E-mail to (sjh0330@gmail.com)

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

PERMIT NO. 19-0795
DATE PAID: 10/28/19
FEE PAID: 310.00
RECEIPT #: 1450220

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Peter & Rachelle Kolacia

AGENT: Ronnie Moore TELEPHONE: 352-246-3997

MAILING ADDRESS: PO Box 158 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: 21 BLOCK: _____ SUBDIVISION: Arrow Wood PLATTED: 1986

PROPERTY ID #: 36-6S-16-04096-011 ZONING: SF I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 9.98 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 554 SW Lime Way FT White FL 32038

DIRECTIONS TO PROPERTY: 441 south to CR 18 towards FT White to SW Hawthorne Terr turn right Follow to SW Lime Way turn left to end on left # 554.

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	single family	3	2239	
2				
3				
4				

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

SIGNATURE: Ronnie Moore DATE: 10/24/19

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

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0795

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

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

SEE Attached

Notes: _____

Site Plan submitted by: Thomas Mann MIS T.C.

Plan Approved ✓ Not Approved ____ Date 4/2/19

By _____ Columbia County Health Department

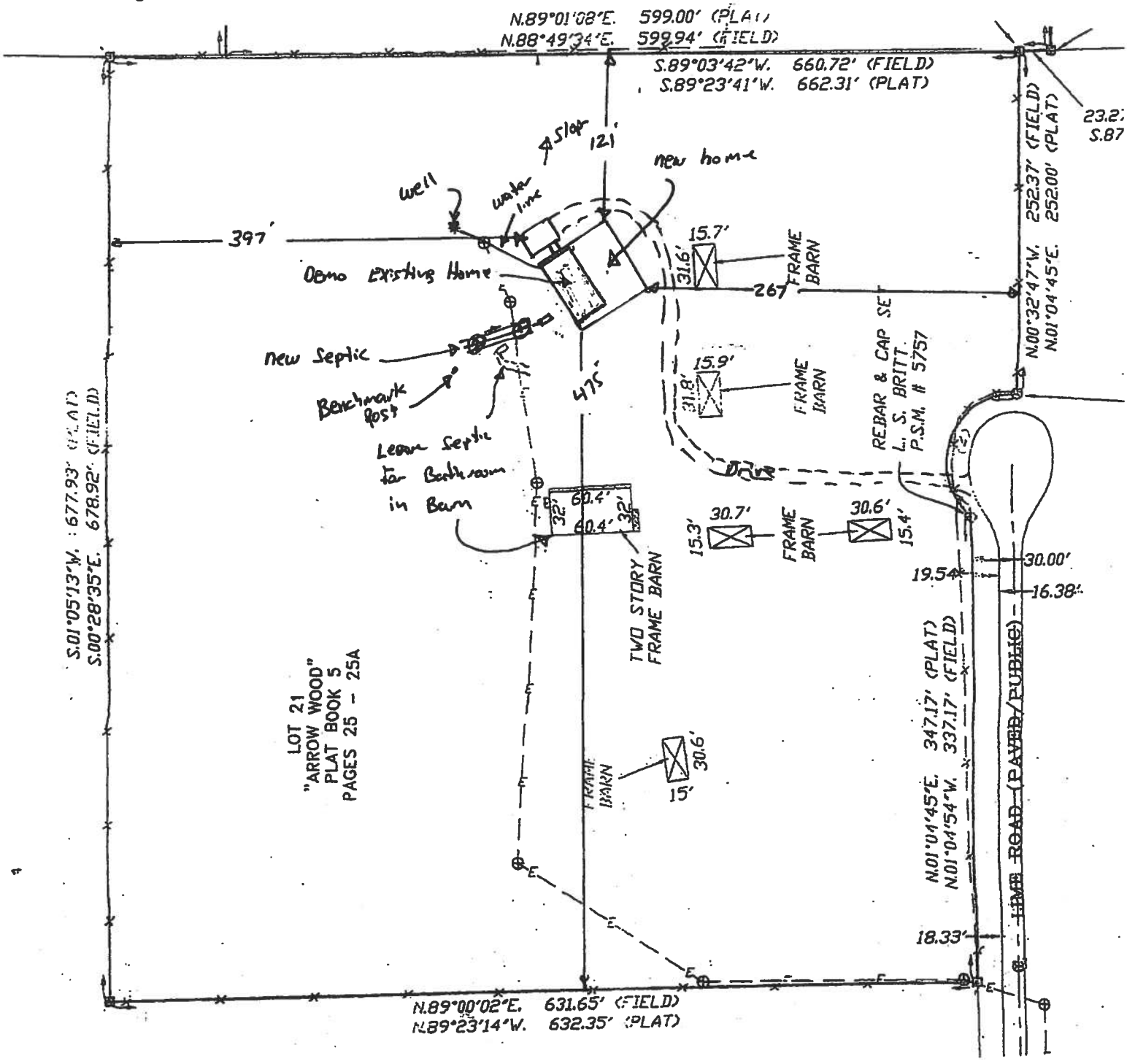
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)

Permit # 19-0795

Property ID# 36-6S-16-04096-011

Scale 1 inch = 100 feet



Site Plan submitted by Ron Moon M.S.T.C.

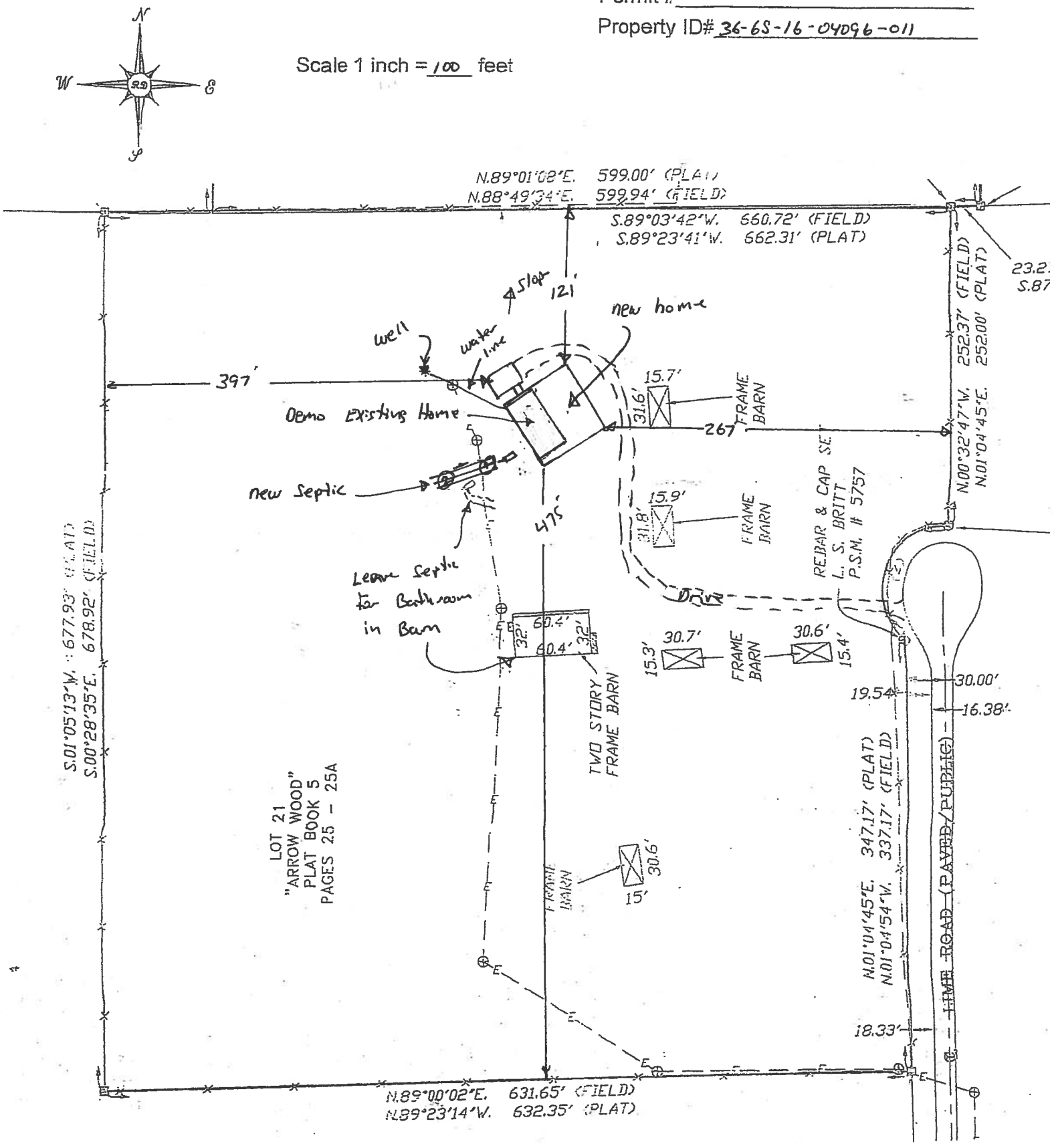
Plan Approved X Not Approved Date 11/2/19

By Columbia County Health Department

Permit # _____

Property ID# 36-6S-16-04096-011

Scale 1 inch = 100 feet



Site Plan submitted by Ron Moon M.S.T.C.

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department