

44027

SSO 249 204 400



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

PERMIT NO. 22-0145  
DATE PAID: 2/18/22  
FEE PAID: 725.00  
RECEIPT #: 1804777

APPLICATION FOR:

- New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary

APPLICANT: Joseph G Ferraiola 352-231-0112

AGENT: OWNER TELEPHONE: 941-744-7840

MAILING ADDRESS: 8693 Sunbird PL Boca Raton FL 33496

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: 28 BLOCK: \_\_\_\_\_ SUBDIVISION: Sedge Field #2 PLATTED: Book 7

PROPERTY ID #: 03-65-16-03767-128 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 4.9 ACRES WATER SUPPLY:  PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 338 SW Healan Ct Ft White FL 32038

DIRECTIONS TO PROPERTY: From Lake City SR 47 south to Sedge Field/LW (left)  
Sedge Field go's into Healan Ct. Property at End.

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	<u>Mobile Home</u>	<u>3</u>	<u>1500</u>	
2				
3				
4				

- Floor/Equipment Drains     Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature] DATE: 2/18/2022

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

~~JGFERRAIOLA~~ JGF 122747 @Gmail.Com

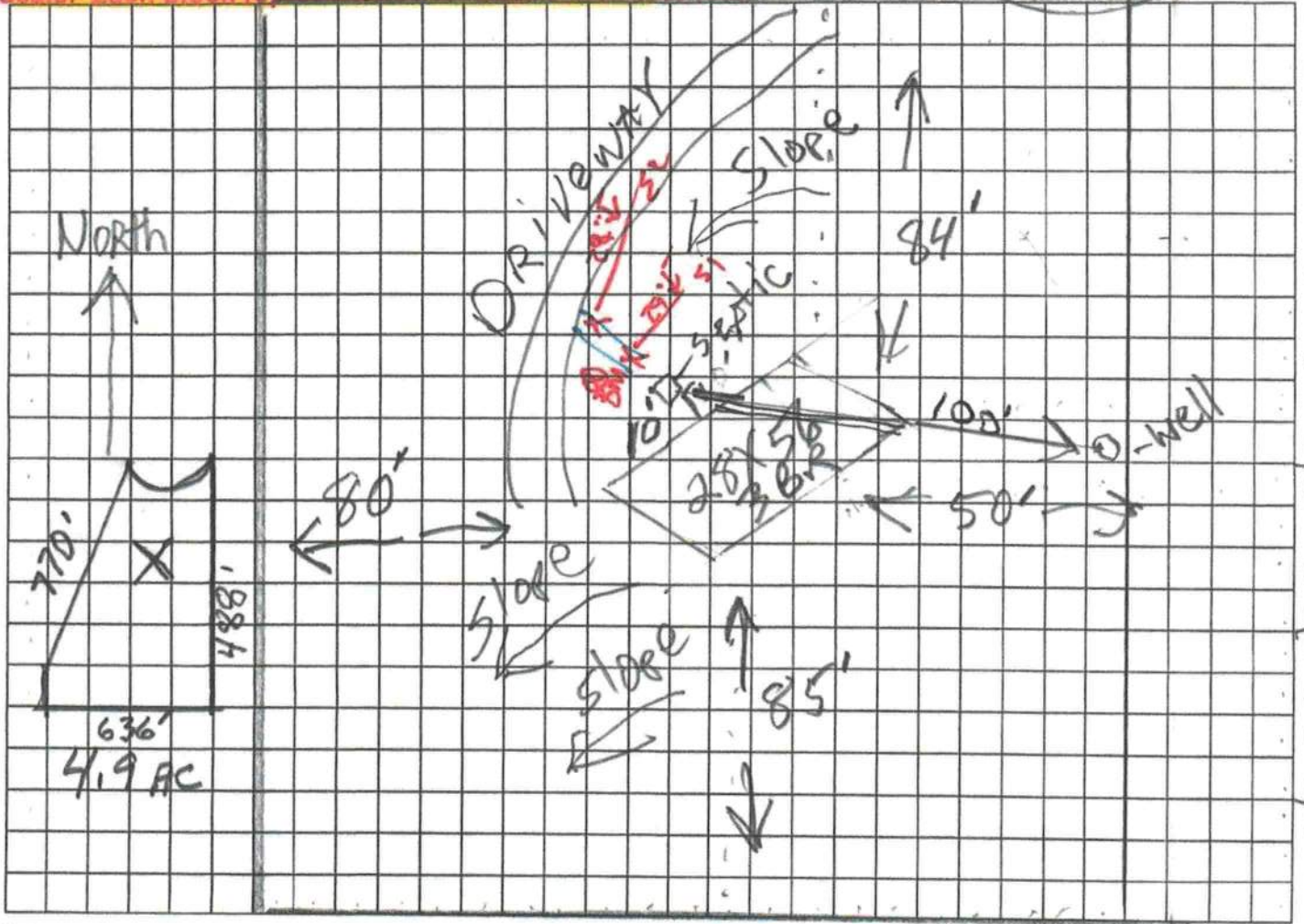
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----- PART II - SITEPLAN -----

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

Health Ct



Notes: 10' Utility Easements on property line

Site Plan submitted by: Joseph G Ferraiol Agent: Owner: Date: 2/18/2022  
 Plan Approved X Not Approved \_\_\_\_\_ Date 2/24/22  
 By \_\_\_\_\_ COLUMBIA County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**