



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

PERMIT NO. 20-0842  
DATE PAID: 10/29/20  
FEE PAID: 40.00  
RECEIPT #: 1586432

APPLICATION FOR:

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

APPLICANT: Edward G. Reynolds

AGENT: Owner Builder TELEPHONE: 386-758-7503

MAILING ADDRESS: 154 SW Cypresswood Glen  
Lake City FL 32025

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: 12 BLOCK: N/A SUBDIVISION: MAGNOLIA Place PLATTED: \_\_\_\_\_

PROPERTY ID #: 27-55-17-09415-112 ZONING: Res. I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 154 SW Cypresswood Glen, Lake City, FL 32025

DIRECTIONS TO PROPERTY: FROM US 41/441 Turn West onto CR 349; GO Appx. 1500';  
Turn South onto SW Cherrywood Way; AT THE STOP SIGN TURN RIGHT/WEST;  
GO Appx. 290'; Turn Left/SOUTH INTO THE DRIVEWAY OF 154 SW Cypresswood Glen

BUILDING INFORMATION

[X] RESIDENTIAL [ ] COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC

1 SFR 4 2257 N/A **ORIGINAL ATTACHED**

2 Garage/Storage 0 1260

3 \_\_\_\_\_

4 \_\_\_\_\_

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Edward G. Reynolds DATE: 10/19/2020

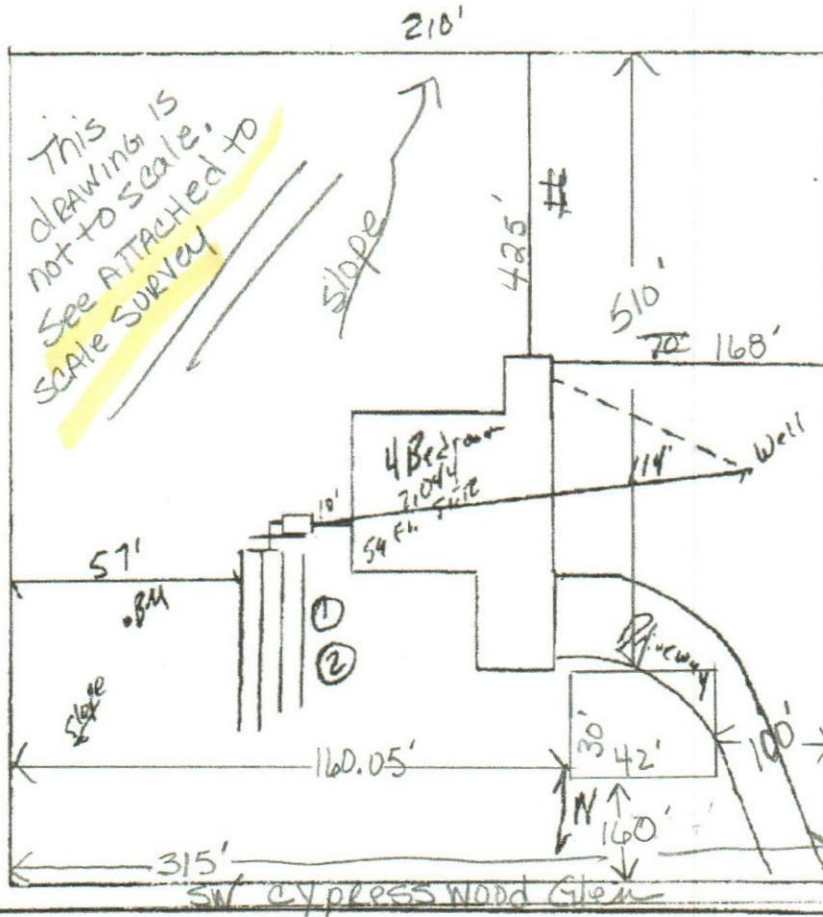
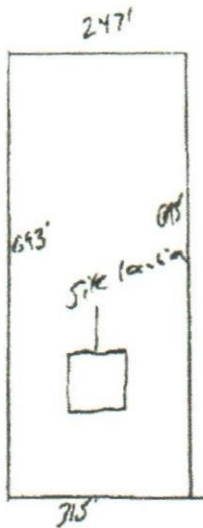


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-----PART II - SITEPLAN-----

Scale: 1 inch = 40 feet.



Notes:

Site Plan submitted by: Edward G Reynolds

Plan Approved X

Not Approved \_\_\_\_\_

By: [Signature]

Columbia CHD

Date 10/18/2020

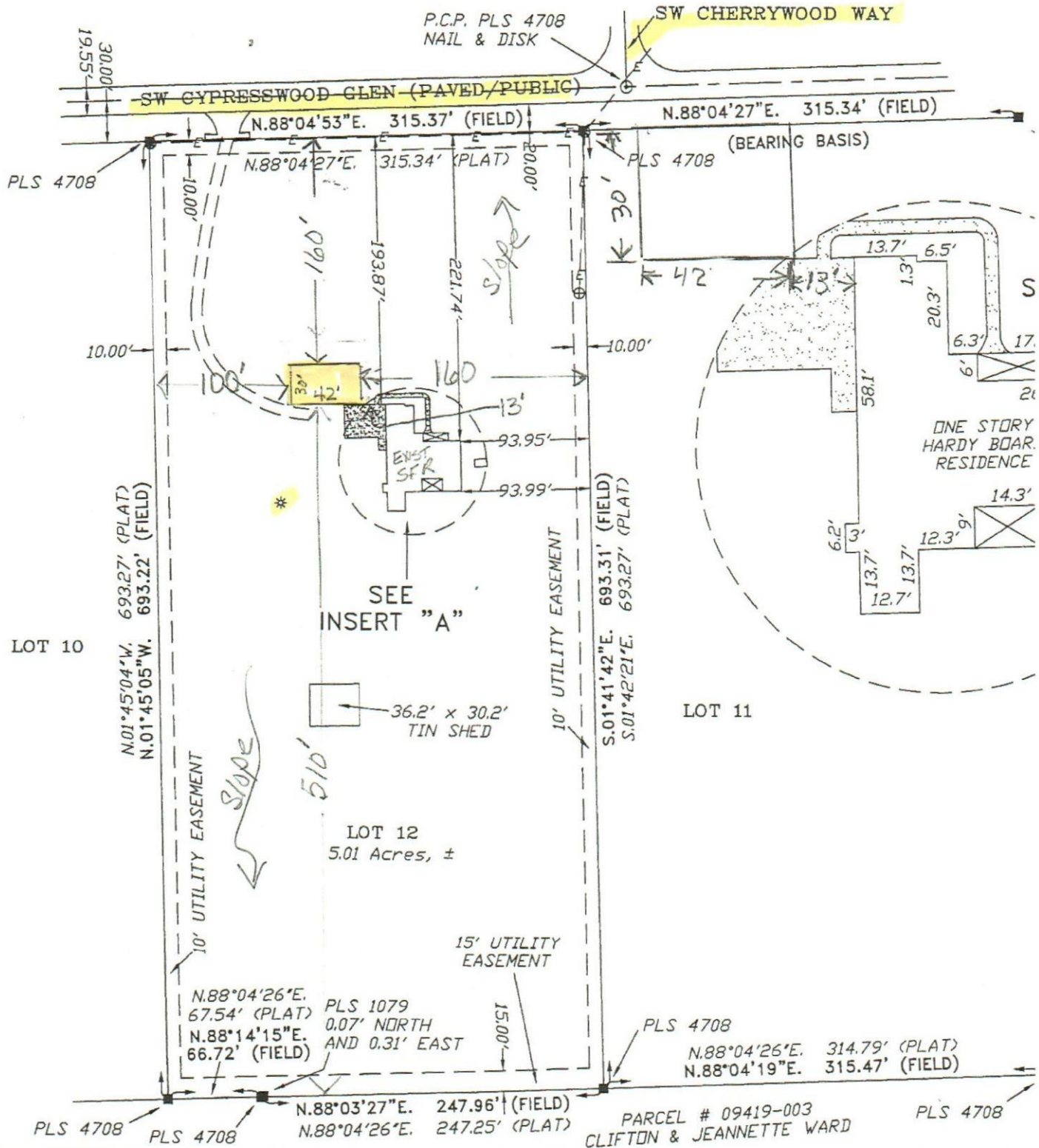
County Health Department

10/22/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT







CERTIFIED TO:  
Edward G & Nina C Reynolds  
ANTHONY R. & BRANDI N. FRANKS  
CAMPUS USA CREDIT UNION  
HAILE TITLE COMPANY  
FIDELITY NATIONAL TITLE INSURANCE COMPANY

FIELD BOOK: SEE PAGE(S): FILE

**SURVEYOR'S CERTIFICATION**

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE UNDER MY RESIDENTIAL ELECTRICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF ELECTRICAL EXAMINERS IN CHAPTER 5J-17, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO

05/02/19 05/02/19  
FIELD SURVEY DATE DRAWING DATE

NOTE: UNLESS IT BEARS THE SIGNATURE AND THE ORIGINAL RAISED S  
MAPPER THIS DRAWING, SKETCH, PLAT OR MAP IS FOR INFORMATIONAL

