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

PERMIT NO. 20-0574
DATE PAID: 7/29/20
FEE PAID: 310.00
RECEIPT #: 1527394

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

APPLICANT: Marvin and Mary Slay

AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, 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: 14 BLOCK: U2 SUB: Fairway View PLATTED: 1979

PROPERTY ID #: 26-3S-16-02307-014 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.26 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [X]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: NW Harris Lake Drive, Lake City, Fl

DIRECTIONS TO PROPERTY: Head W on NE Franklin St, Follow US-90 W to NW Commerce Dr, take NW Fairway Dr to NW Harris Lake Dr.

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	SF Residential	5	4976	
2				
3				

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

SIGNATURE: William D. Bishop III DATE: 7/9/2020

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

STATE OF FLORIDA
DEPARTMENT OF HEALTH

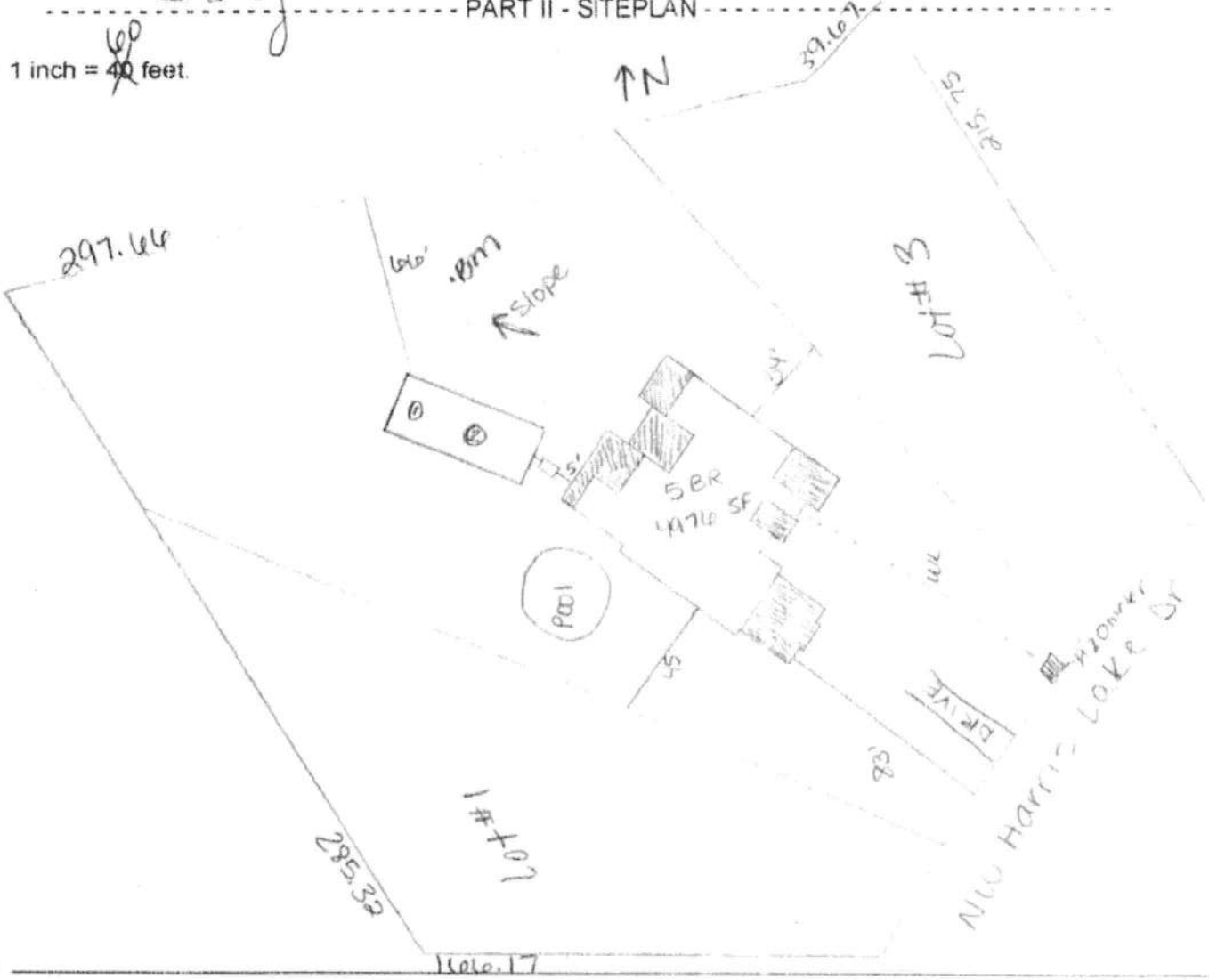
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 20-0576

Slay

PART II - SITEPLAN

Scale: 1 inch = ~~40~~ 60 feet.



Notes: _____

Site Plan submitted by: William A. Bishop IV MASTER CONTRACTOR

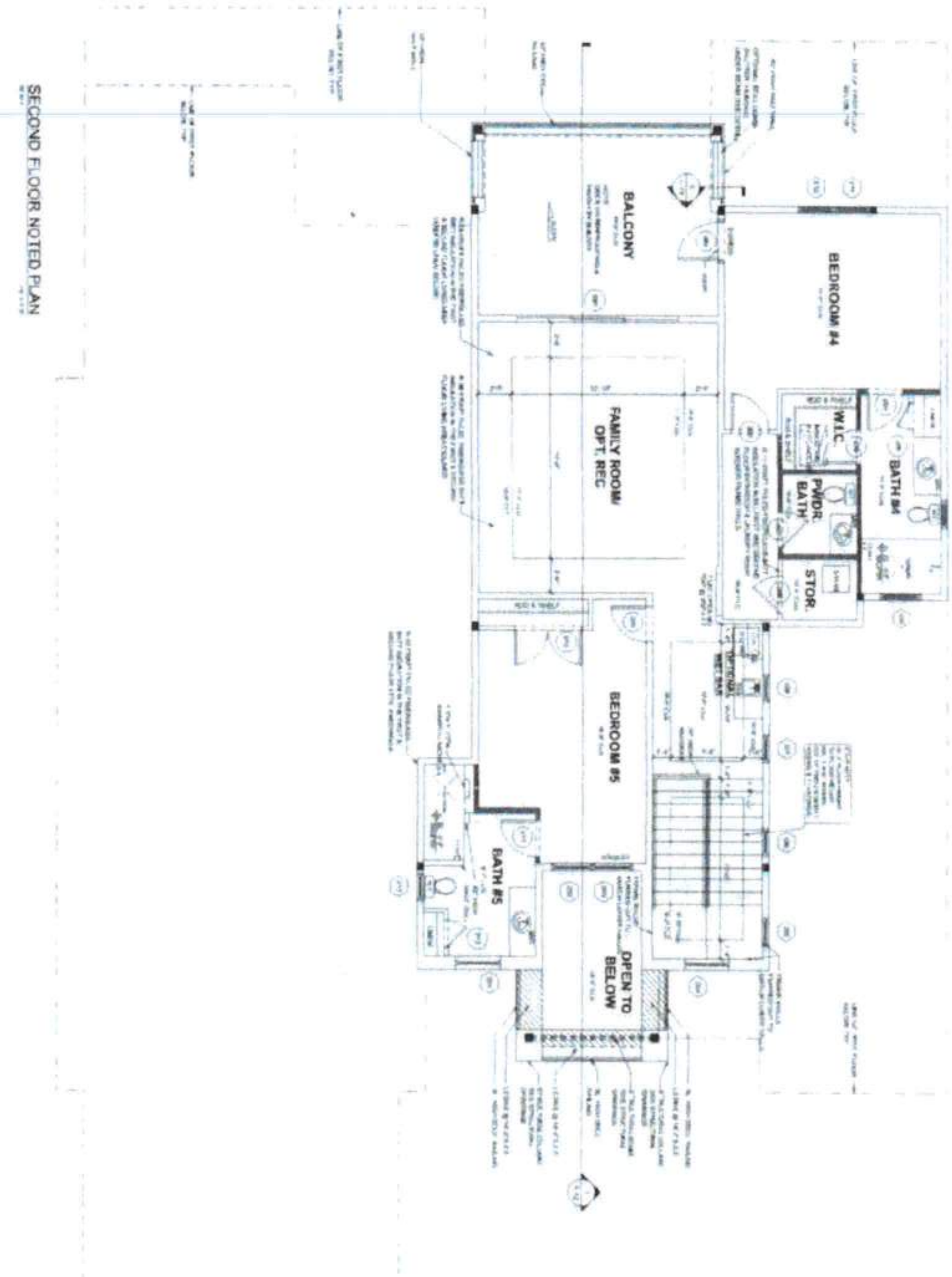
Plan Approved X Not Approved ____ Date 7-9-20

By _____ County Health Department

7/24/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-0576
2 of 2



William O. Bishop II

SHEET NUMBER	RIDGEPOINT DESIGN	BUDDY & MARY SLAY	REVISIONS SCHEDULE	
A.5	P: (850) 288 1181		JUNE 9th, 2020	PROPOSAL
	E: RIDGEPOINTDESIGN@GMAIL.COM		JULY 9th, 2020	PROPOSAL