

DATE 02/22/2007

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000025559

APPLICANT TERRY THRIFT PHONE 623-0115

ADDRESS 448 NW NYE HUNTER DR LAKE CITY FL 32055

OWNER BILL NETTLES/MARILYN OVERY PHONE 454-7453

ADDRESS 224 SW ONTARIO TERR FT. WHITE FL 32038

CONTRACTOR TERRY THRIFT PHONE 623-0115

LOCATION OF PROPERTY 47S, TR ON 27, TL ON UTAH, TL ON ONTARIO TERR, 2ND LOT ON RI CORNER OF ONTARIO AND KENTUCKY

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES

FOUNDATION WALLS ROOF PITCH FLOOR

LAND USE & ZONING A-3 MAX. HEIGHT

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 24-6S-15-01429-036 SUBDIVISION 3 RIVERS EST

LOT 36 BLOCK PHASE UNIT 23 TOTAL ACRES

000001335 IH0000036

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor

CULVERT 06-1037-N BK JH Y

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD

OWNER RELEASED JOE CHATMAN AND HIRED TERRY THRIFT TO REPLACE HIM

OWNER PAID AND PICKED UP ORIGONAL PERMIT Check # or Cash 373

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by

Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by

Framing date/app. by Rough-in plumbing above slab and below wood floor date/app. by

Electrical rough-in date/app. by Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by

Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by

M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by

Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by

M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00

MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 44.64 WASTE FEE \$ 134.00

FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ 25.00 TOTAL FEE 478.64

INSPECTORS OFFICE CLERKS OFFICE

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

DATE 02/22/2007

Columbia County Building Permit

PERMIT
000025559

This Permit Expires One Year From the Date of Issue

APPLICANT MARILYN OVERY PHONE 454-7453
ADDRESS 301 SW BUSSEY GLEN FT. WHITE FL 32038
OWNER BILL NETTLES/MARILYN OVERY PHONE 454-7453
ADDRESS 224 SW ONTARIO TERR FT. WHITE FL 32038
CONTRACTOR JOE CHATMAN PHONE 497-2277
LOCATION OF PROPERTY 47S, TR ON 27, TL ON UTAH, TL ON ONTARIO TERR, 2ND LOT ON RI
CORNER OF ONTARIO AND KENTUCKY

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING A-3 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 24-6S-15-01429-036 SUBDIVISION 3 RIVERS EST
LOT 36 BLOCK PHASE UNIT 23 TOTAL ACRES

000001335
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
CULVERT 06-1037-N BK JH Y
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD

Check # or Cash 373

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by
Framing date/app. by Rough-in plumbing above slab and below wood floor date/app. by
Electrical rough-in date/app. by Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by
Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by
M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 44.64 WASTE FEE \$ 134.00
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ 25.00 TOTAL FEE 478.64
INSPECTORS OFFICE CLERKS OFFICE

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The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**For Office Use Only**

(Revised 6-23-05)

Zoning Official _____

Building Official _____

API _____

Date Received _____

By _____

Permit # _____

Flood Zone _____

Development Permit _____

Zoning _____

Land Use Plan Map Category _____

Comments _____

FEMA Map# _____

Elevation _____

Finished Floor _____

River _____

In Floodway _____

- ☐ Site Plan with Setbacks Shown ☐ EH Signed Site Plan ☐ EH Release ☐ Well letter ☐ Existing well
- ☐ Copy of Recorded Deed or Affidavit from land owner ☐ Letter of Authorization from Installer

- Property ID # _____ Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home Flintwood Year 1990
- Applicant _____ Phone # _____
- Address _____
- Name of Property Owner _____ Phone# _____
- 911 Address _____
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Bill Nettles + Marilyn Quez Phone # 386-454-7453
Address _____
- Relationship to Property Owner _____
- Current Number of Dwellings on Property _____
- Lot Size _____ Total Acreage _____
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home _____
- Driving Directions to the Property _____
- Name of Licensed Dealer/Installer TERRY L. Thrift Phone # (386) 623-0115
- Installers Address 448 NW Nye Hunter Dr Lake City Fla 32055
- License Number IH-0000036 Installation Decal # 283761

PERMIT NUMBER

Installer YERRY L. THIRIF License # IT 0000036Address of home
being installed

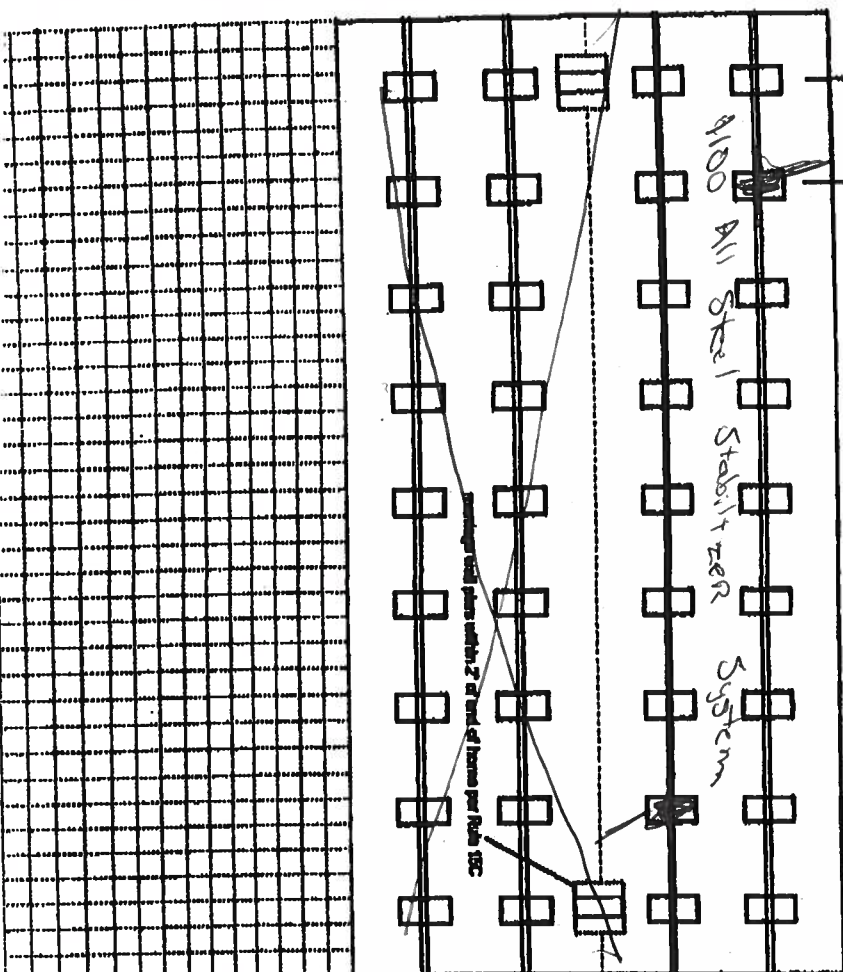
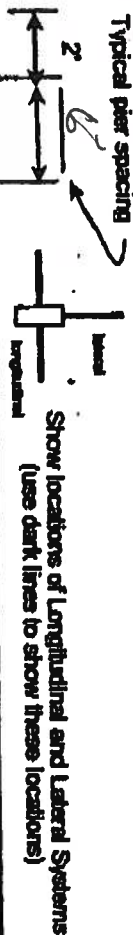
Manufacturer

Electrowood

Length x width

48' x 14'NOTE: If home is a single wide fill out one half of the blocking plan
if home is a triple or quad wide sketch in remainder of homeI understand Lateral Arm Systems cannot be used on any home (new or used)
where the sidewall ties exceed 5 ft 4 in.

Installer's initials

TLTNew Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual

Home is installed in accordance with Rule 15-C

Single wide ☒ Wind Zone II ☒ Wind Zone III ☐Double wide ☐ Installation Detail # 283961Triple/Quad ☐ Serial # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	10' x 10' (256)	10 1/2' x 16 1/2' (342)	20' x 20' (400)	22' x 22' (484)	24' x 24' (576)	28' x 28' (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4'	5'	6'	7'	8'	8'
2000 psf	5'	6'	7'	8'	8'	8'
2500 psf	6'	7'	8'	8'	8'	8'
3000 psf	7'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

Interpolated from Rule 15C-1 pier spacing table.

PER PAD SIZES

I-beam pier pad size 17" x 22"Perimeter pier pad size N/AOther pier pad sizes (required by the mfg.) 14" x 16" Doors

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening

Pier pad size

ANCHORS

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

TIE DOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Oliver Tech

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psi or check here to declare 1000 lb. soil without testing.

X 1600 285 X 1700 290 X 1500 285

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 8 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X 1600 285 X 1700 290 X 1900 290

TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft. anchors are required at all centerline the points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Teery L. Thairt

Date Tested

3/11/07

Electrical

Plumbing

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.

Connect all sewer drains to an existing sewer tap or septic tank. Pg.

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg.

Site Preparation

Debris and organic material removed ☒ Natural Swale ☒ Pad ☐ Other ☐

Fastening multi-wide units

Floor: Type Fastener: Length: Spacing: Walls: Type Fastener: Length: Spacing: Roof: Type Fastener: Length: Spacing:

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2' on center on both sides of the eave/ridge.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials

YLT

Type gasket Pg.

Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes

Miscellaneous

Skirting to be installed Yes No No Range vent installed outside of skirting. Yes N/A Drain lines supported at 4 foot intervals. Yes N/A Electrical crossovers protected. Yes Other:

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and/or Rule 15C-1 & 2

Installer Signature

Teery L. Thairt Date 3/11/07

CHK# 373

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 9-22-06) Zoning Official OK 2/20/07 Building Official OK JTH 2-12-07
 AP# 0702-24 Date Received 2-12-07 By GR Permit # 13351 25559
 Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments 2.31 legal non-cont. lot
 FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____
☒ Site Plan with Setbacks Shown ☒ EH Signed Site Plan ☐ EH Release ☒ Well letter ☐ Existing well
☒ Copy of Recorded Deed or Affidavit from land owner ☒ Letter of Authorization from installer
☐ State Road Access ☐ Parent Parcel # _____ ☐ STUP-MH _____

Unit 23 Lot 36 BLK 1 Three Rivers

Property ID # 00-00-00-01429-036 Subdivision 3 Rivers Est, Lot 36, Unit 23

- New Mobile Home _____ Used Mobile Home ☒ Year 1990
- Applicant MARILYN Overy Phone # 386 454 7453
- Address 301 SW Bussey Gln. Ft. White Fla. 32038
- Name of Property Owner BILL Nettles And MARILYN Overy Phone# 386 454 7453
- 911 Address 224 SW Ontario Terr, Ft. White, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Same Phone # _____
 Address Same
- Relationship to Property Owner N/A
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage .91
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
 (Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property 475, TR 27, TL on UTAH, TL on Ontario Terr, 2nd lot on Right, corner of Ontario + Kentucky St.
- Name of Licensed Dealer/Installer Joseph A- Chapman Phone # 386 497 2277
- Installers Address 9241 SW 45 Hwy 27 Ft. White FL 32038
- License Number IH-0000240 Installation Decal # 281893

ATTN LEA MESSAGE MARILYN'S RECORDS

PERMIT NUMBER

Installer Joseph A. Chatterbox License # IA-000240

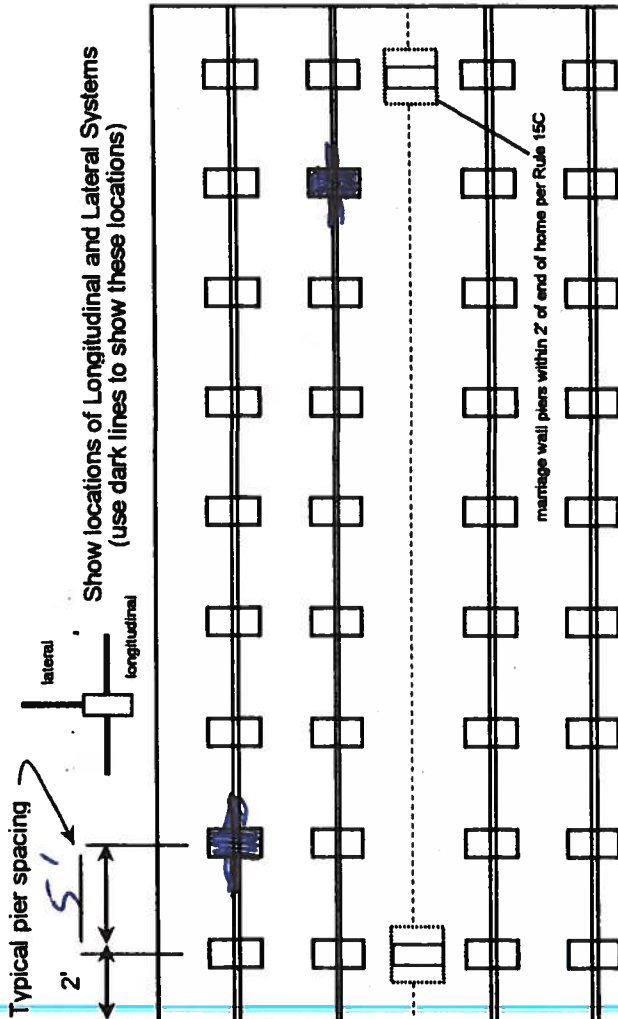
Address of home being installed [redacted]

Manufacturer Fleetwood Length x width 14x48

NOTE: if home is a single wide fill out one half of the blocking plan
if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials JPC



New Home ☐ Used Home ☒
Home installed to the Manufacturer's Installation Manual ☐
Home is installed in accordance with Rule 15-C ☒
Single wide ☒ Wind Zone II ☒ Wind Zone III ☐
Double wide ☐ Installation Decal # 291893
Triple/Quad ☐ Serial # CAFLL07A20915-BM

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'	8'
1500 psf	4'6"	6'	7'	8'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 20x20
Perimeter pier pad size 16x16
Other pier pad sizes (required by the mfg.) 2x8

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening

Pier pad size

4 ft 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

OTHER TIES

Number
Sidewall
Longitudinal
Marriage wall
Shearwall

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver Tech 1101LV
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

ANCHORS

Pad Size	Sq ft
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing.

X X X

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X X X

TORQUE PROBE TEST

The results of the torque probe test is inch pounds or check here if you are declaring 5' anchors without testing . A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Joseph A. Chatman

Date Tested

2-9-07

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg.

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg.

Site Preparation

Debris and organic material removed
Water drainage: Natural Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: Length: Spacing:
Walls: Type Fastener: Length: Spacing:
Roof: Type Fastener: Length: Spacing:
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials

Type gasket Pg.

Installed:
Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg.
Siding on units is installed to manufacturer's specifications. Yes
Fireplace chimney installed so as not to allow intrusion of rain water. Yes

Miscellaneous

Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes N/A
Range downflow vent installed outside of skirting. Yes
Drain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes
Other:

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

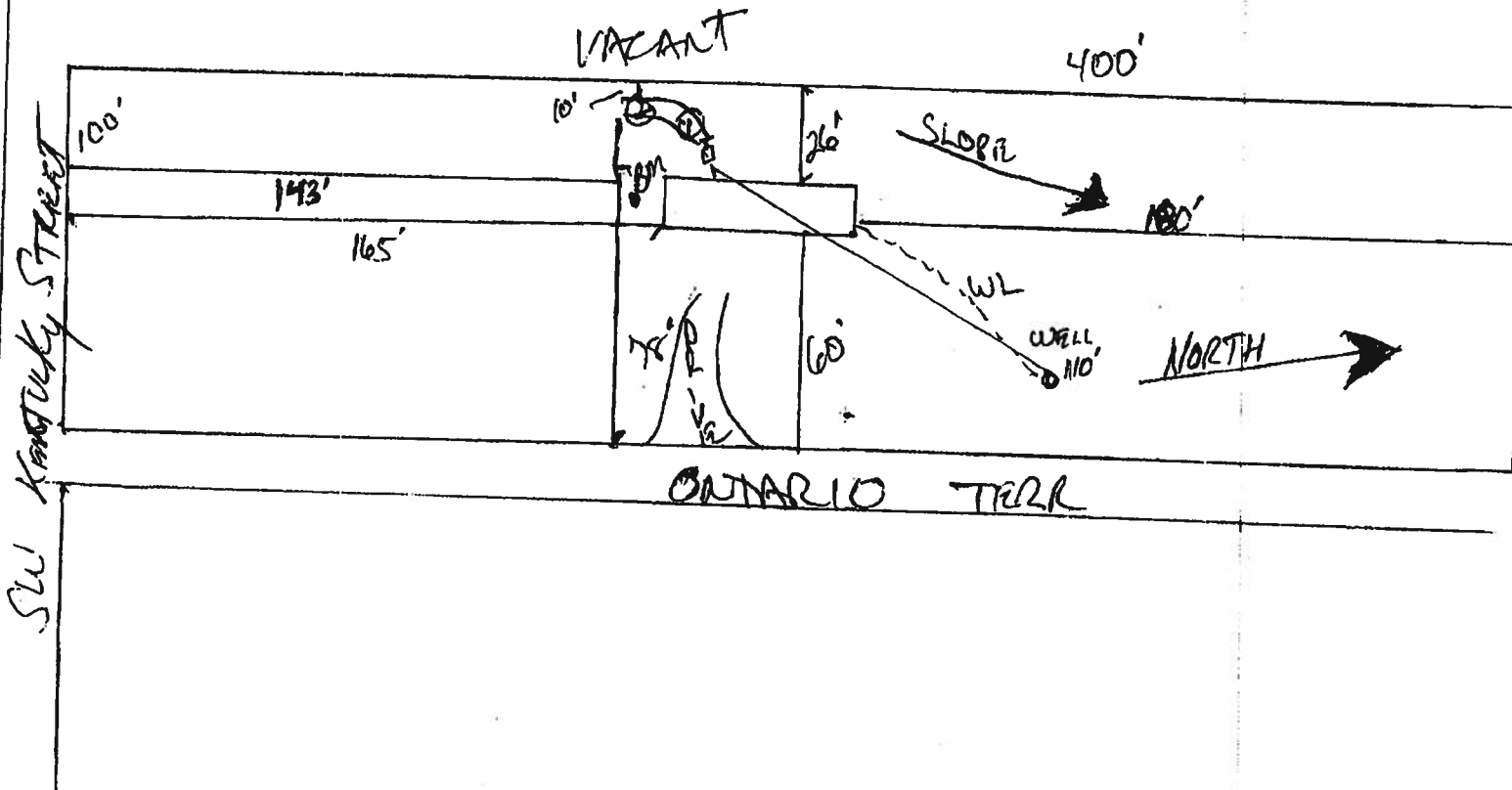
Date 2-9-07

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

Permit Application Number 06-1037N

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

Scale: 1 inch = 50 feet.



Notes:

Site Plan submitted by: Rock D F

Plan Approved ☒

Not Approved ☐

MASTER CONTRACTOR

By John D. F.

Date 11/27/06

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

I, Joseph A Chatman, license number IH 0000 240
Please Print
do hereby state that the installation of the manufactured home for Bill Nettles
Marilynn Overy
Applicant

_____ at _____
911 Address
will be done under my supervision.

Joseph A Chatman
Signature

Sworn to and subscribed before me this 9th day of FEBRUARY,
2007.

Notary Public: Sandra J Chavez
Signature

My Commission Expires: _____



Sandra J. Chavez
Commission # DD298602
Expires March 9, 2008
Bonds@TroyFain - Insurance, Inc. 800-385-7019

LIMITED POWER OF ATTORNEY

I, JOSEPH A. CHATMAN, license # JA-0000240 hereby
authorize BILL NETTLOS
MAURILYN OVERY to be my representative and act on my behalf
in all aspects of applying for a mobile home permit to be placed on the following
described property located in Columbia County, Florida.

Property owner: _____

Sec _____ Twp. _____ S Rge _____ E

Tax Parcel No. _____

[Signature]
Mobile Home Installer

2-9-07
(Date)

Sworn to and subscribed before me this 9TH day of FEBRUARY 2007.

[Signature]
Notary Public

My Commission expires: _____

Commission No. _____

Personally known: _____

Produced ID (Type) DL # C355-48460-011-0



Sandra J. Chavez
Commission # DD298602
Expires March 9, 2008
Bonded Troy Pain - Insurance, Inc. 600-388-7019

@ CAM110M01 CamaUSA Appraisal System Columbia County
2/12/2007 9:45 Property Maintenance 15300 Land 001 *
Year T Property Sel AG 000
2007 R 00-00-00-01429-036 Bldg 000
Owner NETTLES BILL A & + Conf Xfea 000
Addr MARILYN D OVERY JTWS 15300 TOTAL B
301 SW BUSSEY GLN .918 Total Acres
City,St FT WHITE FL Zip 32038 Retain Cap? Renewal Notice
Country (PUD1) (PUD2) (PUD3) MKTA02
Appr By JSHC Date 7/12/2001 AppCode UseCd 000000 VACANT
TxDist Nbhd MktA ExCode Exemption/% TxCode Units Tp
003 100000.23 02
THREE RIV
House# Street CC MD Dir #
- City
Subd N/A Condo .00 N/A
Sect 24 Twn 6S Rnge 15 Subd Blk Lot
Legals LOT 36 BLOCK 1 UNIT 23 THREE RIVERS ESTATES. ORB 749-338
WD 1077-1389, WD 1109-677,
Map# 14D Mnt 2/02/2007 THRESA
F1=Task F2=ExTx F3=Exit F4=Prompt F11=Docs F10=GoTo PgUp/PgDn F24=More

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT # 94073 SIF # _____ DID # _____

If permit is for multiple wells indicate the number of wells drilled _____

Indicate remaining wells to be cancelled _____

WATER WELL CONTRACTOR'S

SIGNATURE William B. Bitts License # 2666

I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (Ft.)	To (Ft.)
Neat Cement:			Top 3 ft
Bentonite:		Bottom	Top

WELL LOCATION: County Columbia 00-00-00-01439-036

RW 14 of SE 14 of Section 00 Twp: 00 Rgs: 00

Latitude 29°56'52" Longitude 82°46'00"

DATE STAMP

Official Use Only

Sketch of well location on property

100'

Give distances from septic tank and house or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED

Iron: _____ ppm Sulfate: _____ ppm

Chloride: _____ ppm

[] Lab Test [] Field Test Kit

Pump Type

[] Centrifugal [] Jet [X] Submersible [] Turbine

Horsepower 1 Capacity 20 G.P.M. 20

Pump Depth 50 Ft. Intake Depth 51 Ft.

Form 408-3-3 Rev. 12/05

OWNER'S NAME Cook Real Estate

COMPLETION DATE 12-11-06 Florida Unique ID _____

WELL USE: DEP/ Public _____ Irrigation _____ Domestic [X] Monitor _____
HRS Limited _____ 62-524 _____ Other _____

DRILL METHOD [X] Rotary [] Cable Tool [] Combination
[] Jet [] Auger Other _____

Measured Static Water Level <u>27</u>		Measured Pumping Water Level _____	
After _____ Hours at <u>20</u> G.P.M. Measuring Pt. (depth): _____			
Which is <u>50</u> Ft. [] Above [X] Below Land Surface			
Casing: [] Black Steel [] Galv. [X] PVC Other _____			
Casing Diameter & Depth (Ft.)	Depth (Ft.)		DRILL CUTTINGS LOG
	From	To	
Diameter <u>4</u>	<u>0</u>	<u>20</u>	Samples outings every 20 ft. or at formation changes. Note cavities, depth of producing zones. Color Grain Size Type of Material
From _____	<u>20</u>	<u>40</u>	
To <u>61</u>	<u>40</u>	<u>60</u>	
	<u>60</u>	<u>61</u>	
Diameter _____			Rock
From _____	<u>61</u>	<u>66</u>	Rock Cavities
To _____			(Water)
Liner [] or Casing []			
Diameter _____			
From _____			
To _____			

Driller's Name: (print or type) William Bitts

FAXED By Kristina Date: 12-15-06

A & B CONSTRUCTION, INC.**JOB WORK ORDER**

P.O. Box 39

FORT WHITE, FLORIDA 32038

Phone: (386) 497-2311 • Fax: (386) 497-4866

No. 010301

DATE OF ORDER 12/15/06				
CUSTOMER'S ORDER NO. 06-1037N	PHONE	MECHANIC	HELPER	STARTING DATE
BILL TO Cook Real Estate				ORDER TAKEN BY
ADDRESS				☐ DAY WORK
CITY				☐ CONTRACT
JOB NAME AND LOCATION Lt 36 3 Rivers Est.				☐ EXTRA
S.W. Ontario Terr. Ft. White				JOB PHONE
DESCRIPTION OF WORK Septic permit - 3600° 900 gallon tank with 333 sq. ft. of drainfield - 2000° Well - 2800° Lot 36, Block 1, Unit 23 Pd CK # 2998				
TOTAL MATERIALS				
TOTAL LABOR				
TAX				
DATE COMPLETED	WORK ORDERED BY		TOTAL AMOUNT	\$4900.00

Signature _____

☐ No one home☐ Total amount due
for above work, or☐ Total billing to
be mailed after
completion
of workI hereby acknowledge the satisfactory completion
of the above described work.JWOCC-870-3
PRINTED IN U.S.A.

PRIMARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 2-12-07 BY G IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
 OWNERS NAME Marilyn Overy / Bill Nettles PHONE 454-7453 CELL _____
 ADDRESS _____

MOBILE HOME PARK N/A SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 475, TL 27, TL on Bussey Glen,
5th drive on left

MOBILE HOME INSTALLER Joe Chapman PHONE 497-2277 CELL (386) 288-5449

MOBILE HOME INFORMATION

MAKE Fleetwood Westfield YEAR 1990 SIZE 14 X 48 COLOR Beige
 SERIAL No. GA FL07 A 20915 MM

WIND ZONE TL Must be wind zone II or higher NO WIND ZONE I ALLOWED

INTERIOR:

(P or F) - P= PASS F= FAILED

INSPECTION STANDARDS

☒ SMOKE DETECTOR () OPERATIONAL () MISSING
☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
☒ DOORS () OPERABLE () DAMAGED
☒ WALLS () SOLID () STRUCTURALLY UNSOUND
☒ WINDOWS () OPERABLE () INOPERABLE
☒ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
☒ CEILING () SOLID () HOLES () LEAKS APPARENT
☒ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

☒ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
☒ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
☒ ROOF () APPEARS SOLID () DAMAGED

STATUS:

APPROVED ☒ WITH CONDITIONS: _____
 NOT APPROVED _____ NEED REINSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER 386 DATE 2-21-07

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL _____ CELL _____
OWNERS NAME: MARILYN OVERY/BILL NEILLES
ADDRESS Lot 36, BLK 1, OF UNIT 23 Three Rivers Estate SUBDIVISION 3 RIVERS ESTATES
MOBILE HOME PARK _____
DRIVING DIRECTIONS TO MOBILE HOME Go 47 to 27 Turn Left go approximately 5 mile to
Bussey Gln turn Left 5th driveway on left bridge single wide

MOBILE HOME INSTALLER JOSEPH A. CHATMAN PHONE 386-497-2277 CELL 386-288-5449

MOBILE HOME INFORMATION FLEETWOOD
MAKE WESTFIELD BROADMORE YEAR 1990 SIZE 14 X 48 COLOR TAN/WHITE TRIM
SERIAL NO. GAFLLOT A20915 BM

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INTERIOR: PASS FAILED INSPECTION STANDARDS

- OK SMOKE DETECTOR ☐ OPERATIONAL ☒ MISSING
- OK FLOORS ☒ SOLID ☐ WEAK ☐ HOLES DAMAGED LOCATION _____
- OK DOORS ☒ OPERABLE ☐ DAMAGED
- OK WALLS ☒ SOLID ☐ STRUCTURALLY UNSOUND
- OK WINDOWS ☒ OPERABLE ☐ INOPERABLE
- OK PLUMBING FIXTURES ☒ OPERABLE ☐ INOPERABLE ☐ MISSING
- OK CEILING ☒ SOLID ☐ HOLES ☐ LEAKS APPARENT
- OK ELECTRICAL (FIXTURES/OUTLETS) ☒ OPERABLE ☐ EXPOSED WIRING ☐ OUTLET COVERS MISSING ☐ LIGHT FIXTURES MISSING

- EXTERIOR:
- OK WALLS / SIDING ☐ LOOSE SIDING ☐ STRUCTURALLY UNSOUND ☐ NOT WEATHERTIGHT ☐ NEEDS CLEANING
 - OK WINDOWS ☐ CRACKED/ BROKEN GLASS ☐ SCREENS MISSING ☒ WEATHERTIGHT
 - OK ROOF ☒ APPEARS SOLID ☐ DAMAGED

STATUS: APPROVED WITH CONDITIONS: NEEDS SMOKE DETECTOR
NOT APPROVED _____ NEED REINSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Joseph A Chatman ID NUMBER IT1000240 DATE 2-9-07

Specialized Mobile Home
& RV Transport, Joseph Chatman
9241 SW. US Highway 27
Ft. White, FL 32038

Columbia County Building Department Culvert Permit

Culvert Permit No.
000001335

DATE 02/22/2007 PARCEL ID # 24-6S-15-01429-036

APPLICANT MARILYN OVERY PHONE 454-7453

ADDRESS 301 SW BUSSEY GLEN FT. WHITE FL 32038

OWNER BILL NETTLES/MARILYN OVERY PHONE 454-7453

ADDRESS 224 SW ONTARIO TERR FT. WHITE FL 32038

CONTRACTOR JOE CHATMAN PHONE 497-2277

LOCATION OF PROPERTY 47S, TR ON 27, TL ON UTAH, TL ON ONTARIO TERR, 2ND LOT ON RIGHT,
CORNER OF ONTARIO AND KENTUCKY

SUBDIVISION/LOT/BLOCK/PHASE/UNIT 3 RIVERS EST 36 23

SIGNATURE *Marilyn Overy*

INSTALLATION REQUIREMENTS



Culvert size will be 18 inches in diameter with a total length of 32 feet, leaving 24 feet of driving surface. Both ends will be mitered 4 foot with a 4 : 1 slope and poured with a 4 inch thick reinforced concrete slab.

INSTALLATION NOTE: Turnouts will be required as follows:

- a) a majority of the current and existing driveway turnouts are paved, or;
- b) the driveway to be served will be paved or formed with concrete.

Turnouts shall be concrete or paved a minimum of 12 feet wide or the width of the concrete or paved driveway, whichever is greater. The width shall conform to the current and existing paved or concreted turnouts.



Culvert installation shall conform to the approved site plan standards.



Department of Transportation Permit installation approved standards.



Other _____

ALL PROPER SAFETY REQUIREMENTS SHOULD BE FOLLOWED
DURING THE INSTALLATION OF THE CULVERT.

135 NE Hernando Ave., Suite B-21
Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

Amount Paid 25.00

