



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

PERMIT NO. 20-0487
DATE PAID: 2/23/20
FEE PAID: 260.00
RECEIPT #: 154489

APPLICATION FOR:

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

APPLICANT: Ricard Breines

AGENT: Carl M Hartog / Hydro Fun Pools TELEPHONE: 352-25-5666

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 #: 18-75-17-10021-012 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 Herando Ave to N Marisol 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	<u>Single Frame</u>	<u>3</u>	<u>2642</u>	<u>ORIGINAL ATTACHED</u>
2	<u>Pool</u>	<u>-</u>	<u>-</u>	<u>(adding)</u>
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 6/18/20



RECEIVED
JAN 10 1964
U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.



61-101-1A

TO: DIRECTOR, ARMY MEDICAL DEPARTMENT
FROM: [Illegible]
SUBJECT: [Illegible]
[The following text is extremely faint and largely illegible, appearing to be a memorandum or report. It contains several paragraphs of text, some of which may be headings or subheadings, but the specific content cannot be discerned.]

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-8497

----- 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 Hartog _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

APPROVED

Columbina CHD

6/26/20

STATE OF TEXAS
COUNTY OF DALLAS
CITY OF DALLAS

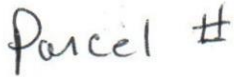
BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public in and for the State of Texas

APPROVED

20-0487



18-75-17-10021-012

Hartzob@yahoo.com