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

PERMIT NO. 20-0487
DATE PAID: 6/23/20
FEE PAID: 60.00
RECEIPT #: 1511489

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

APPLICANT: Richard Richard Breines

AGENT: Carl M Hartog \ Hydro Fun Pools TELEPHONE: 352-215-5666

MAILING ADDRESS: 1167 SW Woodland Ave Ft White FL 32038

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: _____

PROPERTY ID #: 18-7S-17-10021-012 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 18 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 315 SW Waffle GLN Ft White FL 32038

DIRECTIONS TO PROPERTY: Take NE Hernando Ave to N Marion Ave, Take FL-47 S to SW River Rise ct, Arrive a 315 Waffle GLN SW

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	Single Frome	3	2642	
2	Pool	—	—	(adding)
3				
4				

ORIGINAL ATTACHED

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

SIGNATURE: _____ DATE: 6/18/20

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

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-8487

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

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

SEE ATTACHED

Notes: _____

Site Plan submitted by: _____ _____

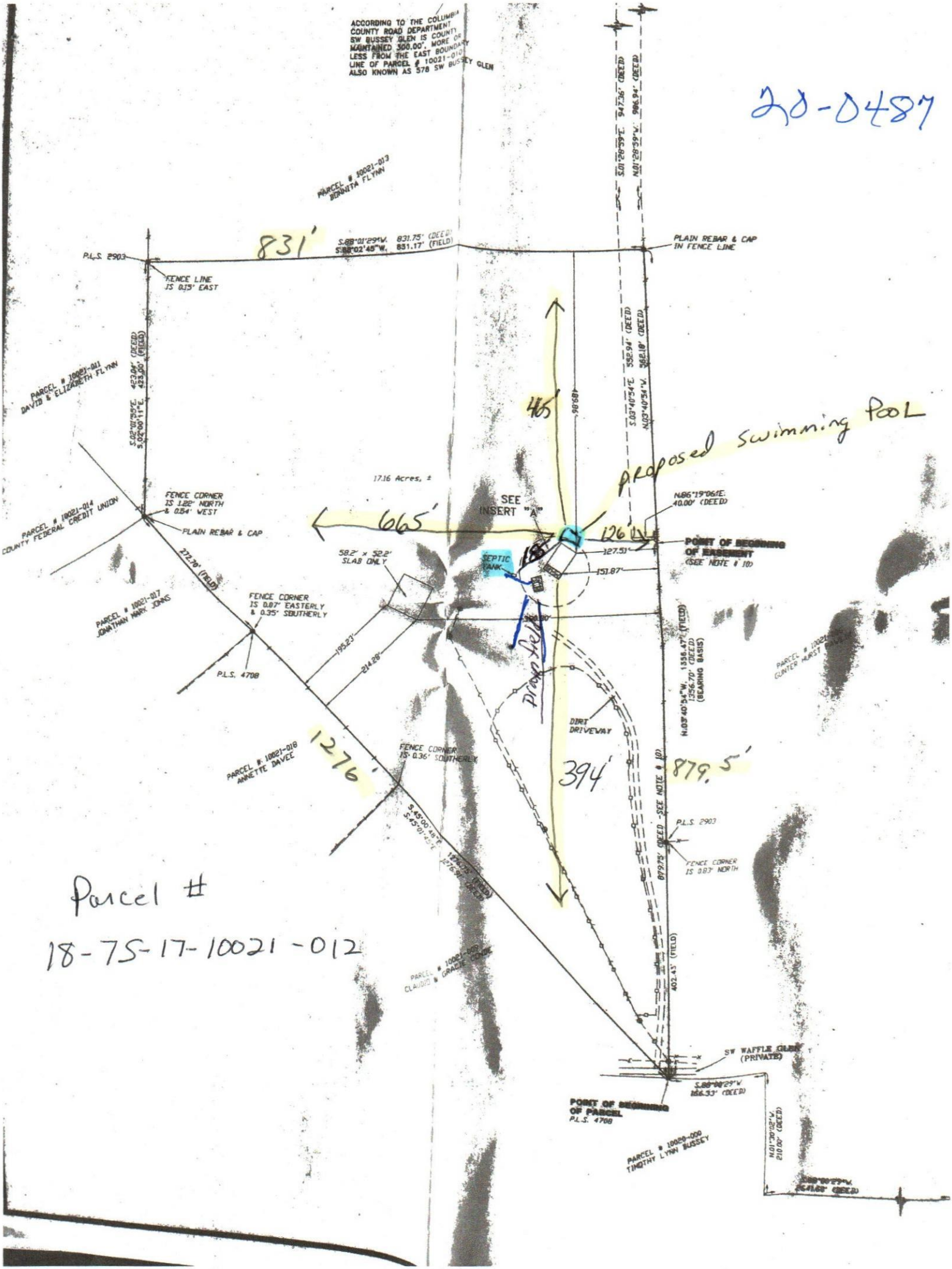
Plan Approved _____ Not Approved _____ Date _____

By Brenda Hartzog _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

APPROVED Columbia CHD 6/26/20

28-0487



Parcel #

18-7S-17-10021-012

Hartzob@Yahoo.com