

Incorporated 64E-6.001, FAC

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

PERMIT NO	22-	0088	
DATE PAID:	3	13/22	
FEE PAID: RECEIPT #:	188	25.00	

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APPLICATION FOR: [ ] New System [ ] Existing S [ ] Repair [ ] Abandonmen	ystem [	] Holding Tank ] Temporary	[ ] Innovati	ive E
APPLICANT: TAMI BERRY (IRONWOOD/BLACE	K)			
AGENT: ROBERT FORD III- NORTH FLORIDA SE	EPTIC TANK INC	TEL	EPHONE: 386-755-63	72
MAILING ADDRESS: 741 SE STATE ROAD 100,	LAKE CITY FLA 3	2025		
TO BE COMPLETED BY APPLICANT OR APPLI BY A PERSON LICENSED PURSUANT TO 489. APPLICANT'S RESPONSIBILITY TO PROVIDE PLATTED (MM/DD/YY) IF REQUESTING CONS	105(3)(m) OR DOCUMENTATIO	489.552, FLORIDA : N OF THE DATE THE	STATUTES. IT IS LOT WAS CREATED	S THE D OR
PROPERTY INFORMATION				
LOT: 4 BLOCK: A SUBDIVIS	ION: CHADWOR	TH	PLATTED:	1988
PROPERTY ID #: 14-38-16-02123-006	zonin	G: <u>MH</u> I/M OF	R EQUIVALENT: [	No 🔽 ]
PROPERTY SIZE: 1.31 ACRES WATER SU	JPPLY: [ / ] PR	IVATE PUBLIC [	]<=2000GPD [ ]	>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, F	FS? [ No 🗷 ]	DISTAN	NCE TO SEWER: _	FT
PROPERTY ADDRESS: 145 NW CHADLEY LN, L DIRECTIONS TO PROPERTY: 1000	1	18t, TKON	HIV, IL	00
BUILDING INFORMATION [ / ] RI	ESIDENTIAL	[ ] COMMERCI	AL	
No Establishment Bedroom  1 NEW MH 3	ms Area Sqft	Commercial/Insti	tutional System 64E-6, FAC	n Design
4				
[ ] Floor/Equipment Drains [ ] SIGNATURE: ROLLA 9010	Other (Specif	y)	DATE:  3	122
DH 4015, 08/09 (Obsoletes previous e	ditions which	may not be used)		1 -6 1

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**OSTDS** Application for STATE OF FLORIDA Construction (New DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION AND INSTALLATION PERMIT 88-614 Permit Application Number PART II - SITE PLAN Rotate Left 90° Scale: Each block represents 6 feet and 1 inch - 50 feet. 216.40 10' Rotate 180 Default Orientation Full Size Close Window TRAILER 217.04 Charley DR OWNEY- Si Edward OgleTree Notes: Site Plan submitted by: ) Not Approved Plan Approved EL Colombia unty Public Unit By\_ ALL CHANGES MUST BE APPROVED BY THE COUNTY PUBLIC HEALTH UNIT Page 2 of 3 HRG-H Form 4015. Feb S5 (Chapletes previous aditions which may not 54 used) iStock Number 5744-502-4015-6 Rec d 4-13.22