SSO 125/08/096



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

PERMIT NO.	21-0428
DATE PAID:	5 5 W
FEE PAID:	425.00
RECEIPT #:	12614/2
7/12/17	to an Autilia
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APPLICATION FOR: [Mathematical New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Haylee Deas
AGENT: REEA FOSTER TELEPHONE: (386) 688-1085
MAILING ADDRESS: 12878 CR 137 Wellborn, FL 32094
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
PROPERTY ID #: D2413-008 ZONING: AG I/M OR EQUIVALENT: [Y N
PROPERTY SIZE: 5.68 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 219 SW Arbor Ln Lake City, FL 32024
DIRECTIONS TO PROPERTY: HWY 90 W to Thomas Terr Then turn
onto Arbor Ln
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 Single Family 3 2000 28x52 mobile
2 Metal Speed 0 30x210 (780sf) 1451e sq.
3 BEDROOM
Future plans to wild 380 2 both home 2000 sp# heated 2 BAHL
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: DATE: 5/5/21
DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC Page 1 of 4
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STATE OF FLORIDA DEPARTMENT OF HEALTH

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Permit Application Number

7/13/22 PEVIS

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