



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

PERMIT NO. 21-0941
DATE PAID: 11/15/21
FEE PAID: 185.00
RECEIPT #: AP1764023

APPLICATION FOR:

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

APPLICANT: D & G Properties of Columbia County LLC

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: 18 BLOCK: NA SUB: Star Lake Estates PLATTED: _____

PROPERTY ID #: 28-3S-16-02372-068 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 0.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 144 NW Mercury Ct, Lake City, FL

DIRECTIONS TO PROPERTY: Head W on NE Franklin St, TL onto NW main Bld, TR onto US-90 W, TR onto NW Brown Rd, TL onto NW Star Lake Pl, TR onto NW Sylvia Dr, TR onto NW Mercury Ct.

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
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1	SF Residential	3	2065	
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2				
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3				
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☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: William D. Bishop II DATE: 11/15/2021

STATE OF FLORIDA
DEPARTMENT OF HEALTH

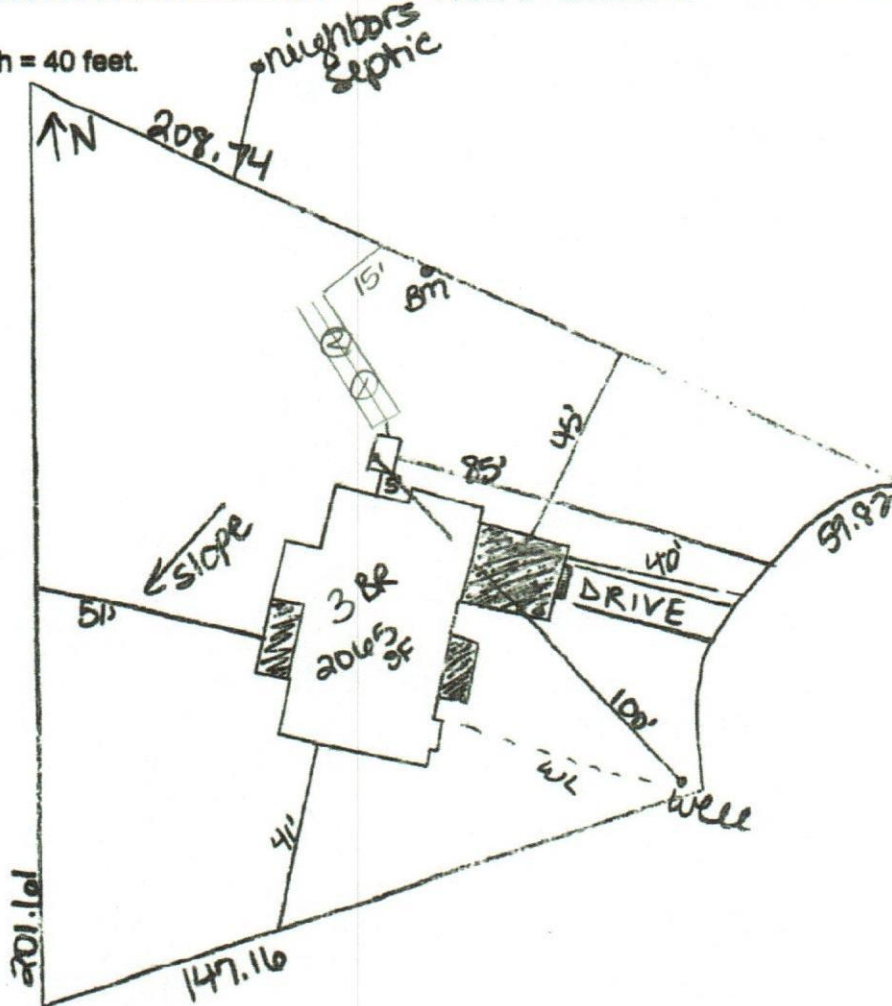
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

D & G Properties of Col. W. U.C
(Marshall)

Permit Application Number 21-0941

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes:

Nitrogen Reduction System

Site Plan submitted by: William A. Bishop II

MASTER CONTRACTOR

Plan Approved ☒ Not Approved ☐

Date 11-15-21

By [Signature]

ES2 Columbia

County Health Department

11/18/21

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT