	dest H	ealth 11	1/1/20	X20-	112 7	X
DEPARTI	ENT OF HEALTH SEWAGE TREATME SE SYSTEM AND S	YSTEM REPAIR	SAL SYSTEM EVALUATION	PERMIT	ano	4150
CONTRACTOR / AGENT:PL LOT: MA BLOCK	ionis Pur · ALA	ping & Por	A		ID#:	
TO BE COMPLETED BY FLO OTHER CERTIFIED PERSON COMPLETE TANK CERTIFIC	SIGN AND SE	AL ALL SUBMI	FTED DOCUMENT	S. COMPLETE A	LL APPLICABLE	or or items.
COO GALLONS SEPTION GALLONS SEPTION GALLONS GREAT GALLONS DOST	C TANK/GPD ATU C TANK/GPD ATU SE INTERCEPTOR	legend:	MA:	TERIAL: TERIAL: TERIAL:	L BAFFLED: BAFFLED: # POMPS:	[X / XI]
I CERTIFY THAT THE LIST THE VOLUMES SPECIFIED DEFECTS OR LEAKS, AND STGNATURE OF LIGHNED	BAYE A [SOLID	BY [DIMENSIO	ms / filling device / MONGSPOY+	/ LEGEND], A	RE FREE OF OBS	HAVE ERVABLE 2018
	STANDARD [] TRENCH [] HEADER [] DRAINFIELD IN	SYSTEM DED [] BED [] D-BOX [] RELATION TO	O. OF TRENCHI MOUND [] GRAVITY SYS	ES [] DIME	nsions:	X
[] SYSTEM INS [] GPD ESTINA SITE [] DRAIN CONDITIONS: [] SLOPI	ited sewage flow Mage structures	BASED ON	[] METERI	ED WATER []	TABLE 1, 64E-	ERCIAL 6, FAC
NATURE OF [] HYDRAU FAILURE: [] DRAINA	ILIC OVERLOAD AGE / RUN OFF	[] SOILS [] ROOTS	[] WATER	TABLE []	SYSTEM DAMAGE	
FAILURE [] SEWAGE SYMPTOM: [] PLUMBI REMARKS/ADDITIONAL CRI	TERTALLENGTH	8' 6'12"	wiolth			1'5"
SUBMITTED BY: DH 4015, 08/09 (Obsole Incorporated 64E-6.001	tes previdus es	TITE	e/license ()	WYCY.	DATE:	4 of 4

James M Swisher Jr

Clerk of the Circuit Court Columbia County

PO Drawer 2069 Lake City, FL 32056-2069

Official Records Receipt Recording

Username:

bromine

Changed By:

bromine

eceipt#:

211473

Payee Name: WW5 LLC

eceipt Date:

10/01/2020

Instrument(s):

202012015853-BK1420/PG1542-NOTICE OF COMMENCEMENT

etails

\$2.00 \$2.00 \$2.00 \$2.00 \$2.00 \$3.00

leceipt Total:

\$11.00

mount Tendered:

\$11.00

)verage:

\$0.00

Check

\$11.00

1043

Imount Paid:

\$11.00

