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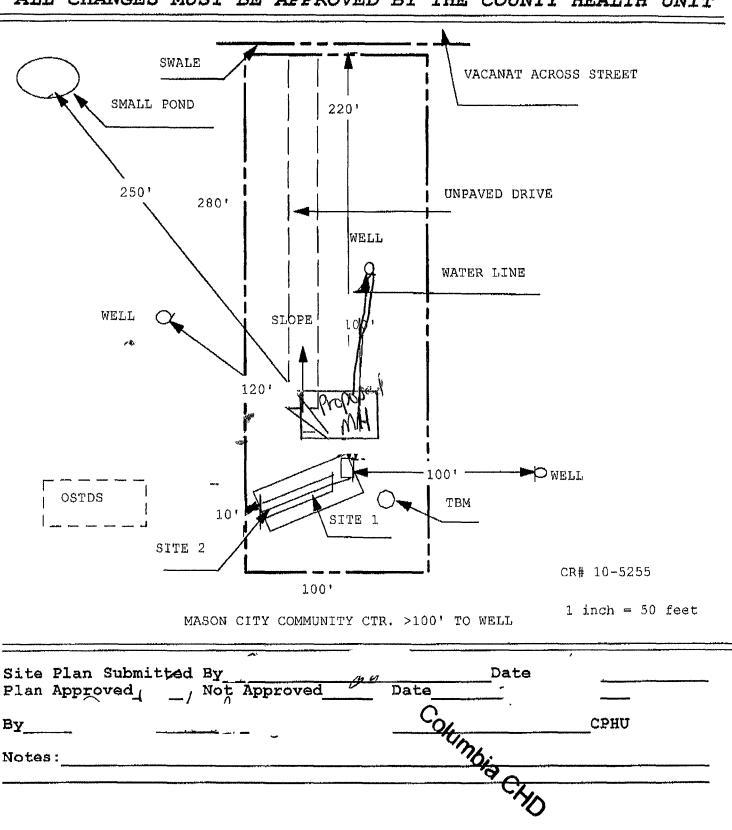**SYSTEM**
APPLICATION FOR CONSTRUCTION PERMIT

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

APPLICANT: Miranda y. Ismail

AGENT: SAME   TELEPHONE: 386·243·1915

MAILING ADDRESS: 220 SW Turner Pl. Lake City Fl. 32025

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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.

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PROPERTY INFORMATION

LOT: 5,6,15 & 16   BLOCK: 8   SUBDIVISION: Mason City   PLATTED: Book 1 pg 31   1935

PROPERTY ID #: 09340-000   33-35-17   ZONING: Res.   I/M OR EQUIVALENT: [Y /(N)]

PROPERTY SIZE: 0.64 ACRES   WATER SUPPLY: [✓] PRIVATE   PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 220 SW Turner Pl. Lake City Fl. 32025

DIRECTIONS TO PROPERTY: _____

_____

_____

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	DW mobile Home	3	960	ORIGINAL ATTACHED
2				
3				
4				

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

SIGNATURE: Miranda y. Ismail   DATE: 2/26/14

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Incorporated 64E-6.001, FAC   Page 1 of 4

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan
Permit Application Number: _____ 14-01KE

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

SWALE

SMALL POND

VACANAT ACROSS STREET

220'

250'

280'

UNPAVED DRIVE

WELL

WATER LINE

WELL

SLOPE

100'

120'

Proposal MH

OSTDS

100' — WELL

TBM

10'

SITE 1

SITE 2

CR# 10-5255

100'

1 inch = 50 feet

MASON CITY COMMUNITY CTR. >100' TO WELL

Site Plan Submitted By_____ Date _____

Plan Approved___ ___/ Not Approved___ Date_____

By____ _____ _____CPHU

Columbia CHD

Notes: _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _14-8115E_

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

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

See attached

Notes: _____

_____

_____

Site Plan submitted by: _Miranda of Ismael_ _2/26/14_

Plan Approved/ **REVIEWED** _____ Not Approved _____ Date _3/3/14_

By _____ **Columbia CHD** _____ County Health Department

~~ALL~~ CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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(Stock Number 5744-002-4015-6)

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