

SSO 119 205 393



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

PERMIT NO. 22-0392
DATE PAID: 8/2/22
FEE PAID: 243.00
RECEIPT #: 1830019

APPLICATION FOR:

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

APPLICANT: Barbara Harrell / Kristal Dempsey

AGENT: Sonip North TELEPHONE: 386-466-7395

MAILING ADDRESS: _____

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 24-25-15-00079-008 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 8.4 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 2600 NW Don Hart Way White Springs FL 32096

DIRECTIONS TO PROPERTY: R on 41 N, L on NW Suwannee Valley, R on Don Hart way, fourth lot on the L

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
1	<u>mobile Home</u>	<u>4</u>	<u>1493</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Sonip North DATE: 4/29/22

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22-0892

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

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

See Attached

Notes: _____

Site Plan submitted by: Southern North

Plan Approved ☒

Not Approved ☐

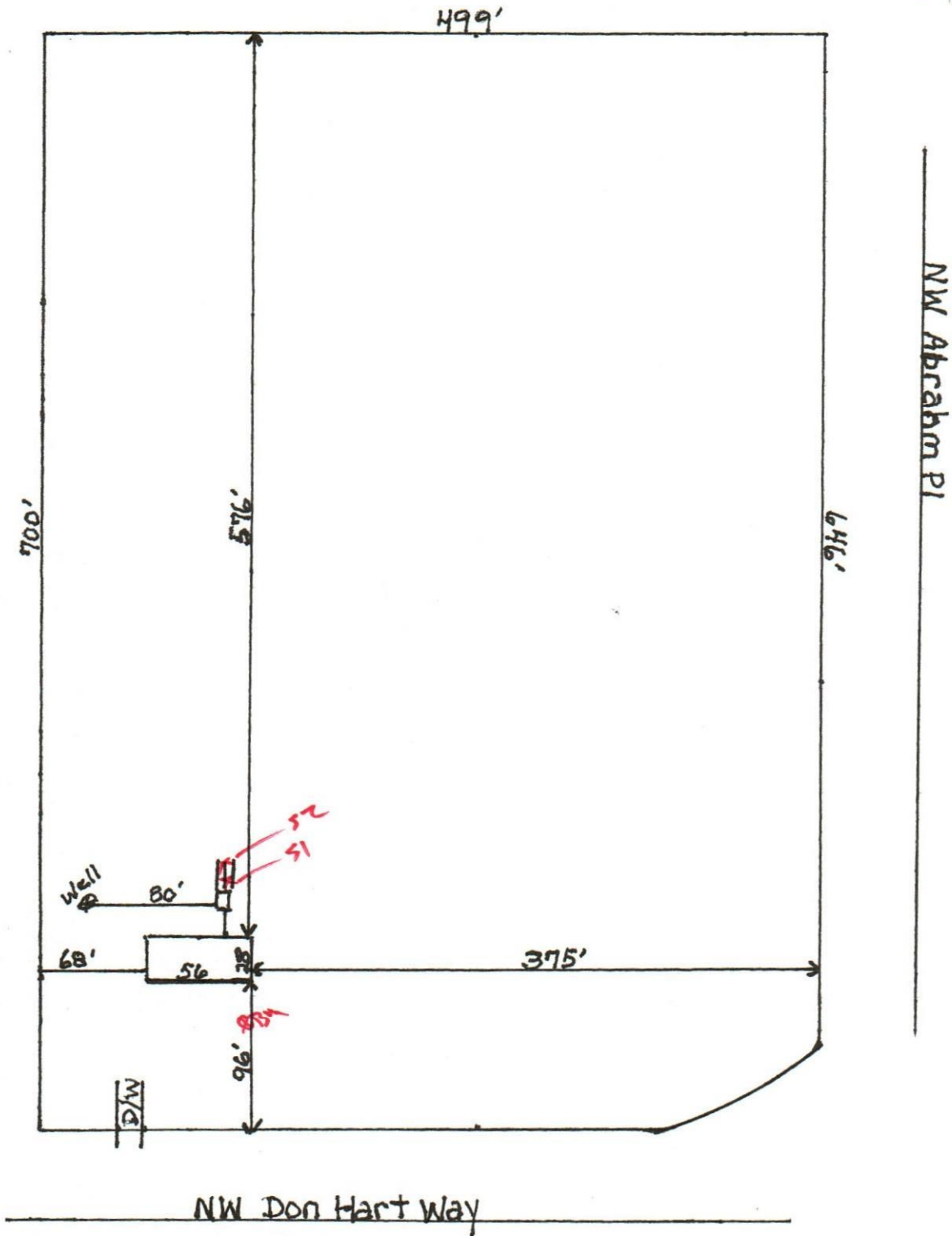
By _____

Date 6/28/22

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

22-0392



HARRELL/DEMPSY

Scale North
1" = 100'