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

PERMIT NO. 20-0497
DATE PAID: 8/28/20
FEE PAID: 410.00
RECEIPT #: 155508

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

APPLICANT: Chris Hornbaker

AGENT: Carl M Hostop/Hydro Fun Pools LLC TELEPHONE: 352-215-5666

MAILING ADDRESS: _____

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: 7 BLOCK: ____ SUBDIVISION: Hickory Cove PLATTED: ____

PROPERTY ID #: 25-45-16-03124-107 ZONING: ____ I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: .64 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [✓]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 178 SW Asheville Way Lake City FL 32024

DIRECTIONS TO PROPERTY: West on NE Justice st NE Hernando Ave Turn Right on NE Hernando Ave then Turn Left on NE Madison st turn Left onto 441 on turn right on FL10A Turn Left on FL-47

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	Residents	3	2500	18-0475R
2	Pool	0	—	
3				
4				

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

SIGNATURE: Joanna Hornbaker DATE: 8-26-20

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

47170

STATE OF FLORIDA
DEPARTMENT OF HEALTH
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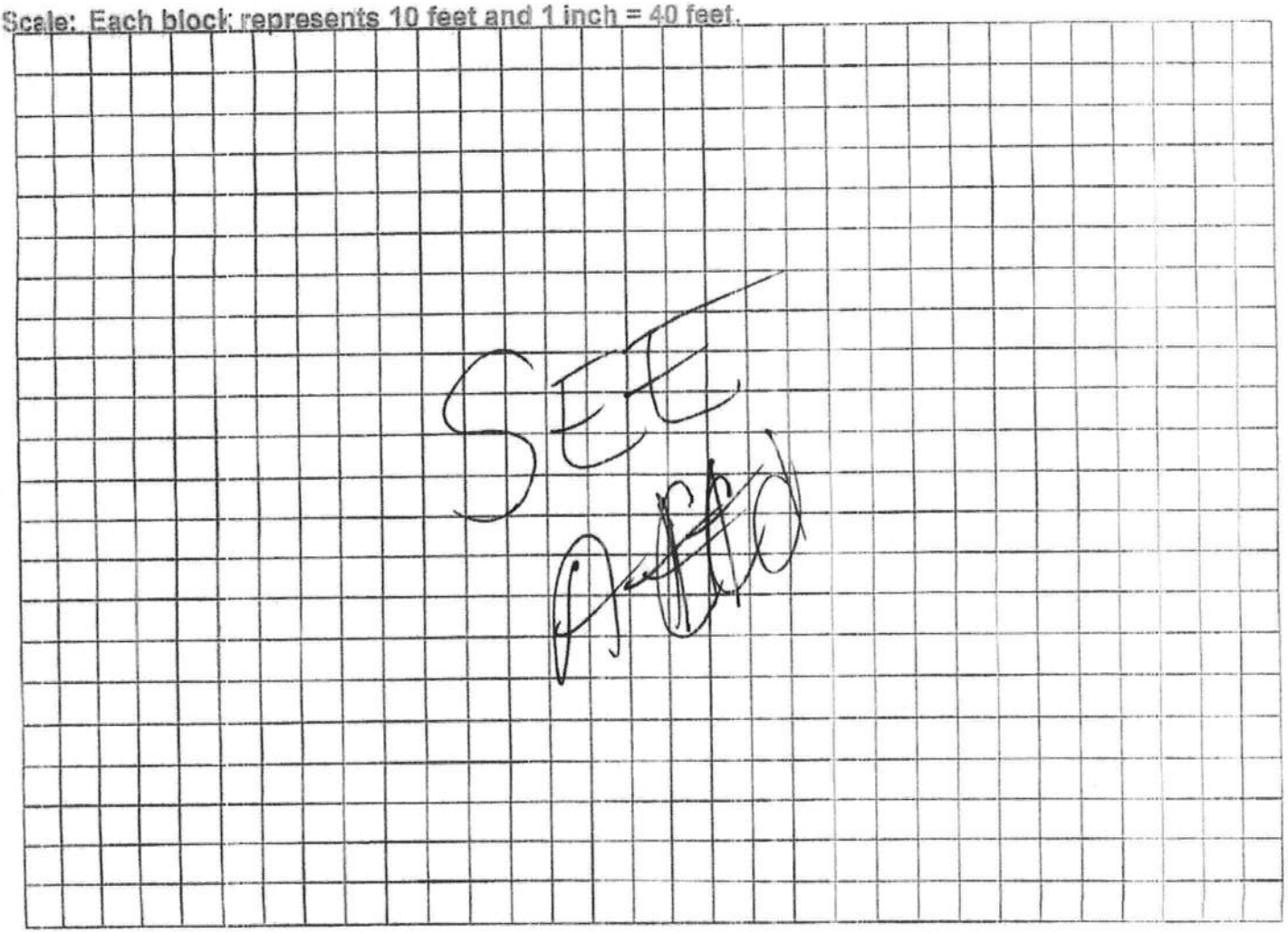
Permit Application Number 20-0697

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

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



Notes: _____

Site Plan submitted by: Jannet Fourtzakis TITLE _____ DATE: _____

Plan Approved X Not Approved _____ Date 8/11/20

By _____ Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Site Survey
Hornbaker Residents
178 SW Asheville Way
Lake City FL 32024

Parcel # 25-45-16-03124-107