



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

PERMIT NO. 30-0420
DATE PAID: 4/1/20
FEE PAID: 205.00
RECEIPT #: 1507453

APPLICATION FOR:

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

APPLICANT: Kathryn Gonyer

AGENT: Dale Burd / Dale Burd LLC

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: 9 BLOCK: NA SUBDIVISION: Cross Roads Unrec PLATTED: NA

PROPERTY ID #: 12-6S-16-03816-109 ZONING: na I/M OR EQUIVALENT: ☐ No ☐

PROPERTY SIZE: 10.62 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ DISTANCE TO SEWER: na FT

PROPERTY ADDRESS: 309SW Explorer Glen, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: SR 47 South, TL SW Herlong St, TR SW Old Wire Road, TL Explorer Glen, 2/10ths mile 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 | SF Residential <u>MH</u> | 3 | 1173 | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

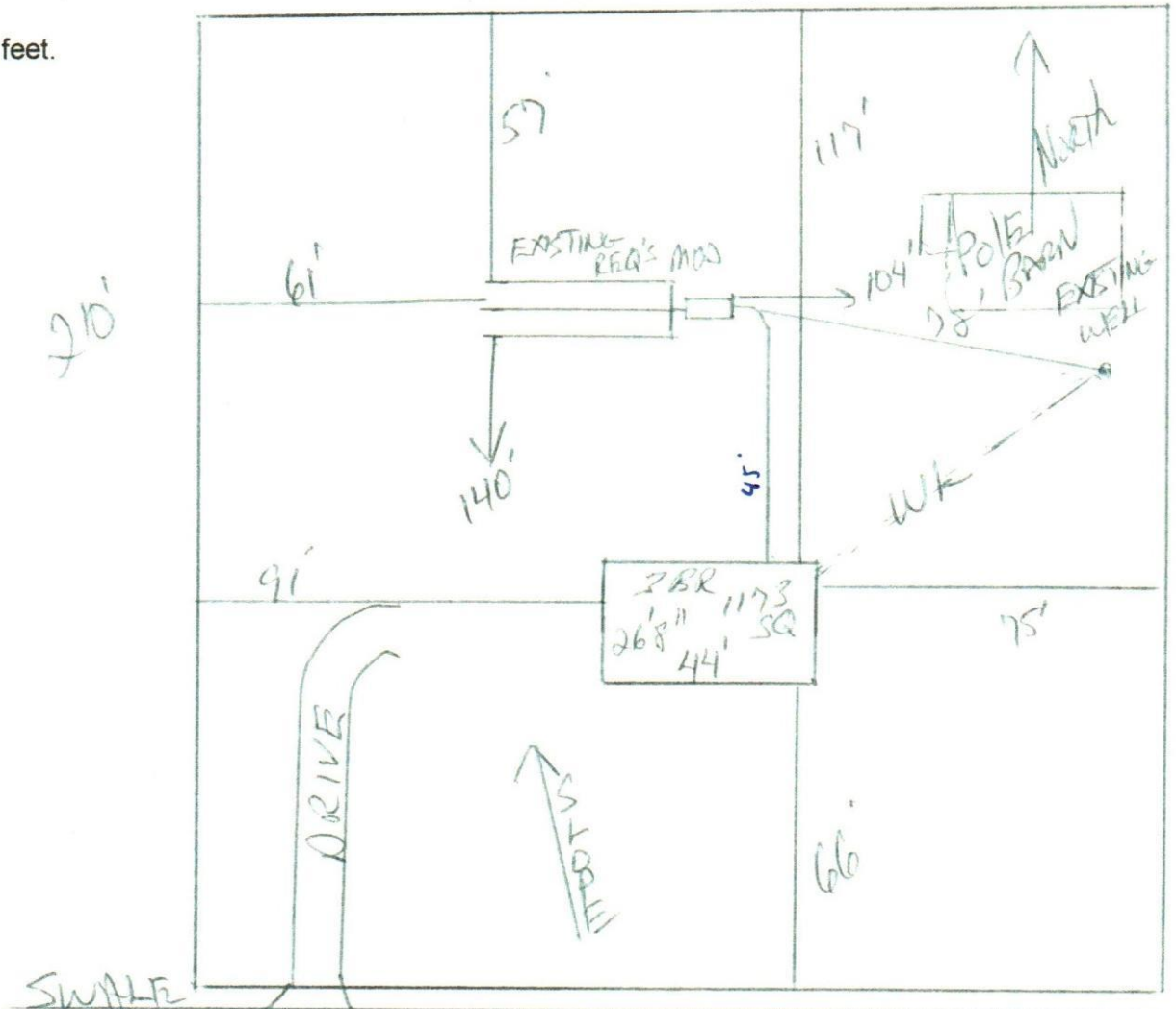
DATE: 5/30/2020

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

Permit Application Number 20-0420

GONVER ----- PART II - SITEPLAN ----- 210'

Scale: 1 inch = 40 feet.



Notes: EXPLORER GLEN
1 ACRE OF 10.62 ACRES

Site Plan submitted by: [Signature]

Plan Approved ☒ Not Approved ☐

By Kell Rapp

Columbia

CONTRACTOR

Date 6/3/2020

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

