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

PERMIT NO. 14-0334E
DATE PAID: 4/3/14
FEE PAID: 80.00
RECEIPT #: 142723

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

APPLICANT: Jerry Lerner

AGENT: Stewart Bell / Freitu Pools TELEPHONE: 352 2395355

MAILING ADDRESS: 292 Hermitage Glen High Springs FL 32643

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: 3 BLOCK: ____ SUBDIVISION: Hermitage PLATTED: 2008

PROPERTY ID #: 21-75-17-10039-103 ZONING: RES. I/M OR EQUIVALENT: [Y (N)

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [X] (PRIVATE) PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 292 Hermitage Glen High Springs FL 32643

DIRECTIONS TO PROPERTY: 441 South to Hermitage Glen T/R to address (just N. of Santa Fe River)

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	SFR	2	3908	____ ORIGINAL ATTACHED ____
2	Pool			
3				
4				

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

SIGNATURE: [signature] DATE: 4-7-14

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

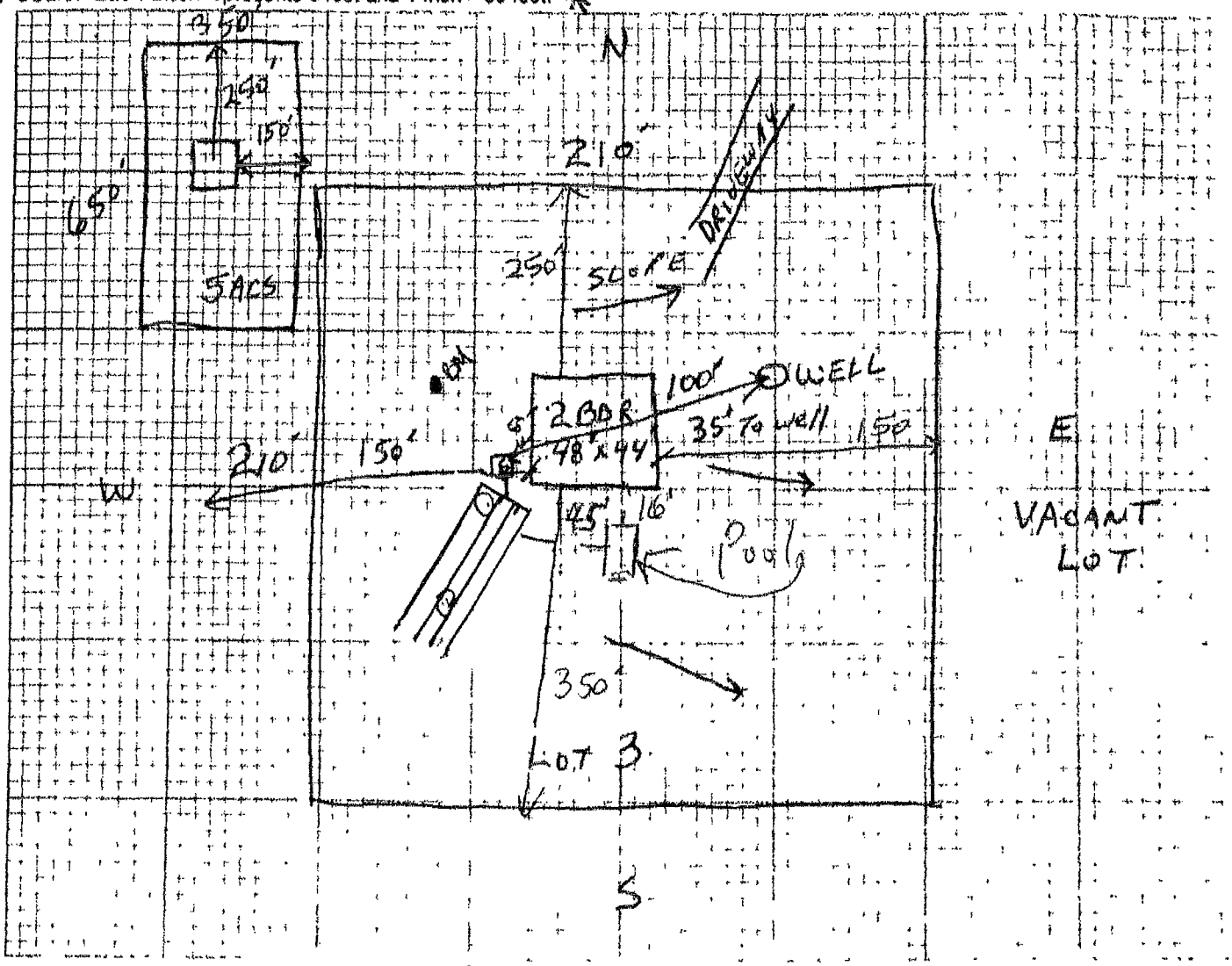
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 14-0702E

PART II - SITE PLAN

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



Notes: Im in the middle of 5 acres on LOT 3
Hermitage

Site Plan submitted by: _____ Signature _____ Agent Title

Plan ~~Approved~~ REVIEWED ____ Not Approved ____ Date 4.15.14

By: Sallie Ford Env Health Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/98 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 5744-002-4015-8)