



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

PERMIT NO. 20-8449
DATE PAID: 6/9/20
FEE PAID: 310.00
RECEIPT #: 1509023

APPLICATION FOR:

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

APPLICANT: WILLIAM DAVID Davis

AGENT: North Florida Septic Tank Inc; TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE State Road 100 Lake City, Fla 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: NA BLOCK: NA SUBDIVISION: NA PLATTED: _____

PROPERTY ID #: 31-1N-17-04457-000 ZONING: _____ I/M OR EQUIVALENT: ☐ Y/N ☐

PROPERTY SIZE: 15 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ Distance TO SEWER: NA FT

PROPERTY ADDRESS: 17981 N US HIGHWAY 441 WHITE SPRINGS, FLA 32096

DIRECTIONS TO PROPERTY: 441 N TO FRANK JAMES RD, TR FOLLOW AROUND TO SITE 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	MOBILE HOME	4	1525	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: W. Davis DATE: 6/6/2020

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

Permit Application Number 20-0449

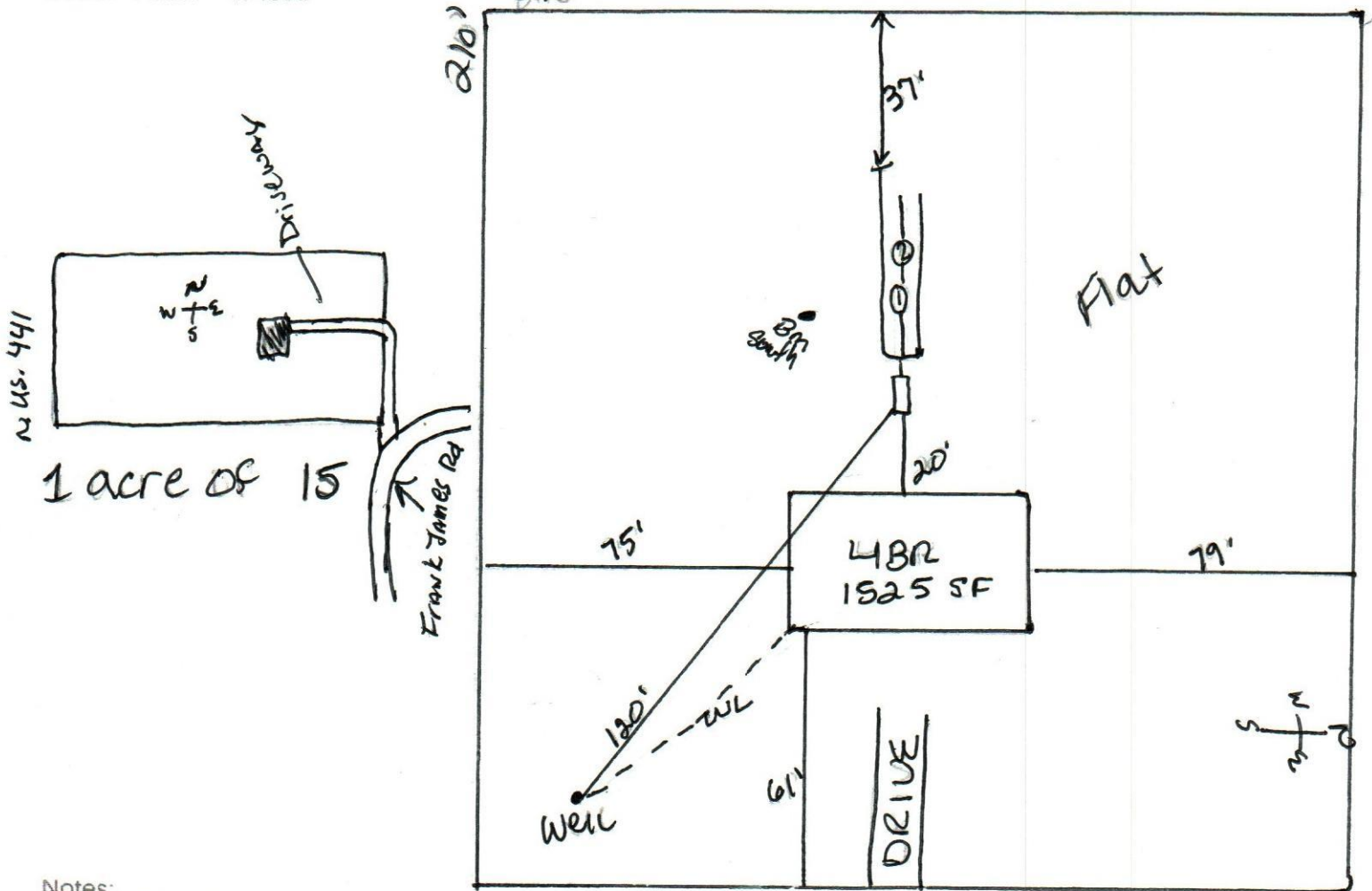
William Davis

PART II - SITEPLAN

N. US. Hwy 441

Parcel ID: 31-1N-17-04457-000

Scale: 1 inch = 40 feet.



Notes: Frank James Rd
1 acre of 15 Acres

Site Plan submitted by: W. Davis Date: 6/6/2020

Plan Approved ☒ Not Approved ☐

By Kell Rapp Columbia

MASTER CONTRACTOR

Date 6/10/2020

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

