FW

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

PERMIT NO. 22-0180
DATE PAID: 3/3/22
FEE PAID: 310.00
RECEIPT #: 1807817

APPLICATION FOR:
~~[✓] New System~~ [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [X] MODIFICATION

APPLICANT: JAMES HOOK (IRONWOOD/RICHARDS)

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FLA 32025

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: 18&19 BLOCK: SEC 11 SUBDIVISION: 'THREE RIVERS PLATTED: _____

PROPERTY ID #: 00-00-00-00852-001 ZONING: _____ I/M OR EQUIVALENT: [No ▼]

PROPERTY SIZE: 2.048 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [No ▼] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: TBD SW RIVERSIDE AVE, FORT WHITE FLA

DIRECTIONS TO PROPERTY: 27 AT BRIDGE (L) RIVERSIDE AVE 3 RIVERS ESTATE PASS PARK 400 YARDS ON (L)

GATE CODE #2006

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	MH NEW	3	1493	ORG ATTACHED
2				
3				
4				

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

SIGNATURE: Robert Ford III DATE: 3/1/22

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

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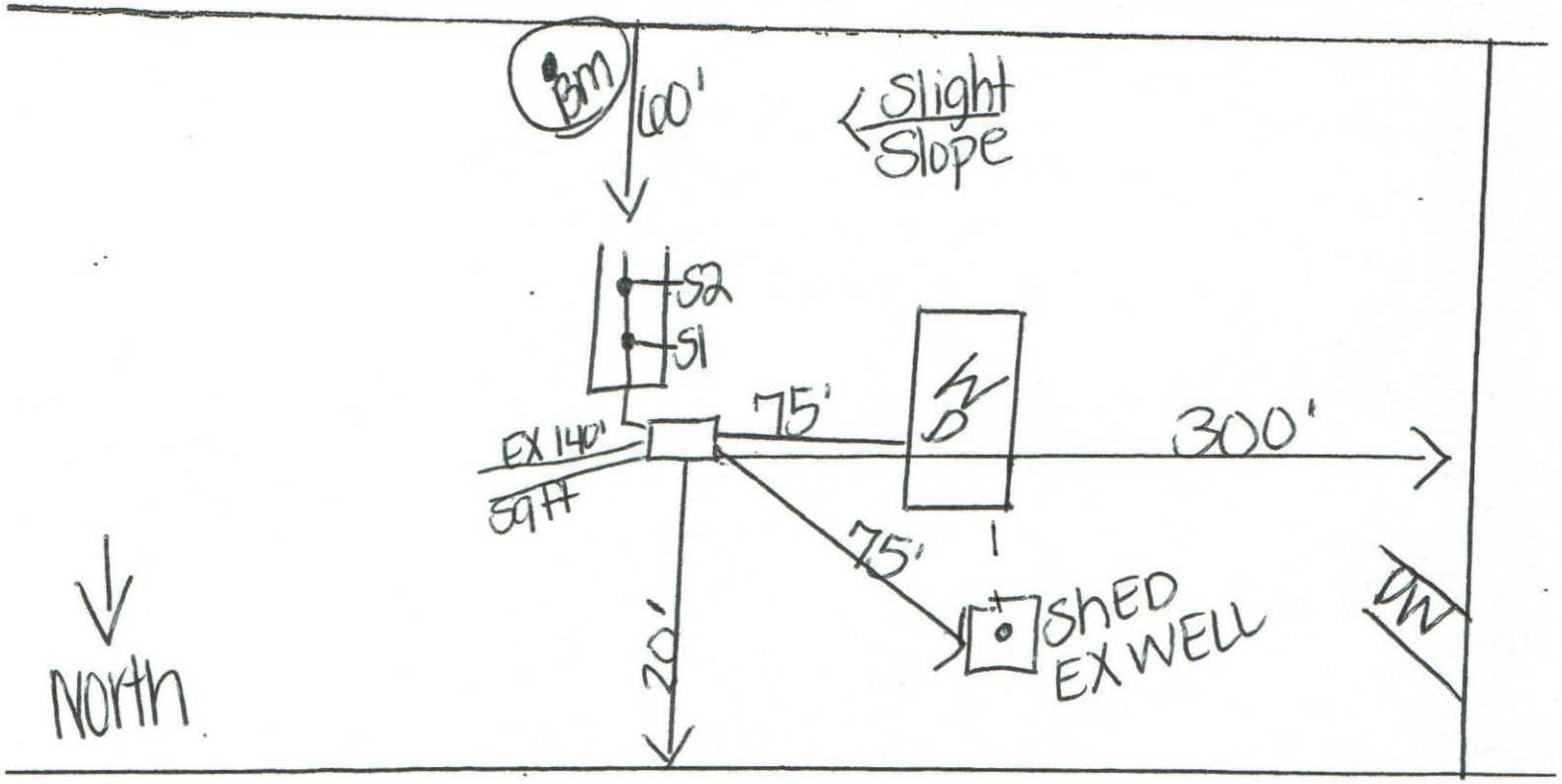
Permit Application Number 22-D180

Hook/Richards



ge:

Plan submitted by: Robert W. Ford III. Date 3/11/22

Approved ✓ Not Approved ____ Date 3/11/22

ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT