



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

22-0237
PERMIT NO. _____
DATE PAID: 3-22-22
FEE PAID: 60.00
RECEIPT #: APR 11 2450

APPLICATION FOR:

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

APPLICANT: Rachelle & Petr Kolacia

AGENT: Barry Blanton TELEPHONE: 352-332-7645

MAILING ADDRESS: 554 SW LIME WAY

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: 21 BLOCK: _____ SUBDIVISION: Arrowood PLATTED: _____

PROPERTY ID #: 36-65-14-04096-01 ZONING: SFR I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE ☐ PUBLIC ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 554 SW LIME WAY

DIRECTIONS TO PROPERTY: EAST from Fort White on 18, R on Hawthorne Tr, L on SW Hillier, L on on SW LIME WAY

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
1	<u>POOL</u>	<u>-</u>	<u>1200</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 3/18/22

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----- PART II - SITEPLAN -----

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



Notes: _____

Barry D. Blanton
Site Plan submitted by: BD Blanton Agent: ☒ Owner: _____ Date: 4/5/22
Plan Approved ☒ Not Approved _____ Date: 4/5/22
By: [Signature] COLUMBIA County Health Department

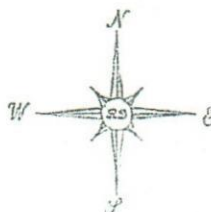
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)

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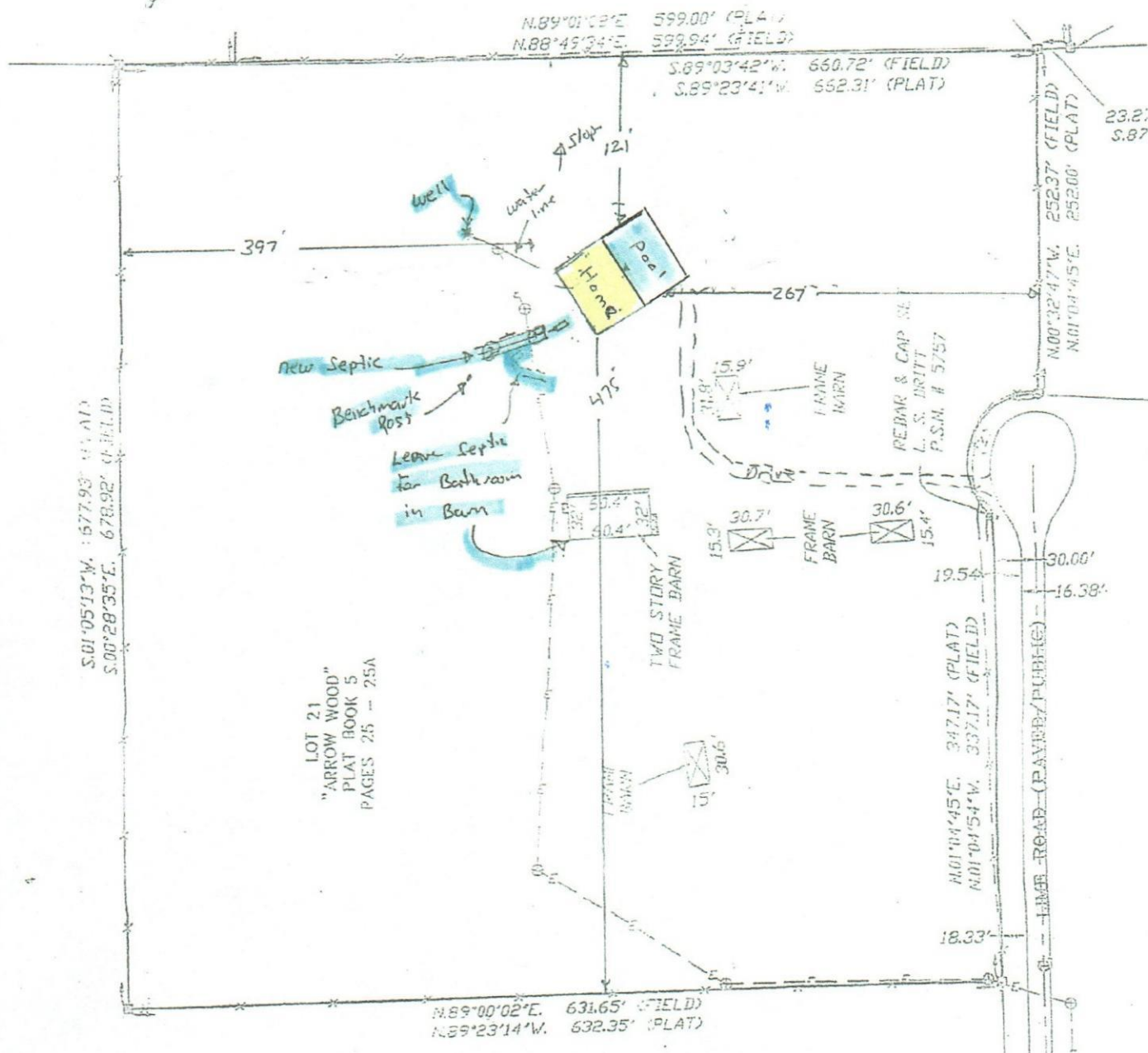
RECEIVED
APR 05 2022

BY: _____



Scale 1 inch = 100 feet

Permit # _____
Property ID# 36-6S-16-04096-011



Site Plan submitted by _____
Plan Approved ☒ Not Approved _____
By _____ Date _____
County Health Department

RECEIVED

APR 05 2022

BY: _____