



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

PERMIT NO. 22-0399
DATE PAID: 5/27/20
FEE PAID: 40.00
RECEIPT #: 1504590

APPLICATION FOR:

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

APPLICANT: Gayle Story
AGENT: Susan L. Frazee TELEPHONE: (386) 292-6722
MAILING ADDRESS: 346 NW Ivy Glen, Lake City, FL 32055

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: _____

PROPERTY ID #: 34-4S-17-08978-000 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 6869 SUS Hwy 441, Lake City, FL 32025

DIRECTIONS TO PROPERTY: US 441 S 4.5 miles, turn left onto SE Rose Creek Loop, turn Rt. to stay on Rose Creek Loop, 0.1 miles, turn Rt. onto US 441 N 0.6 miles

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
1	<u>inground pool</u>			
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____
SIGNATURE: Susan L. Frazee DATE: 5/13/2020

Permit Application Number 20-0349

PART II - SITEPLAN

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are approximately 20 columns and 20 rows of squares across the entire page. The paper is otherwise completely empty, with no margins, text, or other markings.

Notes: _____

see attached

Site Plan submitted by: Austen L. Gray TITLE _____ DATE: 5/13/2020
Plan Approved X Not Approved _____ Date 5/28/20
By [Signature] Columbian County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Shirley Regina Gayle

6869 S US 441

LAKE CITY, FL 32025

20-0399

