

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

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PERMIT NO	DI	8 600
DATE PAID	31/2	125
FEE PAID:	7/3	1000
RECEIPT #:	VII	ALLA
	10110	247

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Lei AM Collins
AGENT: Jeff Hardee TELEPHONE: 352-949-0592
MAILING ADDRESS: 6450 NW 72 Ln Chiefland Fl 32626
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTE 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: 27 BLOCK: SUBDIVISION: Hills of for White PLATTED:
PROPERTY ID #: 30-68-04002-027 ZONING: I/M OR EQUIVALENT: [No 🗷
PROPERTY SIZE: 10./0 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD []>2000G
IS SEWER AVAILABLE AS PER 381.0065, FS? [No 🖸] DISTANCE TO SEWER: NA DRESS: 394 50 POWAR CT
117 5 7/8 27 20 1/6 00/3
Utah AL SW Roberts AUR TIL SW PRWTERT.
TIR SW Powder Ct
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 mobile Home 3 1568
2
3
4
7-9-27
SIGNATURE: DATE: 2-9-2-V

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

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Permit Application Number 1'=50' PART II - SITEPLAN ----818 Well 28756 1.64A COUT Site Plan submitted by: Plan Approved Not Approved 3/24/22 Date By County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT