



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

CR # 10-8923

PERMIT NO: 22-0486
DATE PAID: 5/24/22
FEE PAID: 310.00
RECEIPT #: 1837936

APPLICATION FOR:

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

APPLICANT: ROBERTA WADE

AGENT: PAUL LLOYD

TELEPHONE: (386) 697-7634

MAILING ADDRESS: 1118 SW SILOAM STREET

LAKE CITY FL 32024

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: 26 BLOCK: N/A SUBDIVISION: PINE WINDS EST. UNIT 1 PLATTED: _____

PROPERTY ID #: 11-5S-15-00431-126 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 2.010 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 1118 SW SILOAM STREET LAKE CITY

DIRECTIONS TO PROPERTY: TAKE US HIGHWAY 90 WEST. TURN LEFT ON STATE ROAD 247. TURN RIGHT ON SILOAM STREET. SITE THIRD ON LEFT BEFORE SOUTHWEST ALFALFA AVENUE.

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	3	1525	
2				
3				
4				

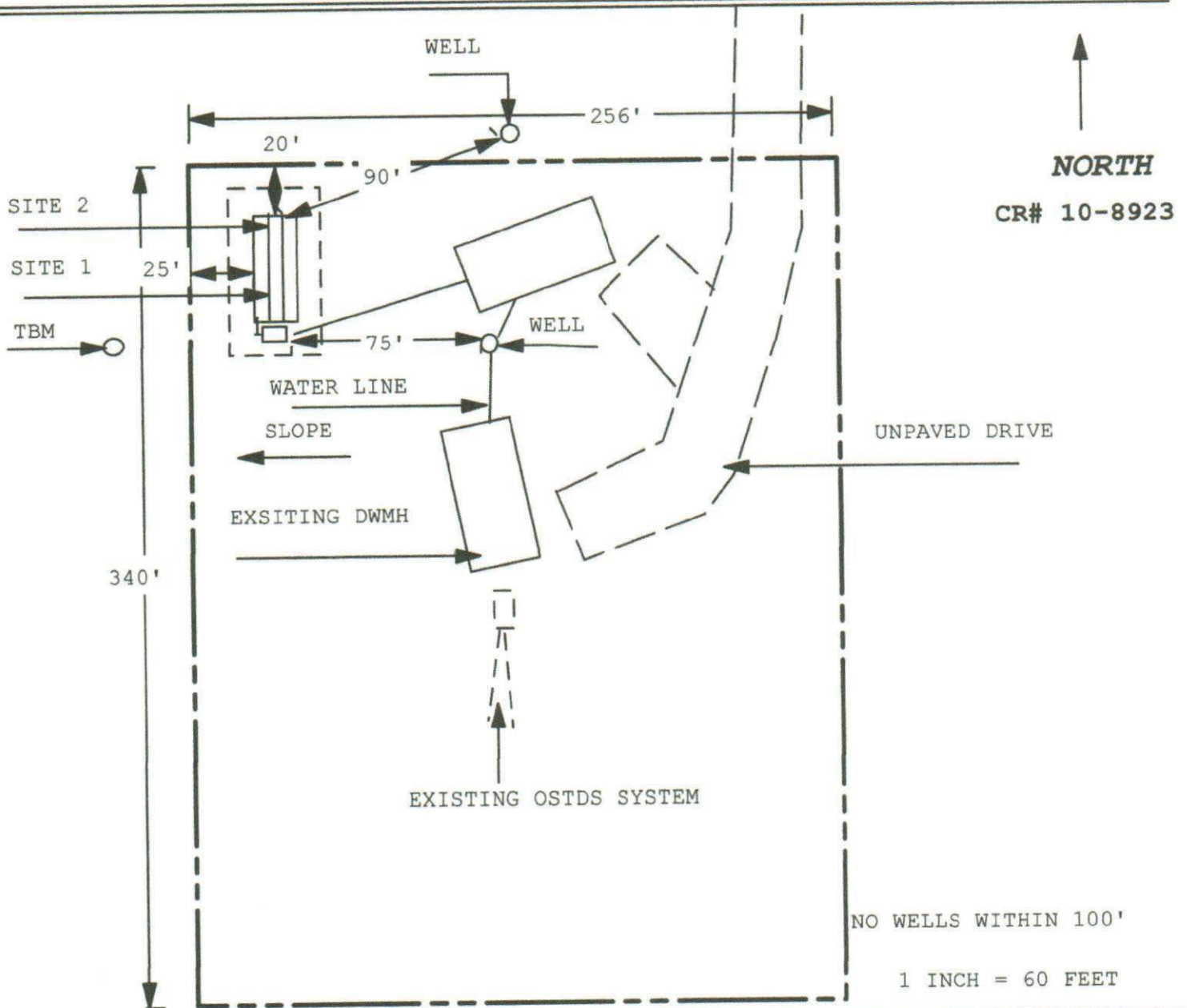
☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Paul Lloyd

DATE: 5/25/22

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 22-0486

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Pamela L. [Signature] Date 5/25/22
Plan Approved [Signature] Not Approved [Signature] Date 5/31/22

By [Signature] Columbia CHD CPHU

Notes: