CR # 10-8146

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

PERMIT NO. 21-0338
DATE PAID: 4/8/2021
FEE PAID: 310.00
RECEIPT #: 12-P10-4940938

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: WILLIAM & ROBIN C WENTWORTH 21-0338

AGENT: ERKINGER HOME BUILDERS TELEPHONE: (386) 754-5555

MAILING ADDRESS: 248 SE NASSAU ST LAKE CITY FL 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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 07-6S-17-03816-320 ZONING: AG I/M OR EQUIVALENT: [NO]

PROPERTY SIZE: 10.020 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [NO] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 912 SASSAFRASS ST, FT WHITE

DIRECTIONS TO PROPERTY: TAKE 441 SOUTH, TURN RIGHT ON TUSTENUGGEE ST, GO PAST CR 240, TURN RIGHT ON SASSAFRAS ST, SITE ON LEFT.

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	HOUSE	3	1,331	
2	30x40 Metal Bldg	—	1,200	
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

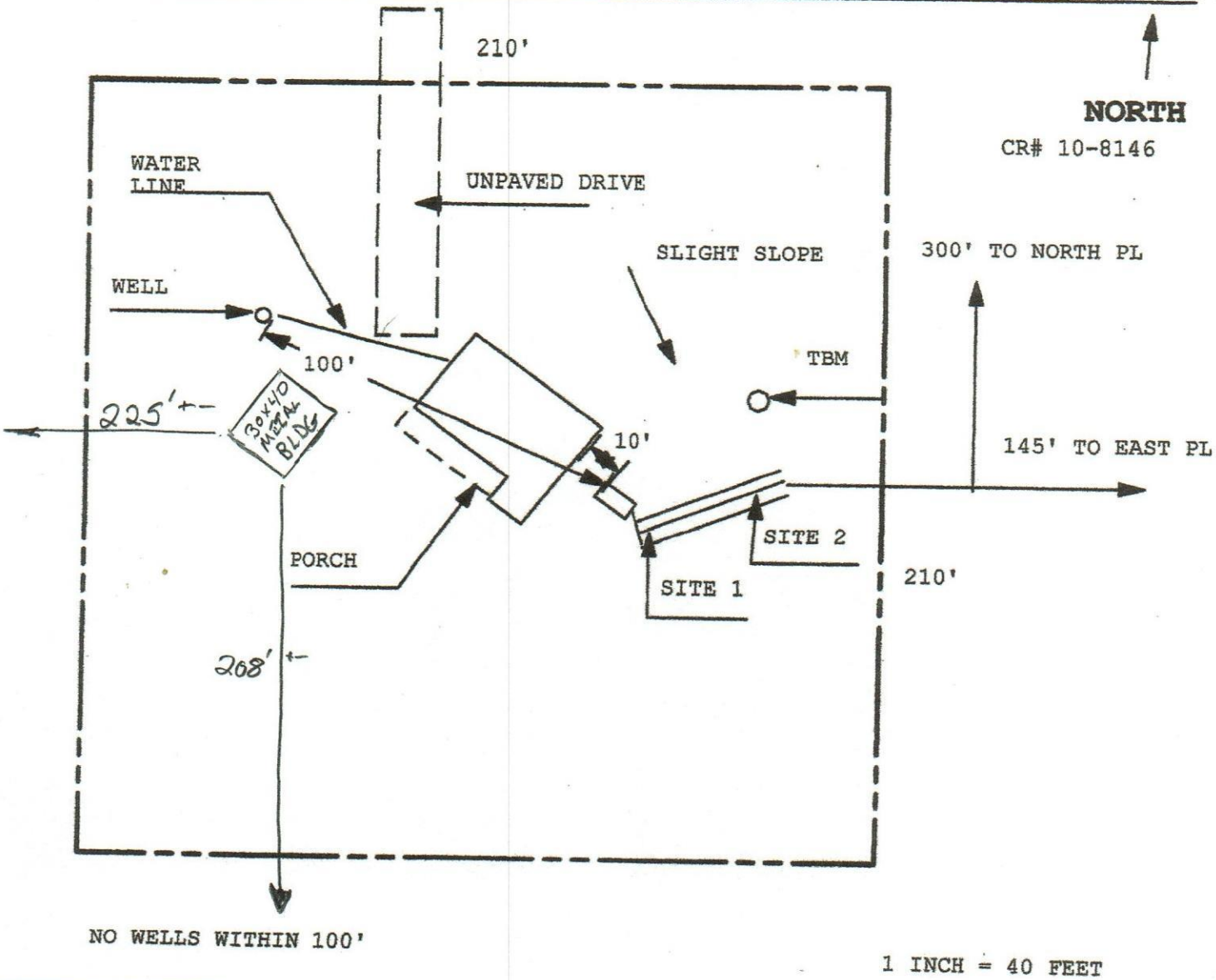
SIGNATURE: [signature], Pres. DATE: 4/8/21

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 21-1338

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Carol Lloyd **Date** 4/3/21

Plan Approved ✓ **Not Approved** ____ **Date** 4/8/2021

By Kelly S Columbia **CPHU**

Notes: ____