



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

PERMIT NO 22-0023  
DATE PAID: 1/13/22  
FEE PAID: 40.00  
RECEIPT #: 1785945

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Sharon OQuinn

AGENT: \_\_\_\_\_ TELEPHONE: 352 3390720

MAILING ADDRESS: 370 N W High Point Dr Lake City, FL 32055  
Email: Skpoquinn@yahoo.com

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: 5 BLOCK: \_\_\_\_\_ SUBDIVISION: High Pointe PLATTED: \_\_\_\_\_

PROPERTY ID #: 20-35-16-02202-105 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 2.68 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☐ N DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 370 N W High Point Dr. Lake City, FL 32055

DIRECTIONS TO PROPERTY: \_\_\_\_\_

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	<u>Storage Building</u>	<u>N/A</u>	<u>1500</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Sharon OQuinn DATE: 1-11-22

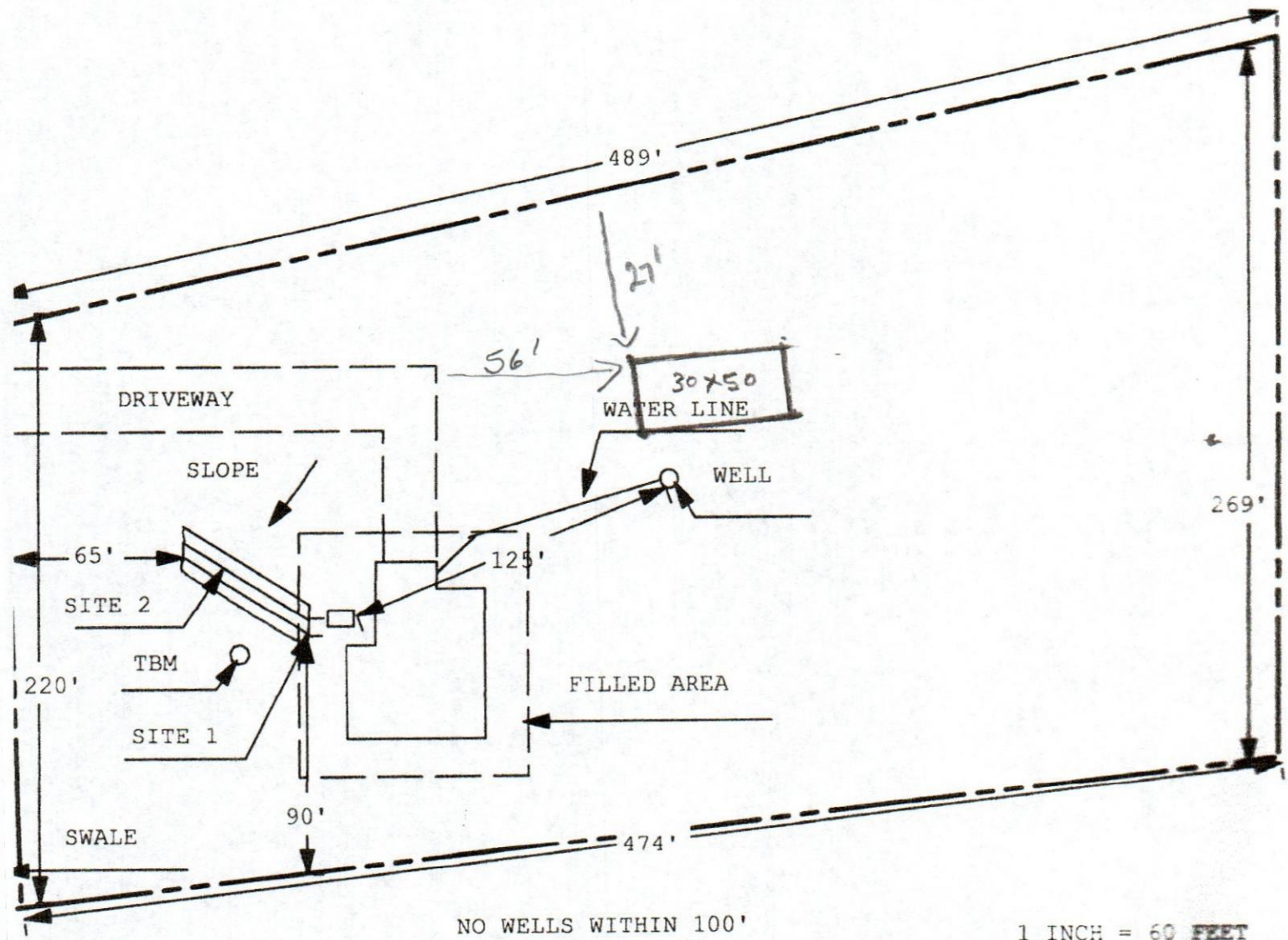


STATE OF FLORIDA  
DEPARTMENT OF HEALTH

CR# 10-6700

22-0023

NORTH



NO WELLS WITHIN 100'

1 INCH = 60 FEET

Site Plan submitted by: Sharon Quinn Agent: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Plan Approved ☒ Not Approved ☐ Date 1/21/22  
By [Signature] ES2 COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT