

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

PERMIT NO	0-1	014
DATE PAID:	12	Theldo
FEE PAID: RECEIPT #: \	160	00
	rtec	11882

APPLICATION FOR: [ ] New System [ ] Exist [ ] Repair [ ] Aband	ing System Monment	[ ] Holding Tank [ ] Temporary	[ ] Innovativ	e
APPLICANT: MOUC WED				-
AGENT: Reed McDaniel Co	astruction/L	estie McDoniel TE	LEPHONE: 38(0-76	2.4072
MAILING ADDRESS: 2230 SE Pay	Dr. Stelol	Lake City FL	32024	
TO BE COMPLETED BY APPLICANT OR BY A PERSON LICENSED PURSUANT T APPLICANT'S RESPONSIBILITY TO P PLATTED (MM/DD/YY) IF REQUESTIN	0 489,105(3)(m)	TTON OF THE DATE TH	E LOT WAS CREATED	
PROPERTY INFORMATION	^	Λ		
PROPERTY INFORMATION  LOT BLOCK: SUI	BDIVISION:	me	PLATTED:	
PROPERTY ID #: 315611,0037443	12 z	ONING: A-2 I/M	OR EQUIVALENT: [	Y N
PROPERTY SIZE: 5.01 ACRES W	ATER SUPPLY: [X	PRIVATE PUBLIC [	]<=2000GPD [ ]	>2000GPD
IS SEWER AVAILABLE AS PER 381.	0065, FS? [ Y /	N)] DIST	PANCE TO SEWER:	FT
PROPERTY ADDRESS: 1149 SW F	aulkner Dr	. Fort White	FL 32038	
DIRECTIONS TO PROPERTY: LON	NEJUSTICE T	Zon DE Hernad	10 L WE MOO	dison L
D Marion R WDWO	4 LSW MO	un R 55-47 R	SW County R	D 240
Lichetucknee Lsu	Faul Kner	Dr.		
BUILDING INFORMATION	RESIDENTIA	L [ ] COMME	RCIAL	
Unit Type of No Establishment	No. of Build Bedrooms Area	ding Commercial/In: Sqft Table 1, Chap	stitutional Systemeter 64E-6, FAC	n Design
1 Detached garage	0 15	30ORIGINAL	L ATTACHED	
3				
4				
[ ] Floor/Equipment Drains	[ ] Other (	Specify)		
CICHATURE Mare J	all		DATE: 12-14.	2020

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

## Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis Governor

Scott A. Rivkees, MD State Surgeon General

Vision: To be the Healthiest State in the Nation

December 23, 2020

(Reed McDaniel Construction) 2230 SE Baya Drive 101 Lake City, FL 32024

RE: Contingency Letter

Application Document No: AP1607885 Centrax Permit Number: 12-SC-2214223

OSTDS Number: 1149 SW FAULKNER Fort White, FL 32038

Lot:

Block:

Subdivision:

Dear Applicant:

This will acknowledge receipt of an application dated 12/16/2020 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

From a review of your completed application, it has been determined that your existing system appears to meet the minimum standards of F.A.C. 64E-6 for the proposed use. It is approved for use with the plans submitted to this office. If this system should fail, causing an unsanitary condition to exist, steps must be taken to bring the system into compliance immediately. Department approval of the system does not guarantee satisfactory performance for any specific period of time. Any change in material facts which served as a basis for issuance of this approval requires the applicant to modify the permit application. Such modification may result in this approval being made null and void. Issuance of this approval does not exempt the applicant from compliance with other Federal, State, or Local Permitting required for development of this property.

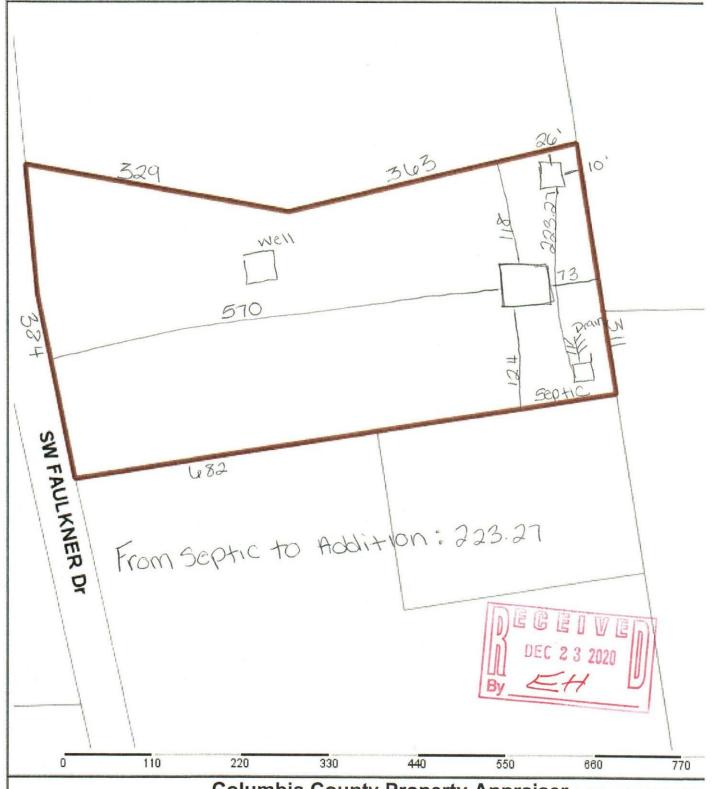
If you have any questions on this matter, please call our office at (386) 758-1058.

Sincerely,

Sean Havens, Environmental Specialist I

Enclosures

CC:



## Columbia County Property Appraiser Jeff Hampton | Lake City,

PARCEL: 31-5S-16-03744-312 | SINGLE FAM (000100) | 5.01 AC

AKA S1/2 OF LOT 12 PINE ACRES S/D UNREC OR PRCL B OF LOT 12: COMM SW COR OF SE1/4, RUN E ALONG S LINE 248.36 FT, N 605.74 FT, V 1013.93 FT, N 720.25 F

Owner: P O BOX 1587

LAKE CITY, FL 32056

Mkt Lnd

**2021 Working Values** \$29,753 Appraised

\$213,162

1149 FAULKNER DR, FORT WHITE

Ag Lnd Bldg \$0 Assessed \$182,209 Exempt

\$213,162 \$C

Site:

## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-1014

ale:	Each	block	repr	esent	s 10	feet	and	1 Ir	ich	= 4	0 fe	et.			7	7	厂	V	E	1	U		
																							T
																							+
1		11									1	_	+	1	1	1					_	-	+
1	1						1				+		+	1	1	-					_	+	+
-	11	1					+	<del>                                     </del>	<b>-</b>		_	1	+	+	T	T						-	$\dagger$
	1		-		1		+-	<del> </del>	-		_	-	-	-	+-	-			*******			+	+
+-	++	++	-		+	+	+-	-	-		$\dashv$	+	+	+-	+-	-				-	_	-	+
+	++	+++	-			-	-	-	-		-	-	+	+-	-	-	-				-	-	+
+	+-	+-+	-	-	-		6	-	-		-	-	+	+	+-	-		_			-	-	+
+	+-		-		-		1	-	-	0	-	-	_	-	-	-						_	1
		44			1		7	-		2	=				_	1_							1
								/	1						1								T
								1	1	1	フ		1	2	1	1	_/						T
							T						7	7		~	1						1
T																							+
1	1						1	-			$\neg$	1	1	+	1	1	<del>                                     </del>		-			_	+
+		11			+		+				+	-	+	+-	1	+-	<del> </del>				-	+	+
+		11		_	+		+	-	-	-	_	-	-	+	+-	+-	-					+	+
+	+-	+-+			+	+	+	-	-	-	-	-	+	+	-	+-	<del> </del>			-		-	+
+-	++-	+-+	-		+	_	+	-	-		-		+	+-	-	-				_		-	+
															1								
es:			***************************************			Charles between consumer			-			*****	Narhdanan.		name of the	-					-		- Control of the last of the l
	<b>*</b>			*******		-			-				Mineral plants	Prophesial and administration, Region		mit atnima		***********			-v-man		
-			************		<del></del>											H STATE OF							
Pla	n subn	nitted h	v2 a	MA	ODO	Mel	Co	WS.	A	pent	e51	CON	wne	- M	ave	<	Da	te.T	72/	. 1	1 /	2020	~
	proved							احد	A ==	PALL	4	\$ COLUMN	TITLE		Y	1	<u>a</u>	<u> </u>	1	44 1	2 6	23/2 Depar	10
uwh	hinner		-	/		/	F	JON	whb	IOVE	U	-						L	ate		00	790	2

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT