

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

3	A-KUST
PERMIT NO	0.0755
DATE PAID:	CE 12 125
FEE PAID:	00.60
RECEIPT #: 95	503373

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary [] APPLICANT: Debi Bennefield
AGENT: TELEPHONE: 386-288-1208
MAILING ADDRESS: 460 SW Silver Palm Dr. Lake City & 32024
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: 22 BLOCK: SUBDIVISION: Carter Place S/D PLATTED:
PROPERTY ID #: 05-35-17-04843-022 ZONING: R I/M OR EQUIVALENT: [Y/N]
PROPERTY SIZE: 2.57 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /(N)] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 402 NW IVY GIN, Lake City FL 32055
DIRECTIONS TO PROPERTY: Hay 441 N to IVY GIM. Home at the
end on left. Driveway straight ahead.
, ,
BUILDING INFORMATION [V] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 home 3 2132 st including garage
Nome 3 (1600 has)
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: DATE: 6/4/20
DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC Page 1 of 4

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

cale: Each block represents 10 feet and 1 inch = 40 feet. Contract Contr	^		Permit Application Nur	nber) - (2435
Color Represents 10 feet and 1 inch = 40 feet Color Represents 10 feet and 1 inch = 40 feet		+ 00 RART II - SITER	PLAN		
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50')	50	1			
DINVEWAY		<i>></i>			
Site Plan submitted by: Debi Bernfeld TITLE DATE: 6/4/20	/	- TRICE	TITLE	DATE: 6/4/1	0
By Kul Ary County Health Department	rian Approved	Not Approved	Coduction		

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT