



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

PERMIT NO. 21-0897  
DATE PAID: 2/2/21  
FEE PAID: 310.00  
RECEIPT #: 1617423

APPLICATION FOR:

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

APPLICANT: Steve & Kerryanne Arrington

AGENT: Ronnie Moore

TELEPHONE: 352-246-3997

MAILING ADDRESS: PO Box 158 FT white FL 32038

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: 5 BLOCK: \_\_\_\_\_ SUBDIVISION: Bluebird Landing PLATTED: 2002

PROPERTY ID #: 31-7S-17-10070-105 ZONING: AG I/M OR EQUIVALENT: ☐ Y / ☒ (N)

PROPERTY SIZE: 10.24 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 100 Blue Bird CT Ft White FL 32038

DIRECTIONS TO PROPERTY: 47 south to FT White turn left on 27 to Mapleton ST turn right to Woodland Ave turn left to Moonset Gln turn right to Blue Bird CT turn right to end 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	single family	3	2239	
2				
3				
4				

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

SIGNATURE: Ronnie Moore

DATE: 01/25/21

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0597

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

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

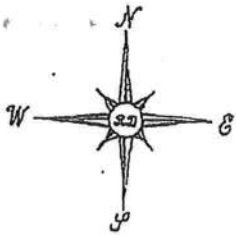
See Attached																																							
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Notes: \_\_\_\_\_

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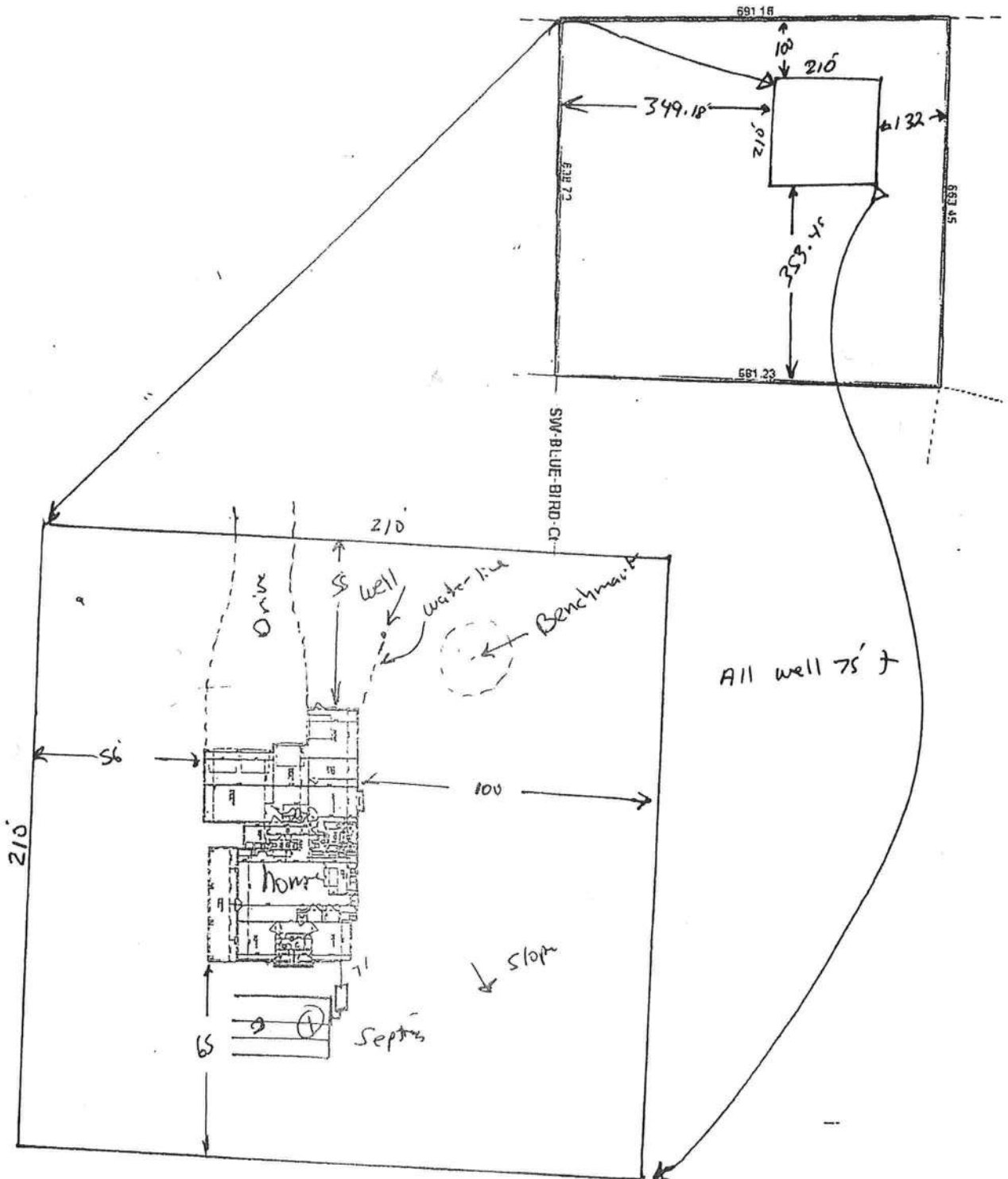
Site Plan submitted by: Don Moon M.S.T.C.  
Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date 2/3/2024  
By Kim By Columbia County Health Department

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



Scale 1 inch = 50 feet

Permit # 21-0097  
Property ID# 31-75-17-10070-105



Site Plan submitted by Ron Moore M.S.T.C.  
Plan Approved Kyle By Not Approved Columbia Date 2/3/2021  
By Kyle By County Health Department