

SSOCOF #: _____ done by Ford's Septic on : _____ - _____ - 2022



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

PERMIT NO: 22-0411
DATE PAID: 5/6/22
FEE PAID: 310.80
RECEIPT #: 1822116

APPLICATION FOR:

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

APPLICANT: Ronald + Lorraine Corkum

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

MAILING ADDRESS: 116 NW Lawley 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: 4 BLOCK: _____ SUBDIVISION: Hawk's Landing PLATTED: _____

PROPERTY ID #: 31.45.17.08915.104 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.16 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 705 SW Bunn Drive Lake city, FL 32024

DIRECTIONS TO PROPERTY:

47 South. (L) on Wester Drive. (L) on Bunn Drive. Home # 705 on left.

BUILDING INFORMATION

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>M.H.</u>	<u>3</u>	<u>1795</u>	<u>HEATED / COOLED SQUARE FEET</u>
2			<u>(1795</u>	<u>TOTAL SQUARE FEET)</u>
3	<u>Garage</u>		<u>572</u>	
4				

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

SIGNATURE: QC Ford RONALD FORD DATE: 5-4-2022

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

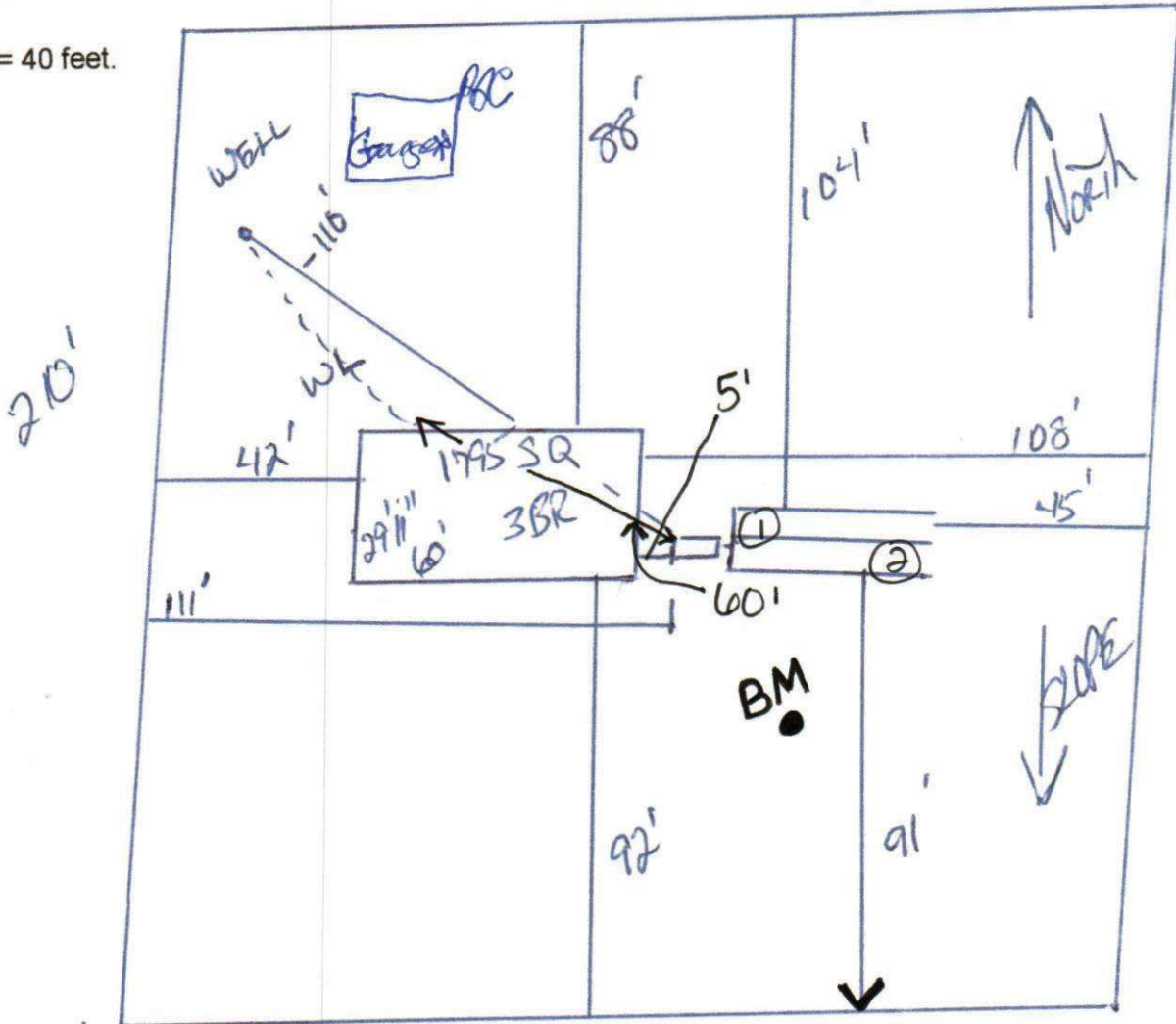
Permit Application Number 22-0411

Corkum

PART II - SITEPLAN

210'

Scale: 1 inch = 40 feet.



Notes: 1 of 5.16 Acres
See Attached

Site Plan submitted by [Signature] CONTRACTOR
Plan Approved ✓ Not Approved _____ Date 5/18/22
By [Signature] ESE Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT