

APR #1201-32
CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

697-5037 / 697-5037
Wilbert / Eddy
352. 494.00

DATE RECEIVED 7/1 **BY** TL **IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?** No

OWNERS NAME ALIDA GASKINS **PHONE** 55-0439 **CELL** _____

ADDRESS _____

MOBILE HOME PARK _____ **SUBDIVISION** _____

*** DRIVING DIRECTIONS TO MOBILE HOME** 4th to 1100E, TL to 1/2 to Property on 110E
to Brandon in 2nd stop, TL and it's the 1st place on L.

MOBILE HOME INSTALLER Glen Williams **PHONE** _____ **CELL** 673-1912

MOBILE HOME INFORMATION

MAKE Haus of Meir **YEAR** 1991 **SIZE** 28 x 69 **COLOR** TEAL

SERIAL No. 216656-ALB

WIND ZONE II **Must be wind zone II or higher N** **WIND ZONE I ALLOWED**

INSPECTION STANDARDS

INTERIOR:

(P or F) - P=PASS F=FAILED

\$50.00

- ☒ **SMOKE DETECTOR** () OPERATIONAL () MISSING
- ☒ **FLOORS** () SOLID ☒ WEAK () HOLES DAMAGED LOCATION
- ☒ **DOORS** () OPERABLE () DAMAGED
- ☒ **WALLS** () SOLID () STRUCTURALLY UNSOUND
- ☒ **WINDOWS** () OPERABLE () INOPERABLE
- ☒ **PLUMBING FIXTURES** () OPERABLE () INOPERABLE () MISSING
- ☒ **CEILING** () SOLID ☒ HOLES ☒ LEAKS APPARENT
- ☒ **ELECTRICAL (FIXTURES/OUTLETS)** () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

Date of Payment: 7.19.10

Paid By: ALIDA GASKINS

Notes: NO APPL. REPAIR
1201-32

EXTERIOR:

- ☒ **WALLS / SIDING** Missing () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
- ☒ **WINDOWS** ☒ CRACKED / BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
- ☒ **ROOF** () APPEARS SOLID ☒ DAMAGED

STATUS

APPROVED _____ **WITH CONDITIONS:** _____

NOT APPROVED ☒ **NEED RE-INSPECTION FOR FOLLOWING CONDITIONS** Holes in ceiling / Roof in
Living Room, Middle Bedroom, Master Bedroom. Replace Roof, weak floor
Master Bedroom

SIGNATURE John S. Paul **ID NUMBER** 462 **DATE** 7.26.10

Items
Required T.C.
1-26-12



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION INSPECTION AND FINAL APPROVAL
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 12-043-56
RECEIPT # 3-13-12
FEE PAID \$ 185.50
DATE PAID

APPLICANT: Aida Baskins AGENT:

PROPERTY STREET ADDRESS: 539 SE Brandon Cir.

LOT: 6 BLOCK: A SUBDIVISION: Brent Heights

PROPERTY ID #: 09033-100 [SECTION/TOWNSHIP/RANGE/PARCEL NUMBER]
[OR TAX ID NUMBER]

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

TANK INSTALLATION
[] [01] TANK SIZE [1] 900 [2] _____
[] [02] TANK MATERIAL concrete
[] [03] OUTLET DEVICE
[] [04] MULTI-CHAMBERS Exist
[] [05] LEGEND 16-065-04
[] [06] WATERTIGHT
[] [07] LEVEL Exist
[] [08] DEPTH OF LID

DRAINFIELD INSTALLATION
[] [09] AREA [1] 315 [2] _____ SQFT
[] [10] DISTRIBUTION BOX/HEADER
[] [11] NUMBER OF DRAINLINES 2
[] [12] DRAINLINE SEPARATION
[] [13] DRAINLINE SLOPE
[] [14] DEPTH OF COVER
[] [15] SYSTEM ELEVATION 75" Below Grade
[] [16] SYSTEM LOCATION
[] [17] DOSING PUMPS
[] [18] AGGREGATE SIZE
[] [19] AGGREGATE SOURCE
[] [20] AGGREGATE WASHED
[] [21] AGGREGATE DEPTH

FILL/EXCAVATION MATERIAL
[] [22] FILL AMOUNT
[] [23] FILL TEXTURE
[] [24] EXCAVATION DEPTH
[] [25] EXCAVATION AREA
[] [26] REPLACEMENT MATERIAL

SETBACKS
[] [27] SURFACE WATER 114
[] [28] DITCHES 114
[] [29] PRIVATE WELLS 114
[] [30] PUBLIC WELLS 200
[] [31] IRRIGATION WELLS 114
[] [32] POTABLE WATER LINES 20
[] [33] BUILDING FOUNDATION 15
[] [34] PROPERTY LINES 45
[] [35] OTHER 114

FILLED/MOUND SYSTEM
[] [36] DRAINFIELD COVER
[] [37] SHOULDERS
[] [38] SLOPES
[] [39] STABILIZATION MATERIAL

ADDITIONAL INFORMATION
[] [40] UNOBSTRUCTED AREA
[] [41] STORMWATER RUNOFF
[] [42] ALARMS
[] [43] MAINTENANCE AGREEMENT
[] [44] BUILDING AREA
[] [45] PLUMBING FIXTURES
[] [46] FINAL SITE GRADING
[] [47] CONTRACTOR
[] [48] OTHER

ABANDONMENT
[] [49] TANK PUMPED
[] [50] TANK CRUSHED AND FILLED

EXPLANATION OF VIOLATIONS:
[] All connections @ inspection
[]
[]
[]

CONSTRUCTION [APPROVED/DISAPPROVED]

FINAL SYSTEM [APPROVED/DISAPPROVED]

DH 4016, 9/96 (Replaces HRS-H Form 4016 [page 2] which may be used)
(Stock Number: 5744-002-4016-4)



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

PERMIT NO. 12-0142E
DATE PAID: 3/13/12
FEE PAID: 185.88
RECEIPT #: 1827127
Ap # 1065171

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Alida Gaskins

AGENT: Same TELEPHONE: 288-3461

MAILING ADDRESS: 539 SE Brandon Drive, Lake City

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: 6 BLOCK: A SUBDIVISION: Brent Heights PLATTED: 12-14-90

PROPERTY ID #: 35-45-1709033-106 ZONING: Res. I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 3.36 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [X] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 539 SE Brandon Circle, Lake City

DIRECTIONS TO PROPERTY: 90 to Country Club Rd Go to 2 Stop sign (Alfred Markham St) next to water plant

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	<u>MH</u>	<u>3</u>	<u>1536</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

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

SIGNATURE: Alida Gaskins DATE: 3/8/12



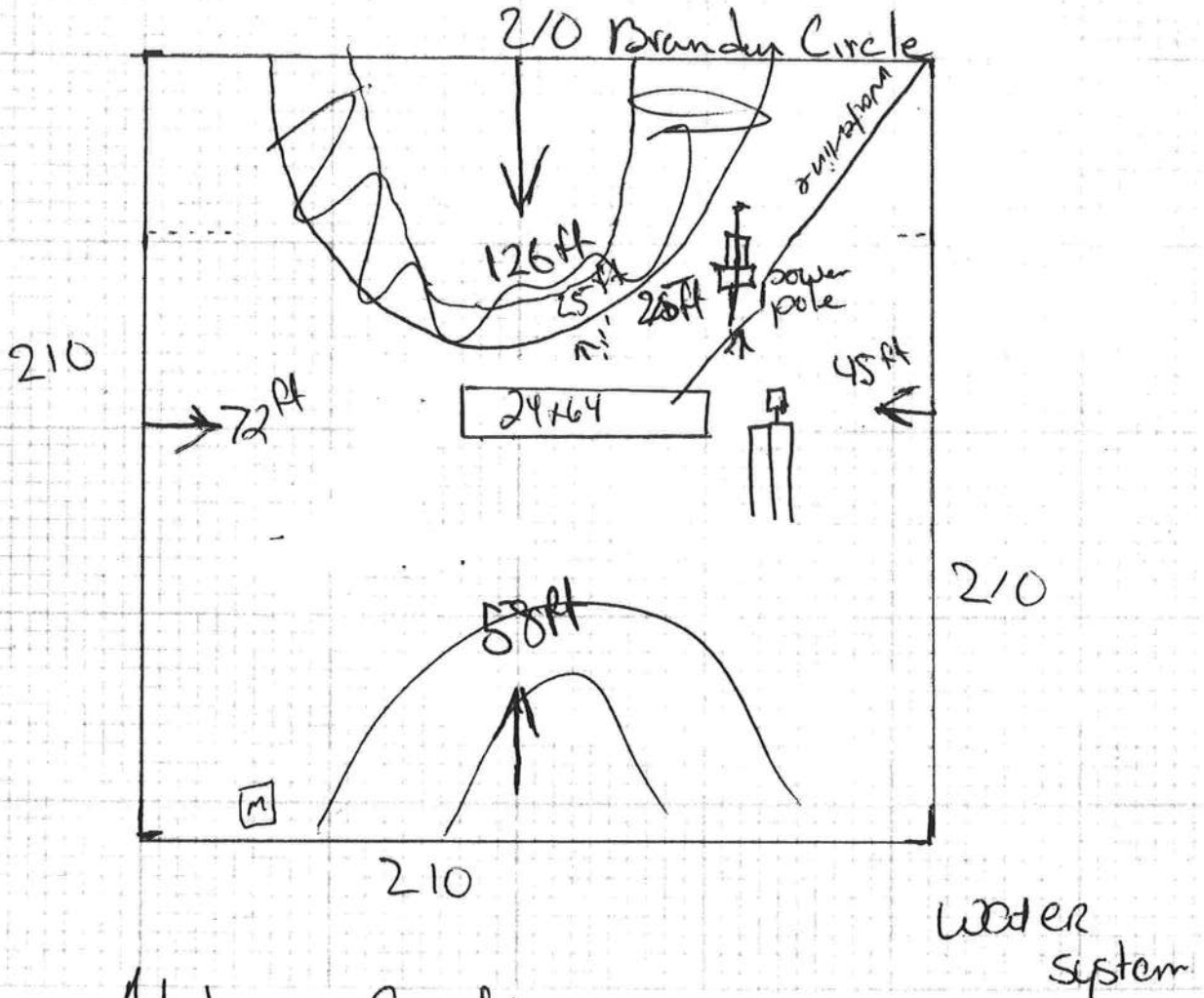
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-0143

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: Alida Gasking

Site Plan submitted by: Gloria Williams

Signature

Plan Approved X

Not Approved

By Salhi Maddy ESII

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT