



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

PERMIT NO. 22-0506
DATE PAID: 6/16/22
FEE PAID: 601.25
RECEIPT #: 1849425

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Tommy Bulock

AGENT: T.J. Prevatt

TELEPHONE: 904-368-9777

MAILING ADDRESS: 800 N Thompson St Starke, FL 32091L

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: 7/9/20

PROPERTY ID #: 20-5S-17-09302-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 35 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 7387 SW Tustenuggee Ave Lake City, FL 32024

DIRECTIONS TO PROPERTY: L on Ne Madison St, L on US 441, L on US-41, R on SW Tustenuggee

BUILDING INFORMATION

[X] RESIDENTIAL

[] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SFR		7,402SF	<u>21-8891</u>
2	In-ground fiberglass pool		16'x40'	
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: [Signature] DATE: _____

Permit Application Number _____

22-0506

Scale: Each block represents 10 feet and 1 inch = 40 feet.

This image shows a full page of blank graph paper. The grid consists of small, uniform squares formed by thin green lines. There are approximately 20 columns and 20 rows of squares across the page. The background is white, and the grid covers almost the entire area, leaving small margins at the top and bottom.

Please see attached site plan

Site Plan submitted by:

Plan Approved

~~Not Approved~~

By

Date 6/14/22

County Health Department

~~ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT~~

STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 22-0506

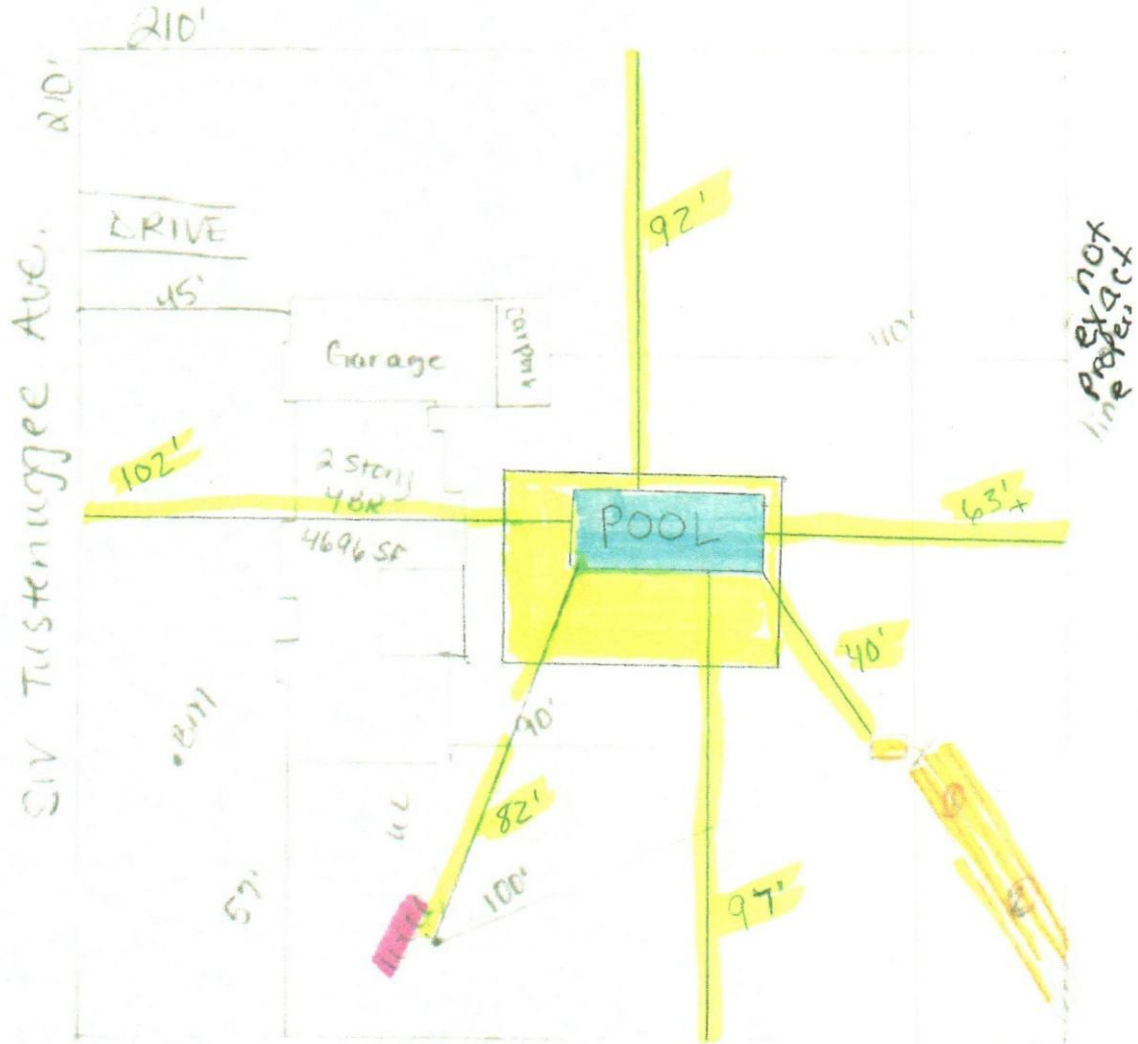
Bullock

PART II - SITEPLAN

Scale: 1 inch = 40 feet.

↑ N

1 acre of 35.



Notes: _____

1 acre of 35.

Site Plan submitted by: T. Law

Plan Approved _____ Not Approved _____

By _____ Date _____

MASTER CONTRACTOR

County Health Department

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