



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

PERMIT NO. 23-0520
DATE PAID: 7/1/93
FEE PAID: 60.00
RECEIPT #: 1978482

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Lewis Walker

AGENT: Pick Johnson

TELEPHONE: 352 299 0637

MAILING ADDRESS: 11394 SE CR 245 WLU R

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 GRANDEATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 1/A BLOCK: 1/A SUBDIVISION: MAB PLATTED: _____

PROPERTY ID #: 24-55-17-09369-000 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 112 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: 1/A FT

PROPERTY ADDRESS: 11394 SE CR 245 WLU R 32061

DIRECTIONS TO PROPERTY: Hwy 100 E - R of 245 - Approx 10m to property on R

BUILDING INFORMATION

☐ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
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1	<u>SFR</u>	<u>5</u>	<u>4803</u>	<u>5719 TOTAL</u>
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2	<u>POOL</u>	<u>-</u>	<u>1200</u>	
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3				
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4				
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ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

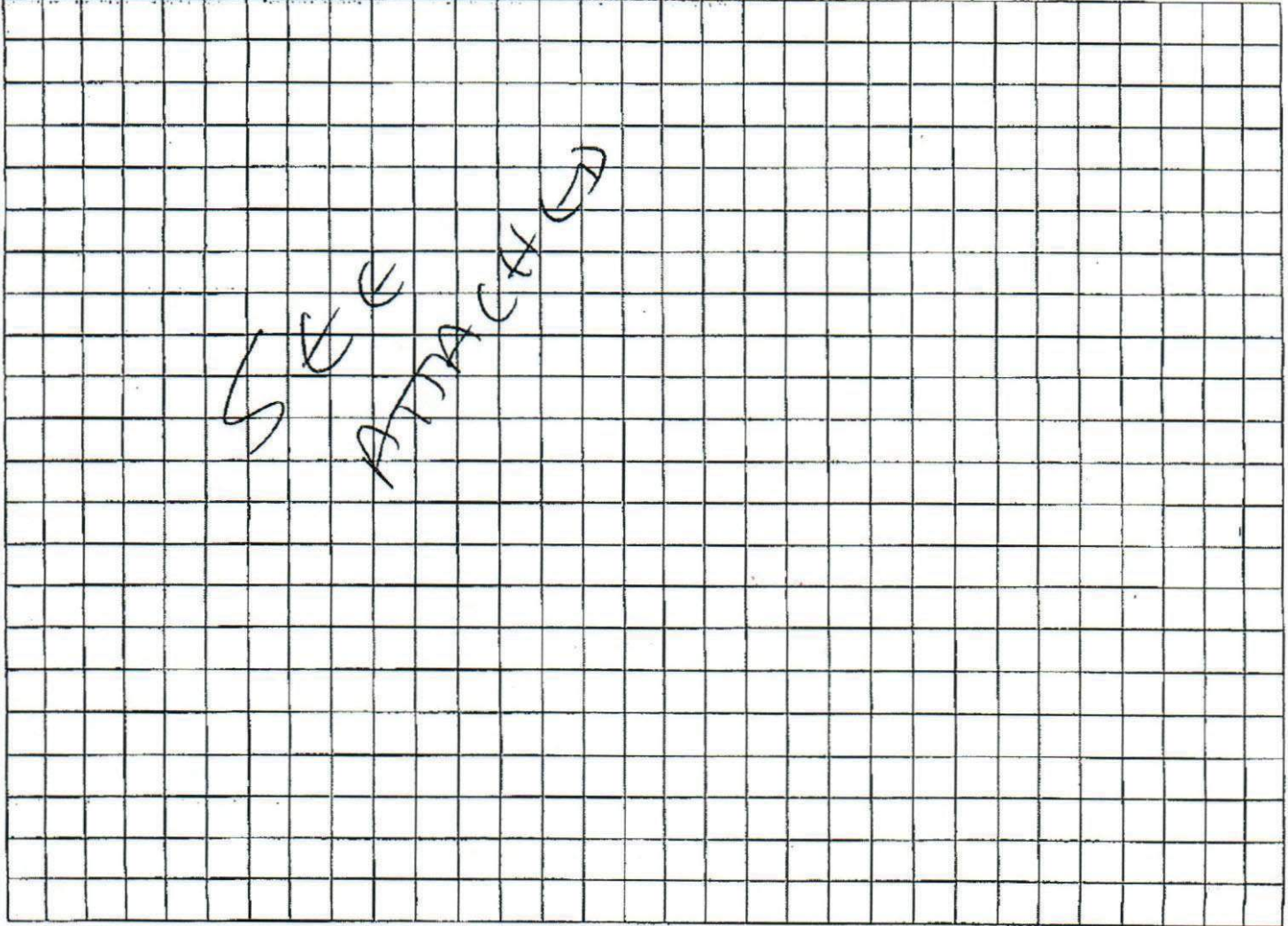
DATE: 7/3/27

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----- PART II - SITEPLAN -----

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



Notes: _____

Site Plan submitted by: PICK JOHNSON [Signature] TITLE _____ DATE: _____
Plan Approved ☒ Not Approved _____ Date 7.27.23
By Sallie Ford El Director Columbin County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

