

Columbia County New Building Permit Application

For Office Use Only Application # 43987 Date Received 11/6 By MG Permit # 39018
 Zoning Official WJLH Date 11-2-19 Flood Zone X Land Use Ag Zoning A-3
 FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner T.C. Date 11-19-19
 Comments 1' above the road
☒ NOC ☒ EH ☒ Deed or PA ☒ Site Plan ☐ State Road Info ☒ Well letter ☒ 911 Sheet ☒ Parent Parcel # 09931-002
☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter
☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid ☒ Sub VF Form

Septic Permit No. 19-0821 OR City Water ☐ Fax _____
 Applicant (Who will sign/pickup the permit) Andrew Thompson Phone 850-933-7601
 Address 16647 NW 194th Street; High Springs, FL 32643
 Owners Name Kyler & Kara Burk Phone 386-365-8939
 911 Address 644 Rock Way; Fort White, FL 32038
 Contractors Name Hartley Brothers, Inc. Matthew Phone 352-332-3912
 Address 1325 NW 53rd Avenue Suite D Gainesville, FL 32609

Contractor Email andrew@hartleybrothers.com ***Include to get updates on this job.
 Fee Simple Owner Name & Address Kyler & Kara Burk - 16647 NW 194th Street; High Springs, FL 32643
 Bonding Co. Name & Address N/A
 Architect/Engineer Name & Address Frank Sapienza - 1821 SW 101st Drive; Gainesville, FL 32607
 Mortgage Lenders Name & Address First Federal Bank - 4200 SW 34th St. A; Gainesville, FL 32

Circle the correct power company ☐ FL Power & Light ☒ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number 07-7S-17-09931-005 Estimated Construction Cost \$310,900.00

Subdivision Name n/a Lot _____ Block _____ Unit _____ Phase _____

Driving Directions from a Major Road From US Hwy 27; turn East on W. County Road 778;
Continue on W. County Road 778 for approx. 1 mile; Turn North on SW Rock Way;
Property will be located on left approx. 6 miles from W. County Road 778

Construction of Single Family Home _____ Commercial OR ☒ Residential

Proposed Use/Occupancy Single Family Residential Number of Existing Dwellings on Property _____

Is the Building Fire Sprinkled? NO If Yes, blueprints included n/a Or Explain n/a

Circle Proposed ☐ Culvert Permit or ☒ Culvert Waiver or ☐ D.O.T. Permit or ☐ Have an Existing Drive

Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____

Number of Stories 1 Heated Floor Area 2,521 sq. ft. Total Floor Area 3,633 sq. ft. Acreage 2.23

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) _____

Special Family Lot - Permit # 1915

Columbia County Building Permit Application

CODE: Florida Building Code 2017 and the 2014 National Electrical Code.

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless pursued in good faith or a permit has been issued.

TIME LIMITATIONS OF PERMITS: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment: According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO CONTRACTOR AND AGENT: **YOU ARE HEREBY NOTIFIED** as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

Kyler & Kara Burk

Print Owners Name

Owners Signature

****Property owners must sign here before any permit will be issued.**

****If this is an Owner Bulder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

Matthew L Hartley
Contractor's Signature

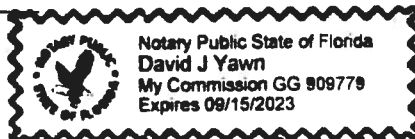
Contractor's License Number CGC 15201013
Columbia County
Competency Card Number 1942

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 5TH day of NOVEMBER 2020.

Personally known ☒ or Produced Identification

SEAL:

State of Florida Notary Signature (For the Contractor)



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 43987 JOB NAME Burk Residence

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>Ryan Beville</u> Signature <u><i>Ryan Beville</i></u> Company Name: <u>RBI Electrical Contracting</u> License #: <u>EC 13004236</u> Phone #: <u>352-339-0368</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>Robert Bounds</u> Signature <u><i>Robert Bounds</i></u> Company Name: <u>Bounds Heating & Air</u> License #: <u>CACO 57642</u> Phone #: <u>352-472-2761</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>Kevin Paul Coleman</u> Signature <u><i>Kevin Paul Coleman</i></u> Company Name: <u>Coleman Plumbing</u> License #: <u>CFC 1425624</u> Phone #: <u>352-472-4114</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Matthew Louis Hartley</u> Signature <u><i>Matthew Hartley</i></u> Company Name: <u>Hartley Brothers, Inc.</u> License #: <u>CGC 1520103</u> Phone #: <u>352-332-3912</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

PREPARED BY & RETURN TO:

TRISH LANG, an employee of
Integrity Title Services, LLC
757 W. DUVAL STREET
LAKE CITY, FL 32055
File No. 19-08032TL

Issd: 201912021475 Date: 09/13/2019 Time: 4:04PM
Page 1 of 3 B: 1394 P: 1610 P. DeWitt Cason, Clerk of Court
Columbia County, By: BD
Deputy Clerk

Permit No. _____

Tax Folio No. R09931-002

NOTICE OF COMMENCEMENT

State of Florida
County of Columbia

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement

1. Description of property: (legal description of the property, and street address if available)

TBD SW ROCK WAY, FORT WHITE, FL 32038

COMMENCE AT THE SW CORNER OF THE EAST 1/2 OF NW 1/4 OF SECTION 7, TOWNSHIP 7 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA; THENCE RUN S 88°02'04" W, 308.62 FEET; THENCE N 01°50'14" W, 250.00 FEET; THENCE N 88°04'20" E, 391.74 FEET; THENCE S 00°06'07" E, 250.00 FEET; THENCE S 88°07'46" W, 75.30 FEET.

2. General description of improvement: Construction of single family dwelling

3. Owner information:

- a. Name and address: **KYLER J. BURK and KARA BURK
16647 NW 194TH STREET, HIGH SPRINGS, FL 32643**
b. Interest in property: **Fee Simple**
c. Name and address of fee simple titleholder (if other than Owner):

4. Contractor:

- a. Name and address: **HARTLEY BROTHERS, INC.
1325 NW 53RD AVENUE, SUITE D, GAINESVILLE, FL 32609**
b. Phone number: **352-332-3912**

5. Surety:

- a. Name and address:
b. Phone number:
c. Amount of bond: **\$**

6. Lender:

- a. Name and address: **FIRST FEDERAL BANK
PO BOX 2029, LAKE CITY, FL 32056**
b. Phone number: **386-755-0600**

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:

- a. Name and address: **N/A**
b. Phone number: **N/A**

8. In addition to himself or herself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:

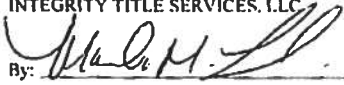
- a. Name and address: **FIRST FEDERAL BANK
PO BOX 2029, LAKE CITY, FL 32056**
b. Phone number: **386-755-0600**

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): **September 13, 2020**

Notice is hereby given pursuant to Section 713.135 Florida Statutes that a Notice of Commencement has been filed for recording for the property whose legal description is:

COMMENCE AT THE SW CORNER OF THE EAST 1/2 OF NW 1/4 OF SECTION 7, TOWNSHIP 7 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA; THENCE RUN S 88°02'04" W, 308.62 FEET; THENCE N 01°50'14" W, 250.00 FEET; THENCE N 88°04'20" E, 391.74 FEET; THENCE S 00°06'07" E, 250.00 FEET; THENCE S 88°07'46" W, 75.30 FEET.

INTEGRITY TITLE SERVICES, LLC

By: 

Dated this 13th day of September, 2019, by Marla M. Landin of Integrity Title Services, LLC, who is personally known to me or who has produced _____ as identification.



Notary Public

PATRICIA LANG

Printed Name:

My Commission Expires: 2-5-23



District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: **9/4/2019 3:45:16 PM**

Address: **644 SW ROCK Way**

City: **FORT WHITE**

State: **FL**

Zip Code **32038**

Parcel ID **09931-005**

REMARKS: Address for proposed structure on parcel.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

**263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com**

Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 10/30/2019

Parcel: << 07-7S-17-09931-005 >>

Owner & Property Info

Owner	BURK KYLER J & KARA 16647 NW 194TH ST HIGH SPRINGS, FL 32643		
Site	644 ROCK WAY, FORT WHITE		
Description*	BEG SW COR OF E1/2 OF NW1/4, W 308.62 FT, N 250 FT, E 391.74 FT, S 250 FT, W 75.30 FT TO POB. 1044-2397, WD 1185-1293, WD 1342-917, WD 1386-539, WD 1390 -2260		
Area	2.23 AC	S/T/R	07-7S-17
Use Code**	VACANT (000000)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

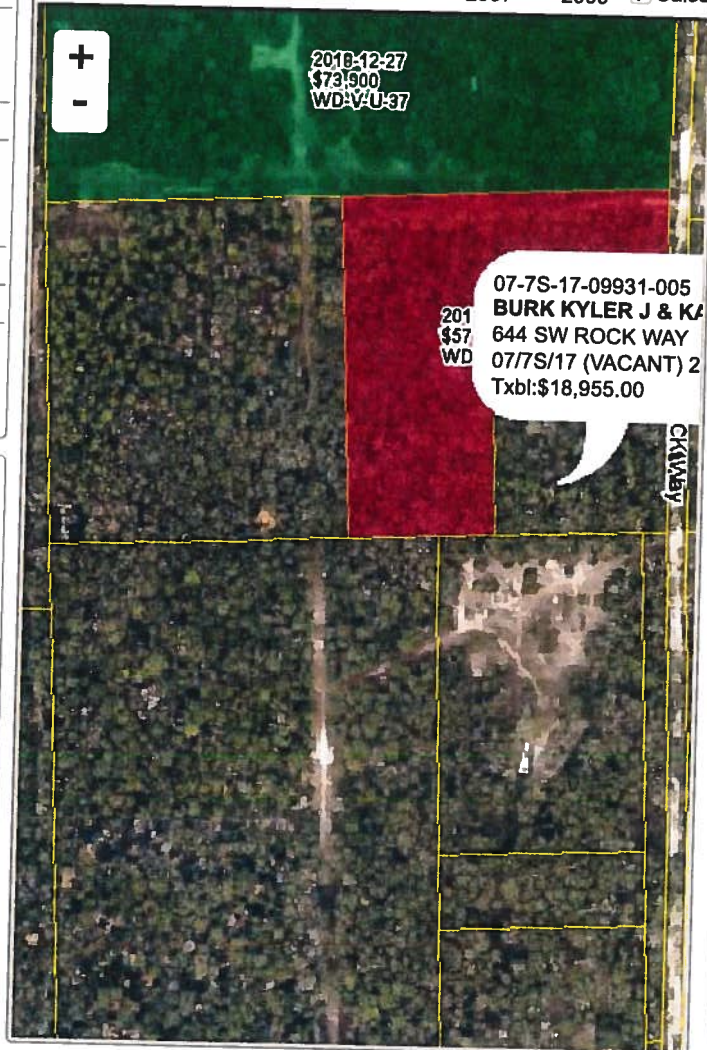
2019 Certified Values

There are no 2019 Certified Values for this parcel

2020 Working Values

Mkt Land (1)	\$18,955
Ag Land (0)	\$0
Building (0)	\$0
XFOB (0)	\$0
Just	\$18,955
Class	\$0
Appraised	\$18,955
SOH Cap [?]	\$0
Assessed	\$18,955
Exempt	\$0
Total Taxable	county:\$18,955 city:\$18,955 other:\$18,955 school:\$18,955

Aerial Viewer Pictometry Google Maps

☒ 2019 ☐ 2016 ☐ 2013 ☐ 2010 ☐ 2007 ☐ 2005 ☒ Sales


▼ Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
8/7/2019	\$100	1390/2260	WD	V	U	11

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

▼ Land Breakdown

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000000	VAC RES (MKT)	2.230 AC	1.00/1.00 1.00/1.00	\$8,500	\$18,955





**14405 Peggy Road
Alachua, FL 32615
(386) 462-2845**

November 25, 2019

Columbia County Health Department
217 NE Franklin St.
Lake City, FL 32055

Re: Burk Well

Attached find copy of well permit application supplying all pertinent information pertaining to this project. Any further information needed, please advise.

Stanley H. Griffis
License # 1105
President
Griffis Drilling Specialist, Inc.



STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

PLEASE, FILL OUT ALL APPLICABLE FIELDS
(*Denotes Required Fields Where Applicable)
The water well contractor is responsible for completing this form and forwarding the permit application to the appropriate delegated authority where applicable.

Permit No:	3-023-236881-1
Florida Unique ID	
Permit Stipulations Required (See Attached)	
62-524 Quad No.	16229B
Delineation No.	
CUP/WUP Application No.	
ABOVE THIS LINE FOR OFFICIAL USE ONLY	

1. Owner, Legal Name if Corporation	BURK BURK	649 SW ROCK WAY	FT WHITE	FL	32038	3622686009
*Address						*Telephone Number
2. *Well Location - Address, Road Name or Number, City	FT WHITE, FL 32038					
3. *Parcel ID No. (PIN) or Alternate Key (Circle One)	07-73-17-09931-002					
4. *Section or Land Grant	7S	17E	Columbia	Subdivision	Check if 62-524: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
5. *Water Well Contractor	Stanley Griffis	1105	3864622846	griffisdrill@windstream.net		
6. PO Box 40	*Water Well Contractor's Address		Alachua	FL	32616-0040	
7. *Type of Work	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Repair	<input type="checkbox"/> Modification	<input type="checkbox"/> Abandonment		
8. *Number of Proposed Wells	1					
9. *Specify Intended Use(s) of Well(s).	<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Landscape Irrigation <input type="checkbox"/> Agricultural Irrigation <input type="checkbox"/> Site Investigation <input type="checkbox"/> Bottled Water Supply <input type="checkbox"/> Recreation Area Irrigation <input type="checkbox"/> Livestock <input type="checkbox"/> Monitoring <input type="checkbox"/> Public Water Supply (Limited Use/DOH) <input type="checkbox"/> Nursery Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP) <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Earth-Coupled Geothermal <input type="checkbox"/> Class I Injection <input type="checkbox"/> Golf Course Irrigation <input type="checkbox"/> HVAC Supply <input type="checkbox"/> Ocean V Injection <input type="checkbox"/> Recharge <input type="checkbox"/> Commercial/Industrial Disposal <input type="checkbox"/> Aquifer Storage and Recovery <input type="checkbox"/> HVAC Return <input type="checkbox"/> Remediation <input type="checkbox"/> Recovery <input type="checkbox"/> Air Sparge <input type="checkbox"/> Other (Describe) _____ (Note: Not all types of wells are permitted by a given permitting authority)					
10. *Distance from Septic System if ≤ 700 ft.	160	11. Facility Description	Vacant Residential			
12. Estimated Well Depth	100 ft.	*Estimated Casing Depth	80 ft.	*Primary Casing Diameter	4 in.	12. Estimated Start Date
13. Estimated Screen Interval: From _____ To _____ ft.		14. Open Hole: From _____ To _____ ft.	80 To 100 ft.			
15. *Primary Casing Material	<input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel					
16. Secondary Casing	<input type="checkbox"/> Telescope Casing <input type="checkbox"/> Liner <input type="checkbox"/> Surface Casing	Diameter _____ in.				
17. Secondary Casing Material	<input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other _____					
18. *Method of Construction, Repair, or Abandonment	<input type="checkbox"/> Auger <input type="checkbox"/> Cable Tool <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Rotary <input type="checkbox"/> Sonic <input type="checkbox"/> Combination (Two or More Methods) <input type="checkbox"/> Hand Driven (Well Point, Sand Point) <input type="checkbox"/> Hydraulic Point (Direct Push) <input type="checkbox"/> Horizontal Drilling <input type="checkbox"/> Plugged by Approved Method <input type="checkbox"/> Other (Describe) _____					
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing	From _____ To _____ Seal Material (<input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Other _____) From _____ To _____ Seal Material (<input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other _____) From _____ To _____ Seal Material (<input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other _____) From _____ To _____ Seal Material (<input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other _____)					
20. Indicate total number of existing wells on site	List number of existing unused wells on site _____					
21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive Water Use Permit (CUP/WUP) or CUP/WUP Application?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, complete the following: CUP/WUP No. _____ District Well ID No. 137497					
22. Latitude	295342.234	Longitude	823920.26			
23. Data Obtained From	GPS	<input checked="" type="checkbox"/> Map	Survey	Datum: _____ NAD 27 <input checked="" type="checkbox"/> NAD 83 _____ WGS 84		
I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or principal recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that information provided in this application is accurate and that I will obtain necessary approvals from federal, state, and local governments, if applicable. I agree to provide a well completion report to the permittee within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.				I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 37A, Florida Statutes, to maintain or properly abandon this well or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to allowing personnel of this Well or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.		
Stanley Griffis		1105	Stanley Griffis		11/25/2019	
*Signature of Contractor		*License No.	*Signature of Owner or Agent		*Date	
Approval Granted By <u>Stanley Griffis</u> <u>Weeks</u> Issue Date 11/25/2019 Expiration Date 02/23/2020 Hydrologist Approval _____						
Fee Received \$ 40 Receipt No. 137819 Check No. OnLine-09483C-283729 THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, MODIFICATION, OR ABANDONMENT ACTIVITIES.						

Permit Application Number 19-18821

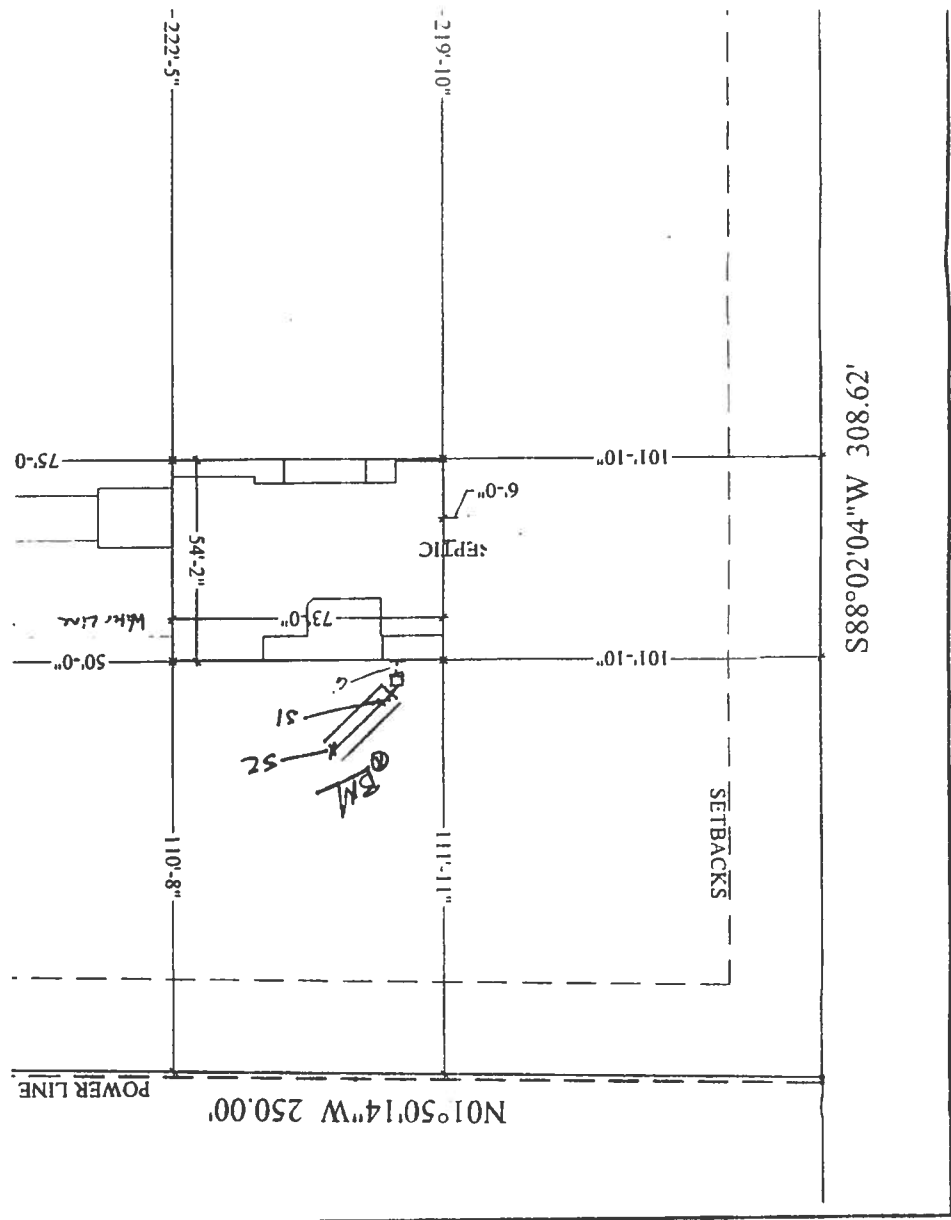
This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are approximately 20 columns and 20 rows of squares across the entire page. The background is white, and the lines are evenly spaced and extend to the edges of the paper.

Notes: See Attached Site Plan.

Site Plan submitted by: A. Thompson c/o Hartley Bros., Inc. [Signature]
Plan Approved X Not Approved _____ Date 10/6/19
By [Signature] [Signature] County Health Department

Page 2 of 4

19-821





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

PERMIT NO. 19-0821
DATE PAID: 11/11/19
FEE PAID: 425.00
RECEIPT #: 1953023

APPLICATION FOR:

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

APPLICANT: Kyler & Kara Burk

AGENT: Hartley Brothers, Inc. TELEPHONE: 352-332-3912

MAILING ADDRESS: 1325 NW 53rd Avenue Suite D Gainesville, FL 32609

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (n) 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: _____ BLOCK: _____ SUBDIVISION: N/A PLATTED: _____

PROPERTY ID #: 07-7S-17-09931-005 ZONING: A I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 2.23 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 644 SW Rock Way; Fort White, FL 32038

DIRECTIONS TO PROPERTY: From US Hwy 27, turn East on W. County Road 778;

Continue on W. County Road 778 for approx. 1 mile before turning North
onto SW Rock Way; Proceed North on SW Rock Way for .6 miles; property on left

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	Single Family Home	4	3,633 Sq.Ft.	Total (2,521 H&C)
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) N/A

SIGNATURE: [Signature] DATE: 11/16/19