

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

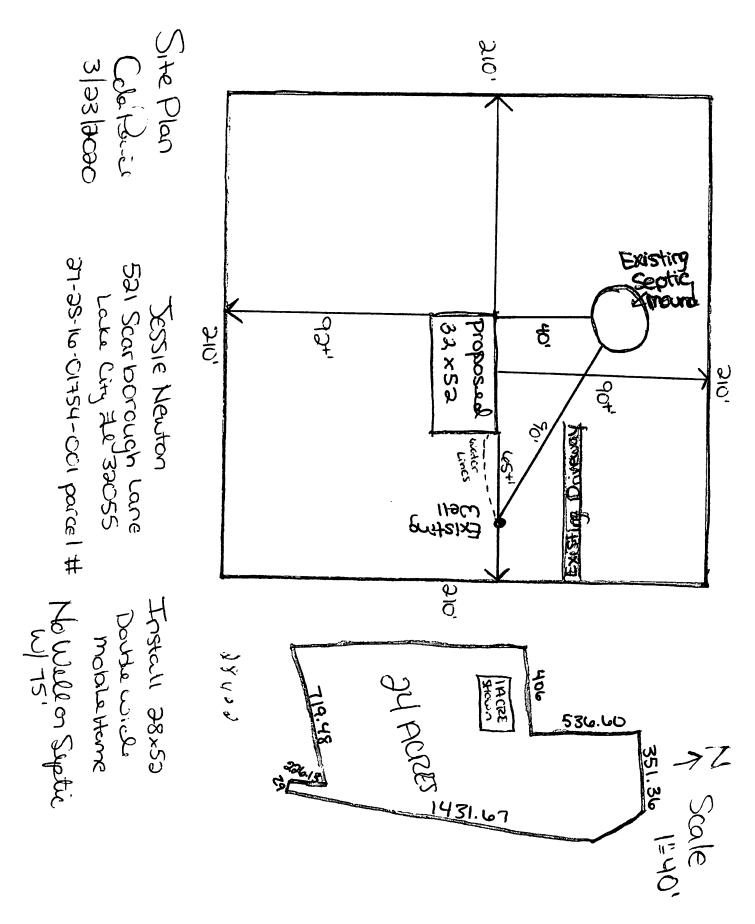
	IN AL
PERMIT NO	7 COS6
DATE PAID:	3/25/20
FEE PAID:	6000
RECEIPT #:	1476082

APPLICATION F	OR CONSTRUCTION	PERMIT	RECEIPT #: 14/1604	
APPLICATION FOR: [] New System [] Ent [] Repair [] Ab	isting System andonment	[] Holding Tan	le [] Innovative []	
MAILING ADDRESS: 3300	150 th Pl	- Lake Cit	ELEPHONE: 384-943-4. UFL 32024	
TO BE COMPLETED BY APPLICANT OF A PERSON LICENSED PORSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	TO 489.105(3)(m) (OR 489,552, FLORID	PRIVAL DE CONTRE DE LA CONTRE D	
PROPERTY INFORMATION	. 1			
ECT: NA BLOCK: NA S	UEDIVISION: N	1	PLATTED:	
PROPERTY TO 8: 27-25-1401754-001 ZONING: AG3 I/M OR EQUIVALENT: [Y /(N)				
PROPERTY SIZE: ACRES WATER SUPPLY: 1/ PRIVATE PUBLIC []<=2000GPD []>2000GPD				
IS SEWER AVAILABLE AS PER 381	.0065, FS? [Y /N		ANCE TO SEWER:	
eroperty address: 521 S	arborough	hlane	Lake City FL	
DIRECTIONS TO PROPERTY: 41 N RIGHT ON SCUYDUYDUS h I A MA				
un left before c	une (black	L mailbox		
BUILDING INFORMATION	EN Y DUGGERAUM			
	[RESIDENTIAL	[] COMMER	CTAL	
Vait Type of No Establishment	No. of Buildin Bedrooms Area So	g Commercial/Ins ft Table 1, Chapt	titutional System Design or 64E-6, FAC	
3 Install DWMH	<u>a</u> 15ar	5		
3	the state of the s			
4	there was a second seco			
SIGNATURE:	[] Other (Spec	elfy)	DATE: 3-23-70	

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

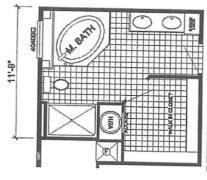
Permit Application Number 20 -0256 PART II - SITEPLAN -----Scale: Each block represents 10 feet and 1 inch = 40 feet. Notes: S/W ft D/S ft Wells ft B/F ft P/L ft PWL ft MAFL **Unobstructed Area** ft Site Plan submitted by: os:-{5-E Plan Approved_ Not Approved_ County Health Department ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4915, 08/09 (Obstates previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stast Number: 5744-002-4016-6)

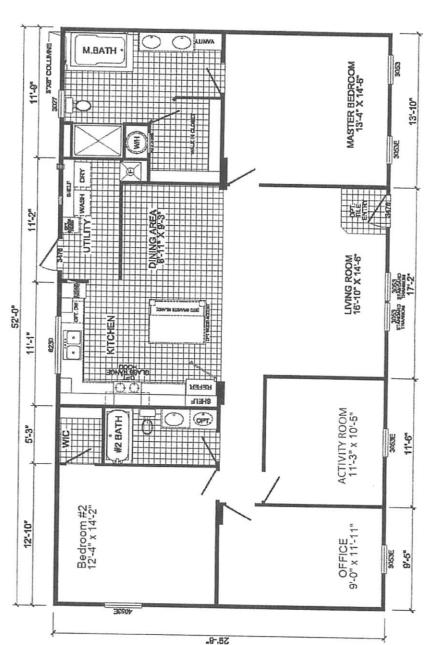


20-0256

Salphorn Salphorn



OPTIONAL MASTER BATH



L-3524F-OAK 2-BEDROOM / 2-Bath 32 X 56 - Approx. 1525 Sq. Ft.

* All room dimensions include closets and aquare foolage figures are approximate. THS2019 40040 PM * Transom windows are available on optional 9-t0* accord frouses only.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis Governor

Scott A. Rivkees, MD State Surgeon General

Vision: To be the Healthiest State in the Nation

March 30, 2020

(PRICE RITE ENTERPRISE INC) RAVEN Lake City, FL 32024

RE: Contingency Letter

Application Document No: AP1476082 Centrax Permit Number: 12-SC-2051565

OSTDS Number:

521 SCARBOROUGH Ln Lake City, FL 32055

Lot: Block: Subdivision:

Dear Applicant:

This will acknowledge receipt of an application dated 03/27/2020 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

From a review of your completed application, it has been determined that your existing system appears to meet the minimum standards of F.A.C. 64E-6 for the proposed use. It is approved for use with the plans submitted to this office. If this system should fail, causing an unsanitary condition to exist, steps must be taken to bring the system into compliance immediately. Department approval of the system does not guarantee satisfactory performance for any specific period of time. Any change in material facts which served as a basis for issuance of this approval requires the applicant to modify the permit application. Such modification may result in this approval being made null and void. Issuance of this approval does not exempt the applicant from compliance with other Federal, State, or Local Permitting required for development of this property.

If you have any questions on this matter, please call our office at (386) 785-1058.

Sincerely

Dustin Jones, Environmental Specialist II

Enclosures

CC:

(PRICE RITE ENTERPRISE INC)
Page two
March 30, 2020