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

PERMIT NO. 20-0459
DATE PAID: 5/11/20
FEE PAID: 100.00
RECEIPT #: 509503

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

APPLICANT: Wilhelmina Gocek

AGENT: Oda Peile TELEPHONE: 386-963-4298

MAILING ADDRESS: 3360 150th Place Lake City FL 32024

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: N/A PLATTED: _____

PROPERTY ID #: 28-6S-17-09795-000 ZONING: AG3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 55.23 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 263 SW Country Road 18 High Springs FL 32643

DIRECTION TO PROPERTY: Head NE on Hernando Ave toward Justice St (L) onto NE Madison St (L) Marion Ave (R) W Duval St (L) 3rd Cross St onto SW Main Blvd. Slight (R) FL-47S merge I-75S, take exit 414, Keep (R) toward Fort Kana Follow signs for High Springs (R) US-41 (R) CR 18

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Install SWMH	2	830	
2	Replace SWMH	2	960	
3				
4				

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

SIGNATURE: Oda Peile DATE: 4/9/20

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

STATE OF FLORIDA
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PART II - SITEPLAN

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

SEE ATTACHED

Distances: S/W ____ ft D/S ____ ft Wells ____ ft B/F ____ ft P/L ____ ft PWL ____ ft MAFL ____ ft

Unobstructed Area: ____ ft

Site Plan submitted by: [signature] 6/9/20

APPROVED Not Approved [signature] Date 6/16/20

[signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

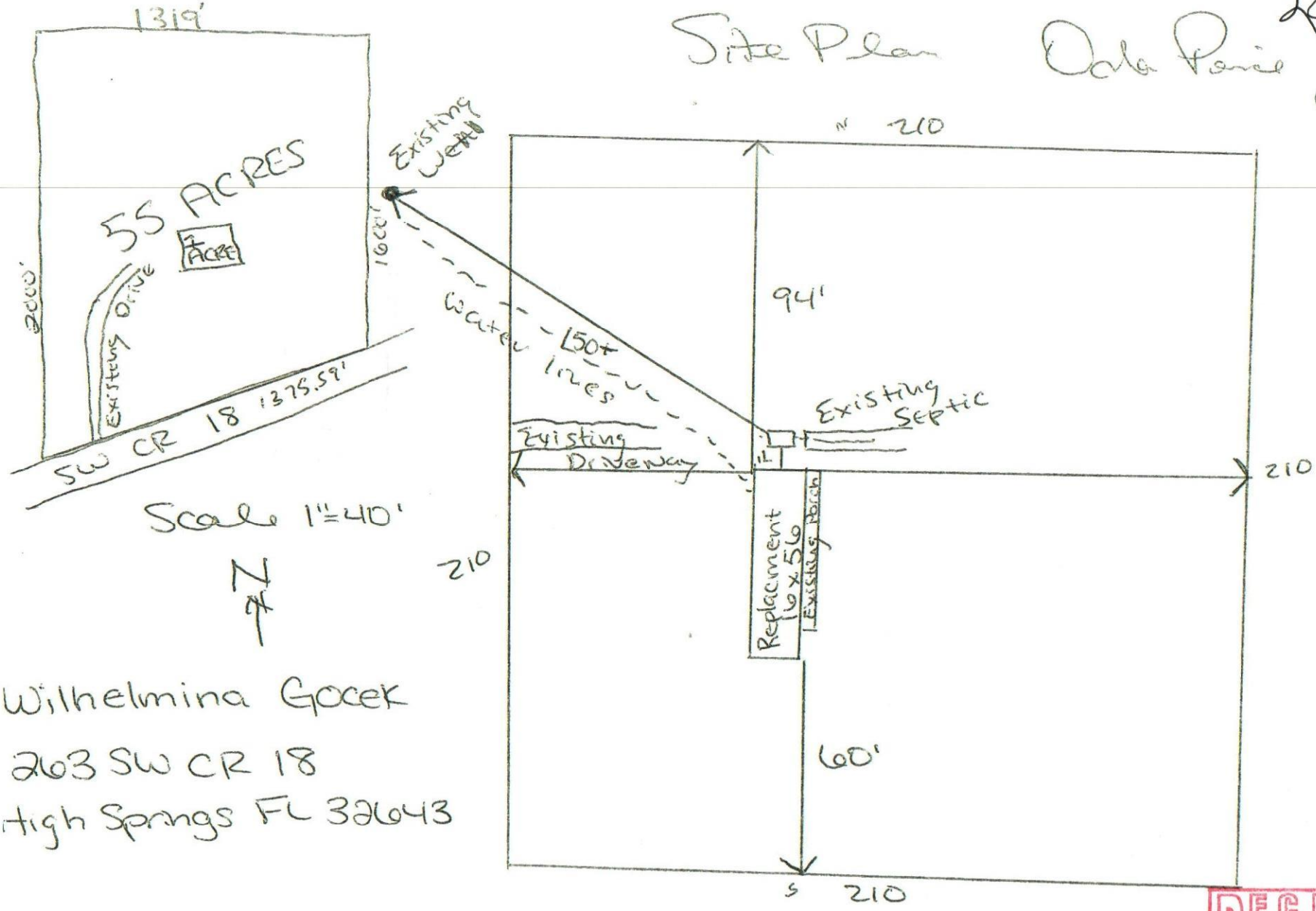
DH 4015, 08/08, (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Web Fillable Version: DH 4015-08)

Site Plan

Oda Perez

2D-0459

6/9/2020



Scale 1"=40'

N

Wilhelmina Gocek

263 SW CR 18

High Springs FL 32643

Replacement Home

SW ????

28-65-17-09795-000

Parcel #

RECEIVED

JUN 15 2020

By EH