



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

PERMIT NO. 21-0908
DATE PAID: 11/4/21
FEE PAID: 26,400
RECEIPT #: 1761888

APPLICATION FOR:

[] New System [☒] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Arthur McDade

AGENT: Dale Burd

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, 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: 7 BLOCK: NA SUBDIVISION: Rum Island Woods PLATTED: _____

PROPERTY ID #: 24-7S-16-04313-009 ZONING: _____ I/M OR EQUIVALENT: [No]

PROPERTY SIZE: 4.07 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [No] DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 443 SW Lightwood Place, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: 49 South, TL US 27, TR Shiloh St, TL Spirit Ave, TR Lightwood Place, to address on right

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	SF Residential / MH	<u>3 2</u>	1127	3 BR for <u>2</u> BR Like for Like
2				ORIGINAL ATTACHED
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: _____

DATE: 10/28/2021

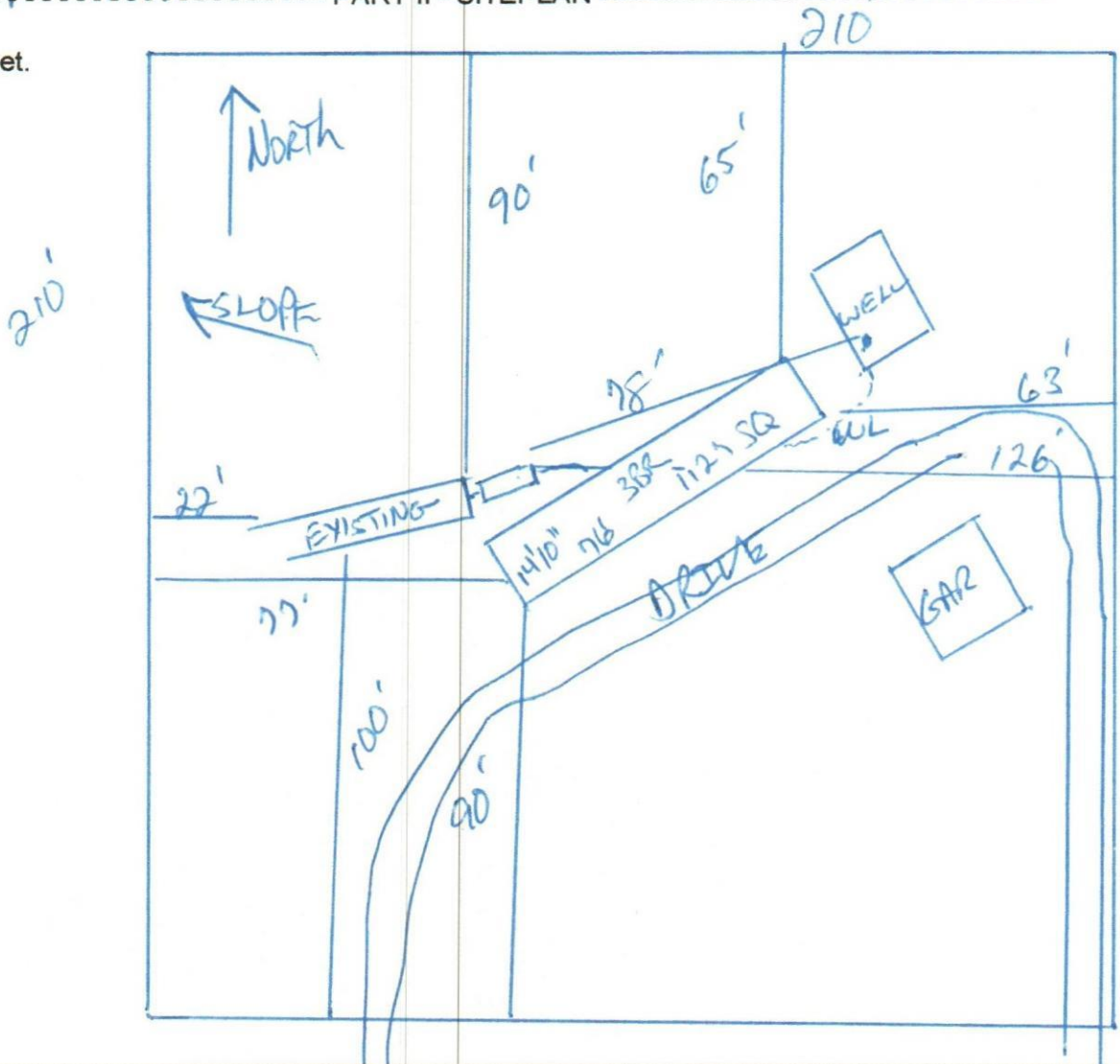
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Permit Application Number 21-0908

McNade

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

1 of 4.07 Acres See Attached

Site Plan submitted by: _____ CONTRACTOR

Plan Approved X Not Approved _____ Date 11/8/21

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT