

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO.	22-024
DATE PAID:	311435
FEE PAID:	31000
RECEIPT #:	1810413

SYSTEM APPLICATION FOR CONSTRUCTION PERMIT RECEIPT #: 1810415
APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: BRIAN AND AIMEE DICKS
AGENT: PAUL LLOYD TELEPHONE: (386) 365-8881
MAILING ADDRESS: 274 SW FAMILY ROAD LAKE CITY FL
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: METES AND BOUNDS PLATTED:
PROPERTY ID #: 13-5S-17-09223-002 ZONING: RES I/M OR EQUIVALENT: [NO]
PROPERTY SIZE: 5.000 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [NO] DISTANCE TO SEWER: N/A FT
PROPERTY ADDRESS: 404 FAMILY ROAD
TAKE 90 EAST. TURN RIGHT ON HIGHWAY 100. TURN RIGHT ON PRICE CREEK. TURN LEFT ON FAMILY ROAD. SECOND ON RIGHT.
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 HOUSE 3 2,640
2
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: Cert Clay DATE: 3/9/22

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

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Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

