



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

PERMIT NO: 22-0174
DATE PAID: 3/11/22
FEE PAID: 310.00
RECEIPT #: 1807310

APPLICATION FOR:

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

APPLICANT: RICHARD AND TERESA Stewart

AGENT: Ronald Ford - Ford's Septic TELEPHONE: 386-755-6288

MAILING ADDRESS: 116 NW Lawtey Way Lake City, Florida 32055

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: N/A BLOCK: N/A SUBDIVISION: MEETS & BOUNDS PLATTED: _____

PROPERTY ID #: 12-1N-16-01515-000 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 18.55 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 19 FT

PROPERTY ADDRESS: 22388 NORTH US HIGHWAY 441 WHITE SPRINGS, FLORIDA 32096

DIRECTIONS TO PROPERTY: 441 North. go 1/2 mile past NW Marsh Camp Road. # 22388 on left.

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	manufactured mobile home	one	492	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: RC Ford DATE: 2-25-22

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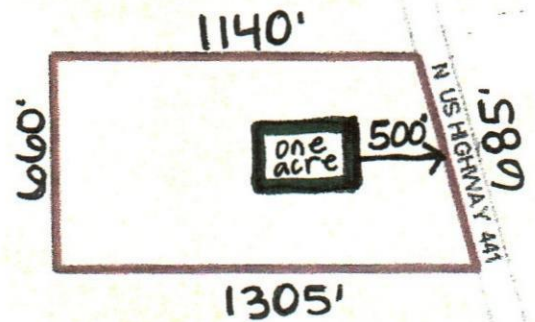
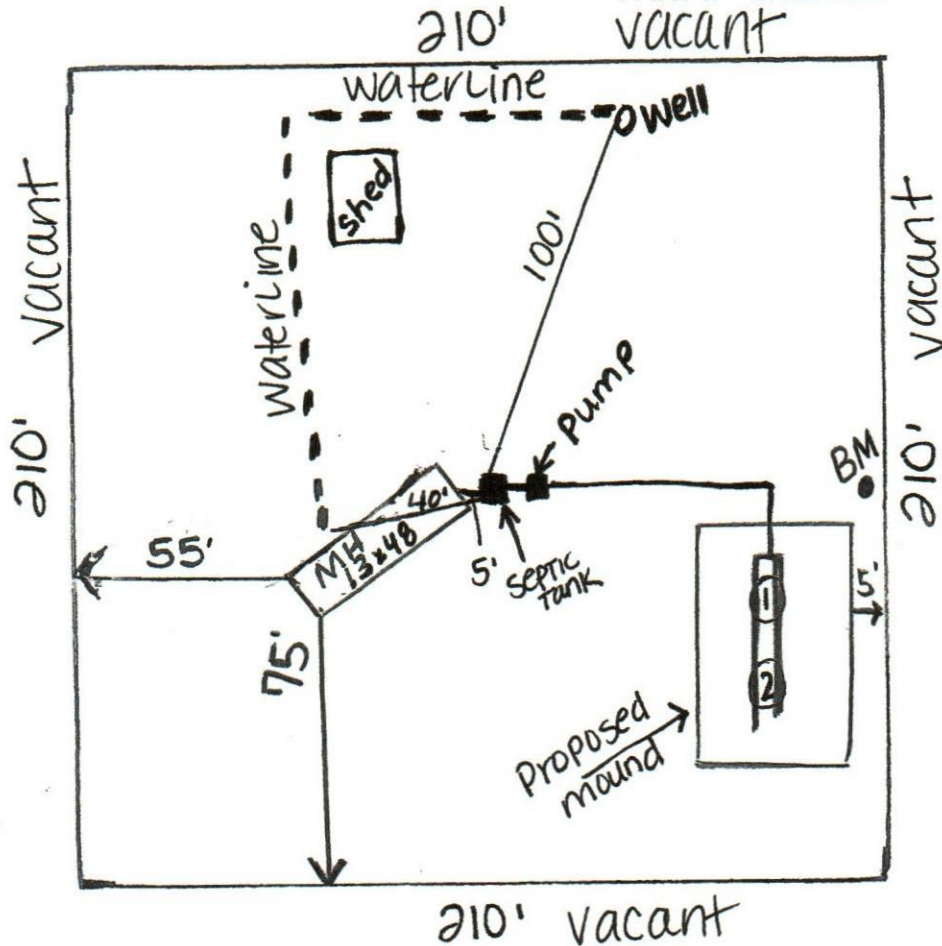
North

*scale: one inch = 50 feet

Permit Application Number

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PART II - SITEPLAN



total of 18.55
acres.
entire parcel is
not drawn to scale.

Notes:

* PARCEL ID #: 12-1N-1W-01515-000

* ADDRESS: 22388 N. US Hwy 441

White Springs, Florida 32096

Site Plan submitted by:

Ronald Ford

- Ronald Ford Ford's Septic Tank Service, LLC.

Plan Approved

Not Approved

Date 3/1/22

By

John Doe

CS2

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT