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

PERMIT NO 21-0505
DATE PAID: 6/3/21
FEE PAID: 40.00
RECEIPT #: 1628994

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

APPLICANT: Kris Wainwright

AGENT: _____   TELEPHONE: 590-4884

MAILING ADDRESS: 721 SW Loncala Loop Ft White Fl.
                                           32038

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: 27   BLOCK: B   SUBDIVISION: Itcetukncc Forest Ph 2   PLATTED: _____

PROPERTY ID #: 02-6S-15-00502-227   ZONING: _____   I/M OR EQUIVALENT: [Y /(N)]

PROPERTY SIZE: 50' ACRES   WATER SUPPLY: [4 PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 721 SW Loncala Loop Ft white Fl
                                          32038

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	MH	2	1000	
2				ORIGINAL ATTACHED
3				
4				

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

SIGNATURE: K. W_____   DATE: 6-7-21

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

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

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

1 acre of 5

210

SW LoACala Loop

to well

210

to RV

65' to RV

80'
to well

Dirt Drive

Water line

well

210
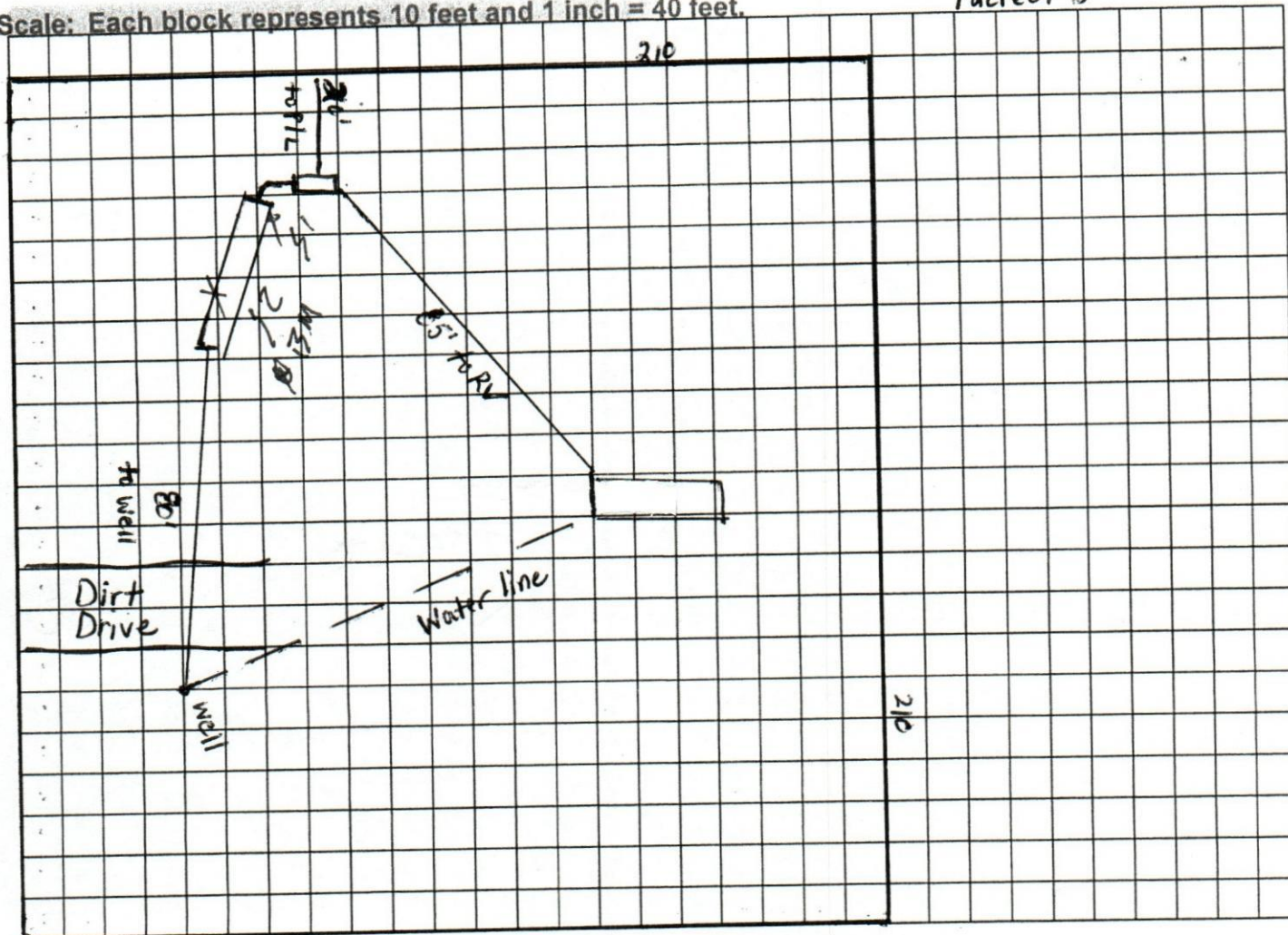
Notes: _____

Site Plan submitted by: _____ Date 6-7-21

Plan Approved _X_   Not Approved _____

By _____   County Health Department
6/10/21

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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(Stock Number: 5744-002-4015-6)

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