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

PERMIT NO. 22-0506
DATE PAID: 10/6/22
FEE PAID: 60.00
RECEIPT #: 18494225

APPLICATION FOR:
[ ] New System [✓] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Tommy Bulock

AGENT: T.J. Prevatt TELEPHONE: 904-368-9777

MAILING ADDRESS: 800 N Thompson St Starke, FL 32091L

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: 7/9/20

PROPERTY ID #: 20-5S-17-09302-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 35 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 7387 SW Tustenuggee Ave Lake City, FL 32024

DIRECTIONS TO PROPERTY: L on Ne Madison St, L on US 441, L on US-41, R on SW Tustenuggee

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
1	SFR		7,402SF	21-0891
2	In-ground fiberglass pool		16'x40'	
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: _____ DATE: _____

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

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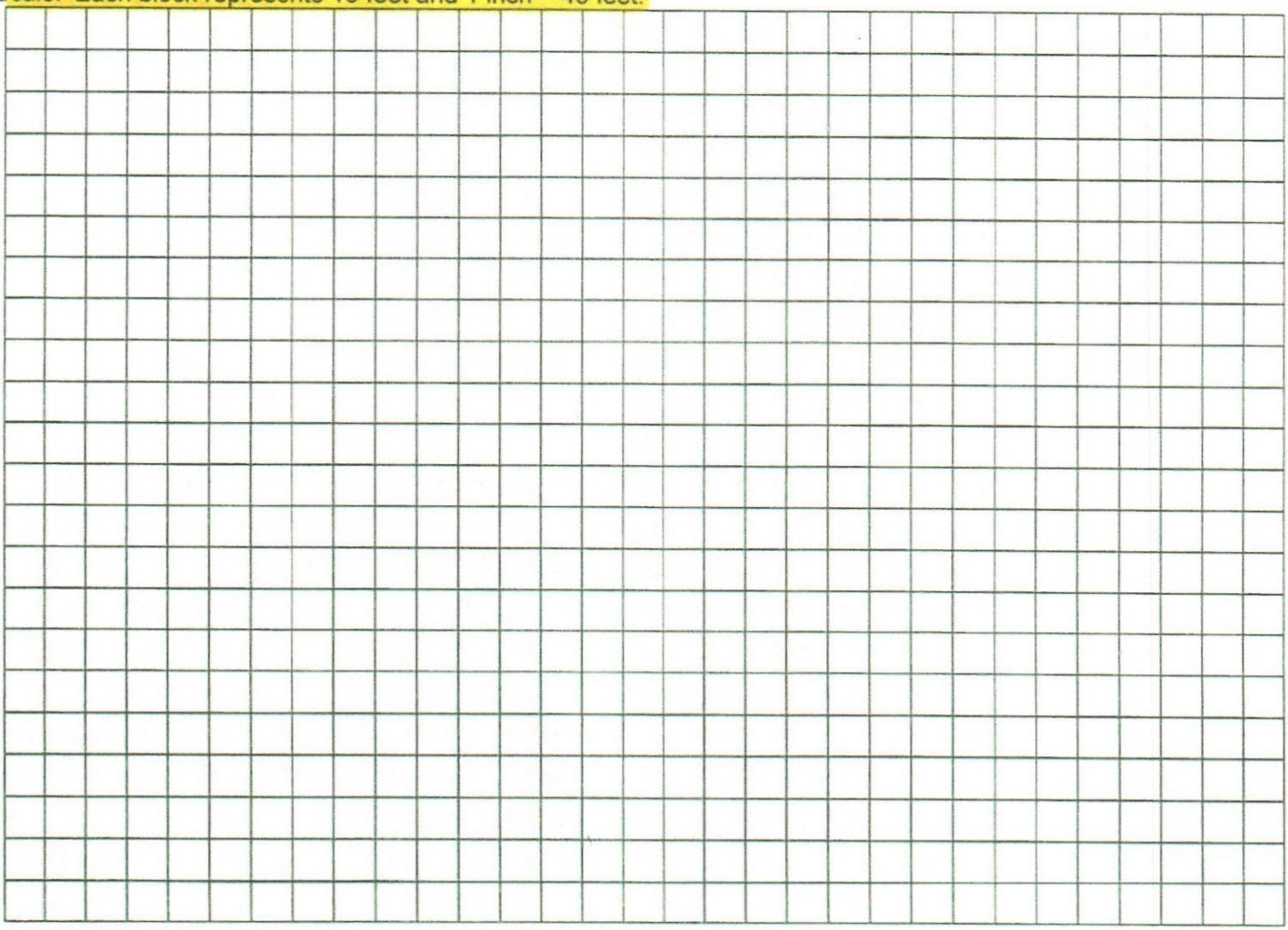
---------- PART II - SITEPLAN ----------

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



Notes: Please see attached site plan

Site Plan submitted by: _____

Plan Approved X Not Approved ____ Date 6/14/22

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

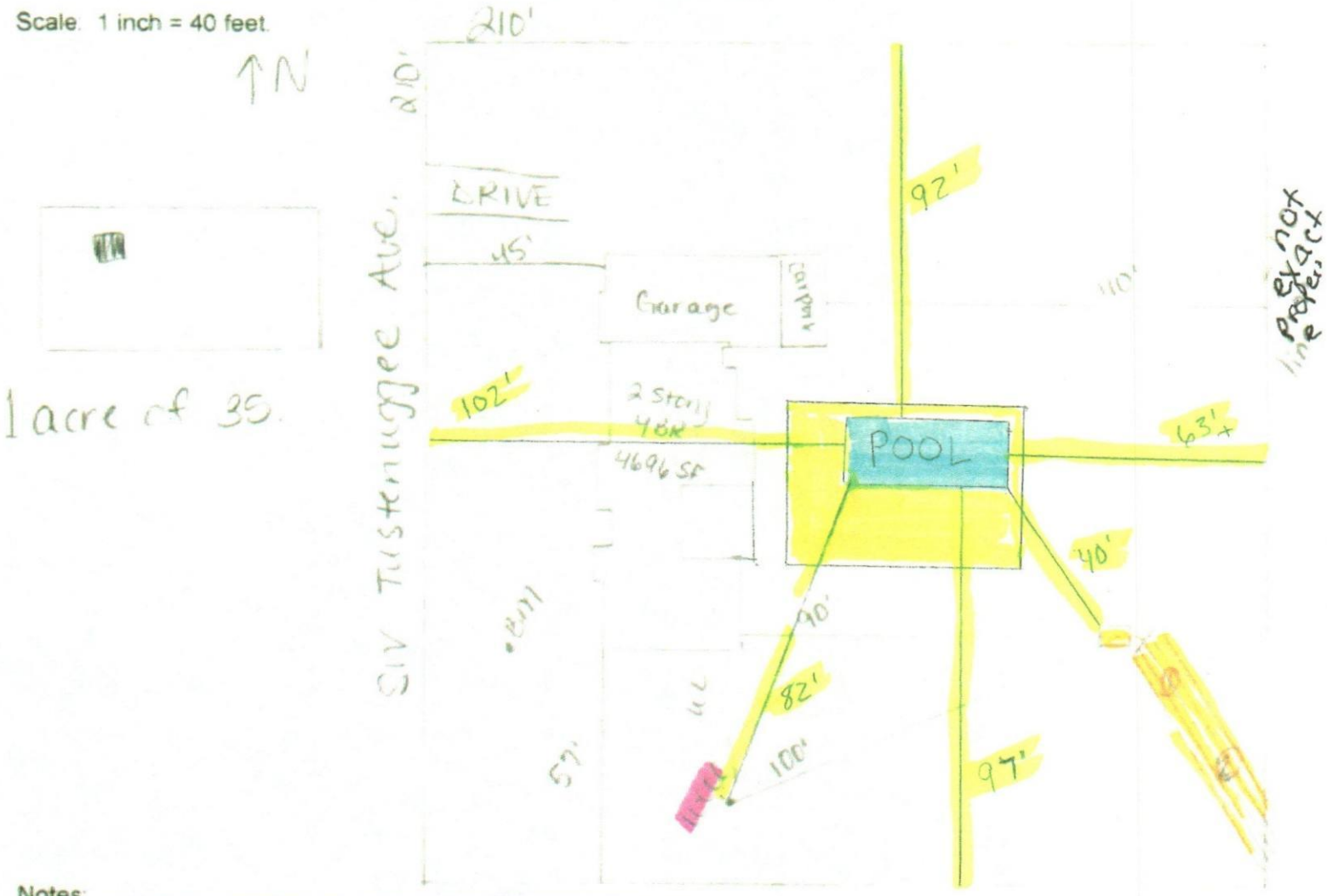
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 22-0504

Bullock

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: 1 acre of 35.

Site Plan submitted by: [signature] MASTER CONTRACTOR

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

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