



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

PERMIT NO: 21-0957
DATE PAID: 7/24/21
FEE PAID: 60.20
RECEIPT #: 1744871

APPLICATION FOR:

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

APPLICANT: Greg Smith

AGENT: Brittany Dunn

TELEPHONE: 978.340.6700

MAILING ADDRESS: 4415 SW 75th Terrace Gainesville, FL 32608

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(a) 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: _____ BLOCK: _____ SUBDIVISION: n/a PLATTED: Na

PROPERTY ID #: 14-4515-00360-208 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 14.9 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 1/2 FT

PROPERTY ADDRESS: 2626 SW Brim St, Lake City, FL 32024

DIRECTIONS TO PROPERTY: Hwy 90 to Pine Mount Rd to SW, Jafus Rd, right on Brim .04 miles, destination on left

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	Mobile home	2	792	EXS. <u>WKA orig</u>
2	Garport (20x75 bldg)	0	1050	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: E. Glen

DATE: 11.19.21

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

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Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision : To be the Healthiest State in the Nation

December 01, 2021

Brittany Dunn
7939 SW SR 247
Lake City, FL 32024

RE: Contingency Letter
Application Document No: AP1766671
Centrax Permit Number: 12-SC-2423554
OSTDS Number:
2626 SW BRIM
Lake City, FL 32024

Lot: Block: Subdivision:

Dear Applicant:

This will acknowledge receipt of an application dated 11/29/2021 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

From a review of your completed application, it has been determined that your existing system appears to meet the minimum standards of F.A.C. 64E-6 for the proposed use. It is approved for use with the plans submitted to this office. If this system should fail, causing an unsanitary condition to exist, steps must be taken to bring the system into compliance immediately. Department approval of the system does not guarantee satisfactory performance for any specific period of time. Any change in material facts which served as a basis for issuance of this approval requires the applicant to modify the permit application. Such modification may result in this approval being made null and void. Issuance of this approval does not exempt the applicant from compliance with other Federal, State, or Local Permitting required for development of this property.

If you have any questions on this matter, please call our office at (386) 785-1058.

Sincerely,

Dustin Jones, Environmental Specialist II

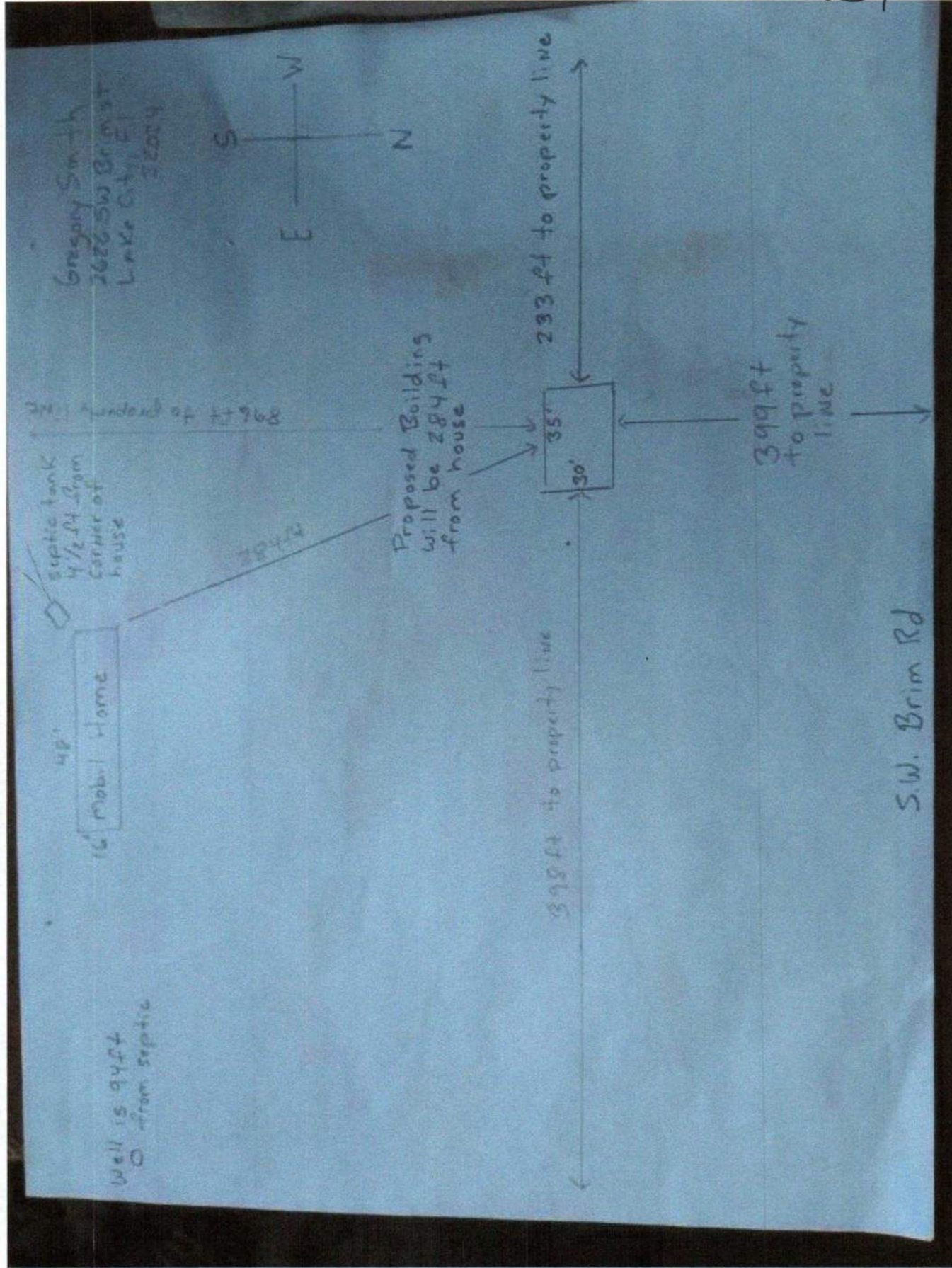
Enclosures
cc:

Greg Smith

Printed Owners Name

Greg Smith

Owners Signature



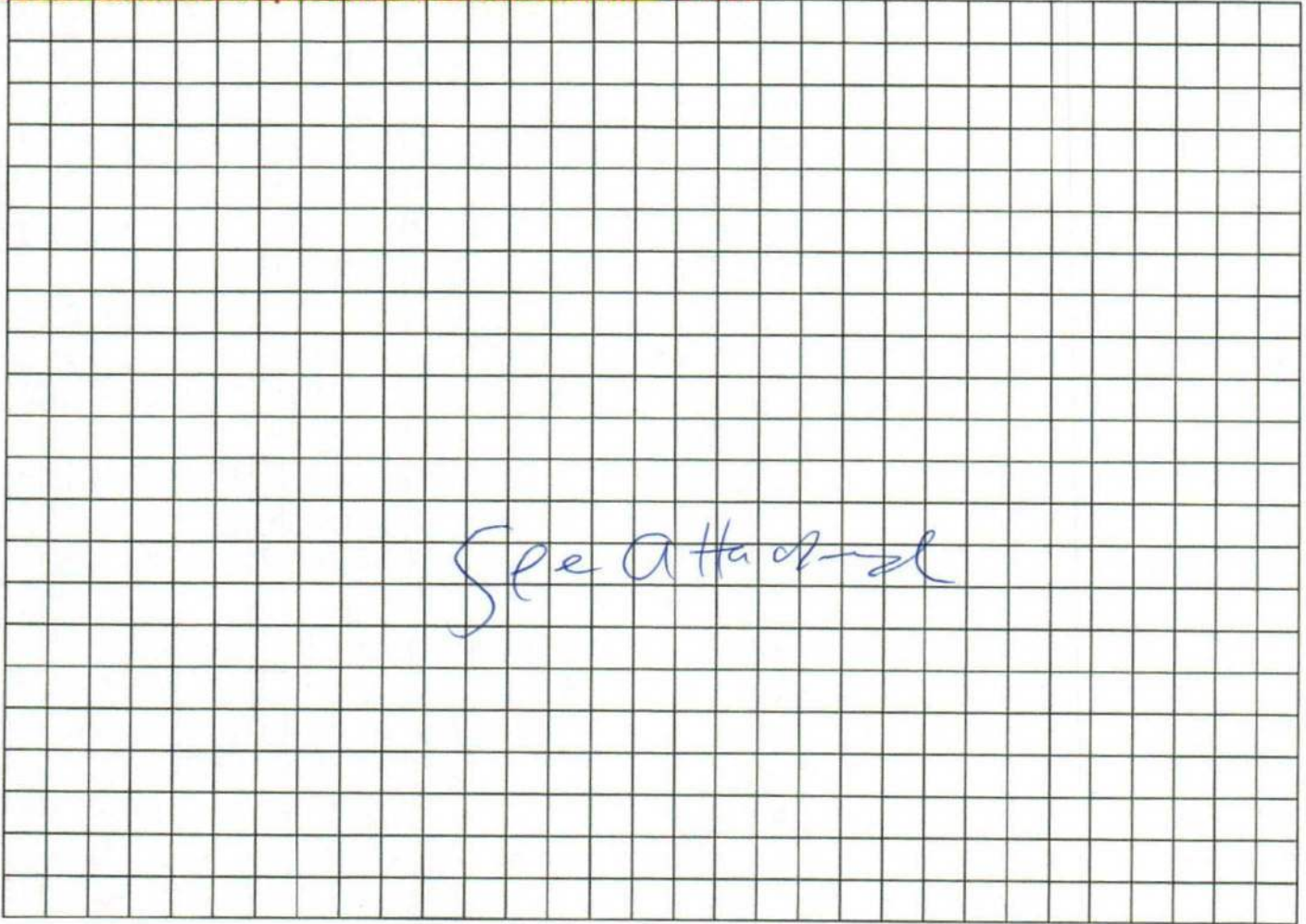
21-0959

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0959

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

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



See Attached

Notes: _____

Site Plan submitted by: Greg Smith Agent: _____ Owner: X Date: 11.22.21
Plan Approved X Not Approved _____ Date 12/1/21
By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT