



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

PERMIT NO: 22-D110
DATE PAID: 3/9/22
FEE PAID: 310.22
RECEIPT #: 1852444

APPLICATION FOR:

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

APPLICANT: Minnie Jones / Mary Ford

AGENT: Suwannee Septic

TELEPHONE: (239) 910-7555

MAILING ADDRESS: 2215 CR 249 Live Oak FL 32660

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 19-45-16-03068-000 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 37.16 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: 195 192 Splendor Court Lake City 32824

DIRECTIONS TO PROPERTY: _____

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	<u>MH</u>	<u>3</u>	<u>1130</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Dale Watson

DATE: 2/9/22

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Permit Application Number

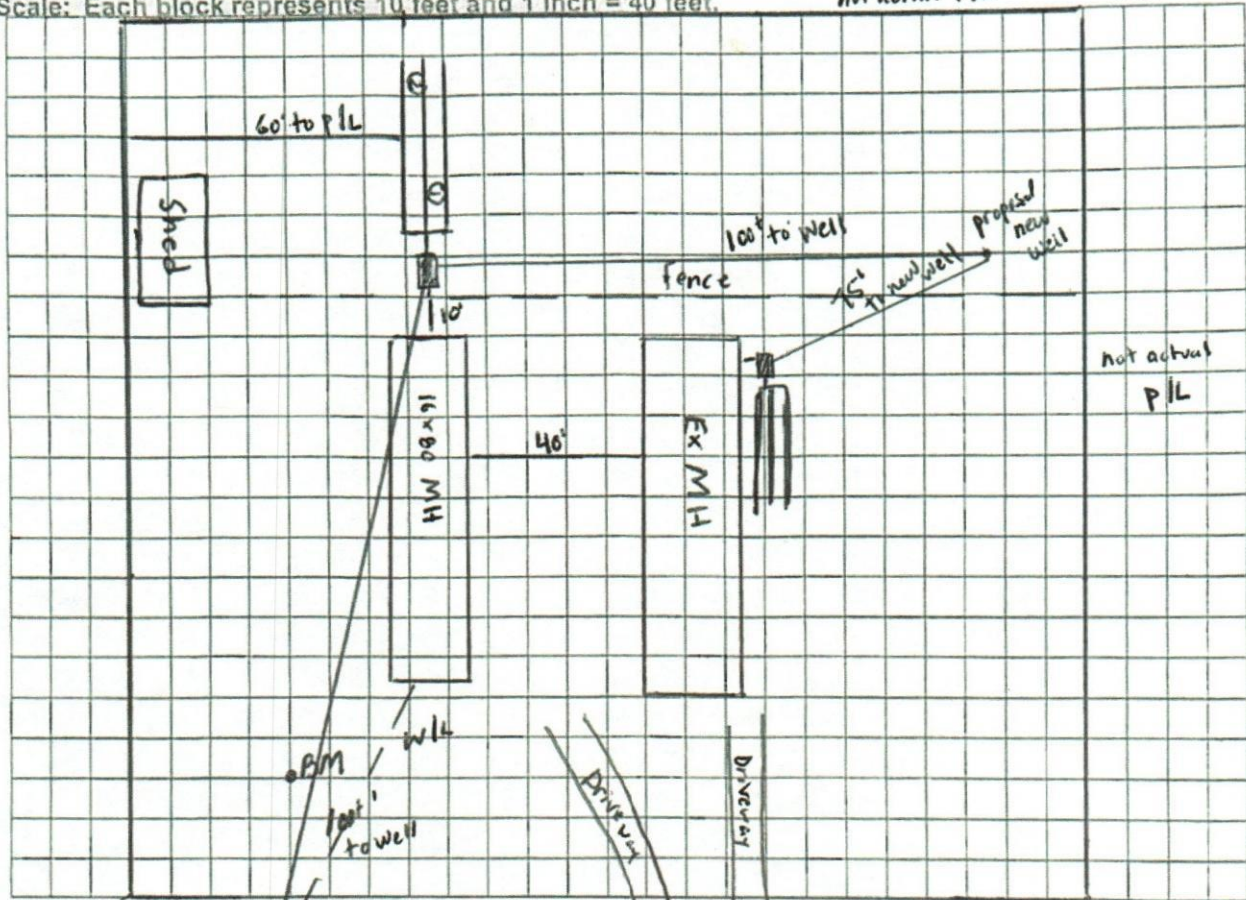
22-0110

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.

not actual P/L

1 acre of 36



Notes:

195 Splendor CR 242 197 Splendor

Well
Serves 2 other
MHs

Site Plan submitted by

Sallie Ford

Agent: ☒

Owner:

Date:

2/19/22

Plan Approved

Not Approved

Date

2-15-22

By

Sallie Ford
Director
Env Health

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT