



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

20.0328  
PERMIT NO. \_\_\_\_\_  
DATE PAID: 4.28.20  
FEE PAID: 60.00  
RECEIPT #: AP1481474

APPLICATION FOR:

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

APPLICANT: Donovan J Pargo

AGENT: Susan L. Frazee

TELEPHONE: (386) 292-6722

MAILING ADDRESS: 346 NW Ivy Glen, 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: 6 BLOCK: SUBDIVISION: Russwood Estates PLATTED: \_\_\_\_\_

PROPERTY ID #: 10-45-16-02853-106 ZONING: I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1.11 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y ] (N) DISTANCE TO SEWER: 40 FT

PROPERTY ADDRESS: 997 SW Troy St., Lake City, FL 32024

DIRECTIONS TO PROPERTY: Hwy 247, 2.2 miles - Turn Rt. onto SW Troy St., 0.9 miles -

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	inground pool			
2				
3				
4				

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

SIGNATURE: Susan L. Frazee

DATE: 4/17/2020

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

46071

997 SW Troy St  
Lakeland, FL

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

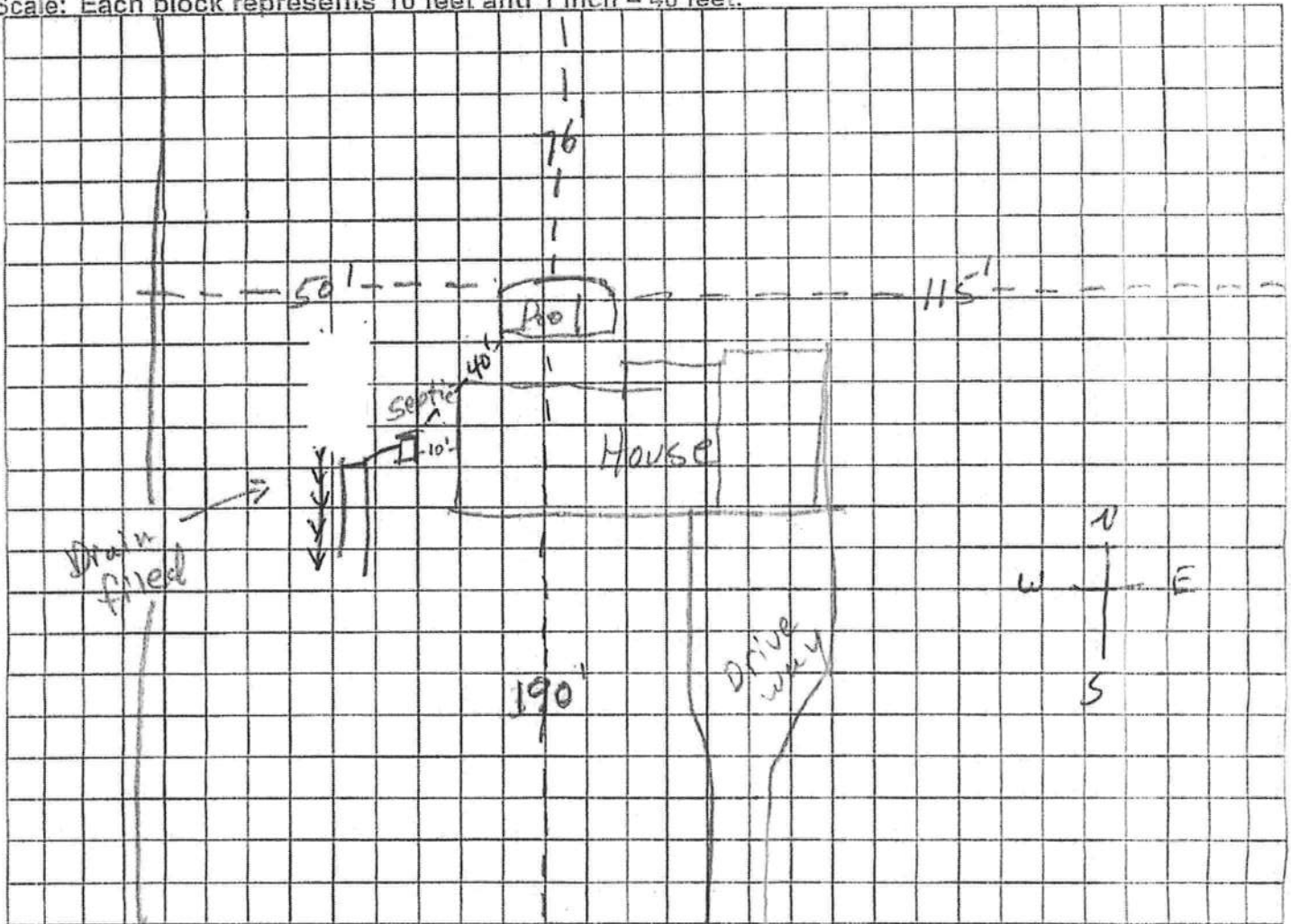
Permit Application Number 46071

Pargo

20-0328

PART II - SITEPLAN

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



Notes: \_\_\_\_\_

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Site Plan submitted by: Susan L. Haze Agent

Plan Approved [initials] Not Approved \_\_\_\_\_ Date 4/29/20

By [signature] 52 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT