

Circle one Mobile Home Travel Trailer / Utility Pole Only / Single Family Home /
Barn - Shed - Garage / Culvert / Other _____

☐ This is to allow a 2nd Mobile Home on the above listed property for a family member
through Columbia County's Special Temporary Use provision.

Family Members Name _____

Relationship to Lessee _____

I (We) understand that the named person(s) above will be allowed to receive a building
permit on the property number I (we) have listed above and this could result in an
assessment for solid waste and fire protection services levied on this property.

[Signature] 3.11.19
Owner Signature Date

Owner Signature Date

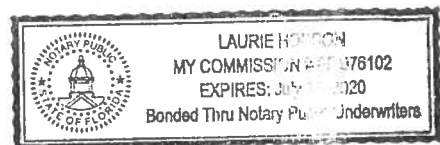
Sworn to and subscribed before me this 11th day of MARCH, 2019. This

(These) person(s) are personally known to me or produced ID FL I.D.
(Type)

[Signature]
Notary Public Signature

Notary Printed Name

Notary Stamp/



District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
District No. 5 - Tim Murphy

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY



Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: 3/11/2019 10:51:17 AM
Address: 206 SW REDBUD Gln
City: FORT WHITE
State: FL
Zip Code 32038

Parcel ID 00488-055

REMARKS: Address Verification.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com

Mobile Home

Applicant: GLENN WILLIAMS JR (386-344-3669) Application Date: 3/18/2019

Convert To ▼

1. ACTION

2. CONTRACTOR

3. MOBILE HOME
DETAILS

4. APPLICANT

5. REVIEW

6. FEES/PAYMENT

7.
DOCUMENTS/REPORTS

8.
NOTES/DIRECTIONS

9. INSPECTIONS (1)


Completed Inspections

Add Inspection

Release Power

Schedule Inspection ([ScheduleInspection.aspx?id=40503](#))

Inspection	Date	By	Notes
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Passed: Mobile Home - In County Pre-Mobile Home before set-up	3/19/2019	Matt Forsyth	
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The completion date must be set To release Certifications to the public.

Permit Completion Date
(Releases Occupancy and Completion Forms)

Permit Closed On

Incomplete Requested Inspections

Inspection	Date	By	Notes
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**STATE OF FLORIDA WELL COMPLETION REPORT**

☐ Southwest
☐ Northwest
☐ St. Johns River
☐ South Florida
☒ Suwannee River
☐ DEP
☐ Delegated Authority (If Applicable)

PLEASE, FILL OUT ALL APPLICABLE FIELDS
(*Denotes Required Fields Where Applicable)

Date Stamp

Confirmation#
245185

Date: 03/25/2019

Official Use Only

1. *Permit Number <u>3-023-234321-1</u> *CUP/WUP Number _____ *DID Number <u>135874</u> 62-524 Delineation No. _____	
2. *Number of permitted wells constructed, repaired, or abandoned <u>1</u> *Number of permitted wells not constructed, repaired, or abandoned <u>0</u>	
3. *Owner's Name <u>Boyle John G & Carolyn K</u> 4. *Completion Date <u>03/21/2019</u> 5. Florida Unique ID _____	
6. <u>206 Redbud Gln Sw, Ft White, FL 32038</u> *Well Location - Address, Road Name or Number, City, ZIP	
7. *County <u>Columbia</u> *Section <u>36</u> Land Grant _____ *Township <u>5S</u> *Range <u>15E</u>	
8. Latitude <u>300012.8268</u> Longitude <u>824608.0364</u>	
9. Data Obtained From: _____ GPS <input checked="" type="checkbox"/> Map _____ Survey _____ Datum: _____ NAD 27 <input checked="" type="checkbox"/> NAD 83 _____ WGS 84 _____	
10. *Type of Work: <input checked="" type="checkbox"/> Construction _____ Repair _____ Modification _____ Abandonment Reason: _____	
11. *Specify Intended Use(s) of Well(s): <input checked="" type="checkbox"/> Domestic _____ Landscape Irrigation _____ Agricultural Irrigation _____ Site Investigation _____ _____ Bottled Water Supply _____ Recreation Area Irrigation _____ Livestock _____ Monitoring _____ _____ Public Water Supply (Limited Use/DOH) _____ Nursery Irrigation _____ Test _____ _____ Public Water Supply (Community or Non-Community/DEP) _____ Commercial/Industrial _____ Earth-Coupled Geothermal _____ _____ Class I Injection _____ Golf Course Irrigation _____ HVAC Supply _____ _____ HVAC Return _____ Class V Injection: _____ Recharge _____ Commercial/Industrial Disposal _____ Aquifer Storage and Recovery _____ Drainage Remediation: _____ Recovery _____ Air Sparge _____ Other (Describe) _____ _____ Other (Describe) _____	
12. *Drill Method: _____ Auger _____ Cable Tool <input checked="" type="checkbox"/> Rotary _____ Combination (Two or More Methods) _____ Jetted _____ Sonic _____ _____ Horizontal Drilling _____ Hydraulic Point (Direct Push) _____ Other _____	
13. *Measured Static Water Level <u>17</u> ft. Measured Pumping Water Level _____ ft. After _____ Hours at _____ GPM	
14. *Measuring Point (Describe) _____ Which is _____ ft. Above _____ Below Land Surface *Flowing: _____ Yes <input checked="" type="checkbox"/> No	
15. *Casing Material: _____ Black Steel _____ Galvanized <input checked="" type="checkbox"/> PVC _____ Stainless Steel _____ Not Cased _____ Other _____	
16. *Total Well Depth <u>65</u> ft. Cased Depth <u>60</u> ft. *Open Hole: From <u>60</u> To <u>65</u> ft. *Screen: From _____ To _____ ft. Slot Size _____	
17. *Abandonment: _____ Other(Explain) _____ From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____ From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____ From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____ From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____ From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____	
18. *Surface Casing Diameter and Depth: Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____ Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____	
19. *Primary Casing Diameter and Depth: Dia <u>4</u> in. From <u>0</u> ft. To <u>3</u> ft. No. of Bags <u>1</u> Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other Cement _____ Dia <u>4</u> in. From <u>3</u> ft. To <u>60</u> ft. No. of Bags <u>3</u> Seal Material (Check One): _____ Neat Cement <input checked="" type="checkbox"/> Bentonite _____ Other _____ Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____ Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____ Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____	
20. *Liner Casing Diameter and Depth: Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____ Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____ Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____	
21. *Telescope Casing Diameter and Depth: Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____ Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____ Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____	
22. Pump Type (If known): _____ Centrifugal _____ Jet <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Horsepower <u>1</u> Pump Capacity (GPM) <u>15</u> Pump Depth <u>55</u> ft. Intake Depth _____ ft. _____ Laboratory Test _____ Field Test Kit _____	
23. Chemical Analysis (When Required): Iron _____ ppm Sulfate _____ ppm Chloride _____ ppm	
24. Water Well Contractor: *Contractor Name <u>Bruce Park</u> *License Number <u>2681</u> E-mail Address _____ *Contractor's Signature <u>Bruce Park</u> *Driller's Name (Print or Type) <u>N.Green</u> (I certify that the information provided in this report is accurate and true.)	