



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

22.0438  
PERMIT NO.  
DATE PAID: 5.17.22  
FEE PAID: 60.00  
RECEIPT #: AP 1835621

APPLICATION FOR:

[ ] New System [x] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Jacqueline Peterson

AGENT: \_\_\_\_\_ TELEPHONE: 772-211-9037

MAILING ADDRESS: 983 NW Moore Rd, Lake City, FL 32055

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: 7 BLOCK: \_\_\_\_\_ SUBDIVISION: Northside Acres PH-2 PLATTED: \_\_\_\_\_

PROPERTY ID #: 13-35-16-02099-207 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1.03 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 983 NW Moore Rd, Lake City, FL 32055

DIRECTIONS TO PROPERTY: \_\_\_\_\_

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
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1	<u>Single family</u>	<u>0</u>	<u>2940</u>	
2	<u>Accessory Structure</u>	<u>0</u>	<u>864</u>	
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Joshua Baud DATE: 05-02-2022

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Permit Application Number 22-0430

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

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are approximately 20 columns and 20 rows of squares across the page. The paper has a slightly off-white or cream color, and there are no markings, text, or drawings on it.

Notes: \_\_\_\_\_  
\_\_\_\_\_ (See attached) \_\_\_\_\_

Site Plan submitted by: Joshua Baud Payable Bank 5-17-22  
Plan Approved X Not Approved \_\_\_\_\_ Date 05-02-2022  
By Sallie Ford Elk Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT





22-0438



