

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

PERMIT NO.	2	-	311	59
DATE PAID:	-	19	121	T.
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RECEIPT #:	Lle	39	11	2

MILLION FOR CONDITION FEMALE
APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary [] APPLICANT: Christophe White Clinton Reed 397-103 AGENT: TELEPHONE: 386) 867-615 MAILING ADDRESS: 319 NW Reed ct. White Springs, Fl. 32096
TATELING ADDRESS 1 1. V.
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 #: 01676-000 ZONING: I/M OR EQUIVALENT: [Y N
1
PROPERTY SIZE: ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD [] > 2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: 200 FT
PROPERTY ADDRESS: 319 NW Reed ct. White Springs, F1. 32096
DIRECTIONS TO PROPERTY: Huy 41 to Suwannee Valley Rd. to Reed of
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 Shed & 12 by 24 JBD No OrigiNAL
2 Shed 0 12 by 12 144
Cargo Trailer & 16 ft 88
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: Ch ChO DATE: 2/8/21

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Permit Application Number 21-0159

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT