



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 22-0275
DATE PAID: 4/1/22
FEE PAID: 100.00
RECEIPT #: 1814-772

APPLICATION FOR:

<input type="checkbox"/> New System	<input checked="" type="checkbox"/> Existing System	<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Innovative
<input type="checkbox"/> Repair	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Temporary	<input type="checkbox"/>

APPLICANT: Guy Williams

AGENT: T.S. Prevatt

TELEPHONE: 907-368-9777

MAILING ADDRESS: 800 N Thompson St Starke, FL 32091

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: 1 BLOCK: 1 SUBDIVISION: 1 PLATTED: 10/25/95

PROPERTY ID #: 08-45-17-08188-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 25.25 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [☐] ≤2000GPD [☐] >2000GPD

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

PROPERTY ADDRESS: 1999 S Marion Ave Lake City, FL 32025

DIRECTIONS TO PROPERTY:

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

<u>Unit No</u>	<u>Type of Establishment</u>	<u>No. of Bedrooms</u>	<u>Building Area Sqft</u>	<u>Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC</u>
----------------	------------------------------	------------------------	---------------------------	---

1	SFR	3	2987	Binder 1952 No orig
2	In-ground fiberglass pool install		16x38	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: [Signature] DATE: 3/25/22

Permit Application Number

22-0275

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

A full-page view of a blank sheet of graph paper. The grid consists of small squares formed by thin black lines. There are 20 columns and 20 rows of squares, creating a total of 400 small square units. The paper is otherwise completely blank, with no margins, text, or other markings.

Notes: _____

See attached site plan

Site Plan submitted by: Ed. J. [Signature]

Plan Approved ☒ Not Approved ☐

By [Signature] Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Owner Info

Phone 08-4S-17-08188-000 (HX HB)

NAME GUY N

NAME LINDA E

S MARION AVE

CITY, FL 32025

999 S MARION Ave, LAKE CITY

SINGLE FAMILY (0100) | 22.25 AC

08-4S-17 | S3/4 OF NE1/4 OF NW1/4 & W1/2 OF S3/4 OF

1/4 OF NE1/4, EX BEG INTERS OF E R/W

Not to Scale

22-0275