



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

PERMIT NO. 22-0303
DATE PAID: 4/8/22
FEE PAID: 310.00
RECEIPT #: 181694

APPLICATION FOR:

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

APPLICANT: M & J Sampson, LLC

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

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

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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.

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PROPERTY INFORMATION

LOT: 1 BLOCK: A SUB: Ranchettes PLATTED: _____

PROPERTY ID #: 21-3S-16-02242-000 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N]

PROPERTY SIZE: 2.48 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐]<=2000GPD ☒]>2000GPD

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

PROPERTY ADDRESS: 1714 NW Turner Ave, Lake City, FL

DIRECTIONS TO PROPERTY: TL onto NW Bascom Norris Dr, TR onto NW Lake Jeffrey Rd, TL onto NW Nash Rd, TL onto NW Bert Ave, TL onto NW Slappy Dr, TR onto NW Ash Dr, TR onto NW Turner Ave, prop on credit

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	SF Residential	4	1577	
2				
3				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: William D. Bishop II DATE: 3/18/2022

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

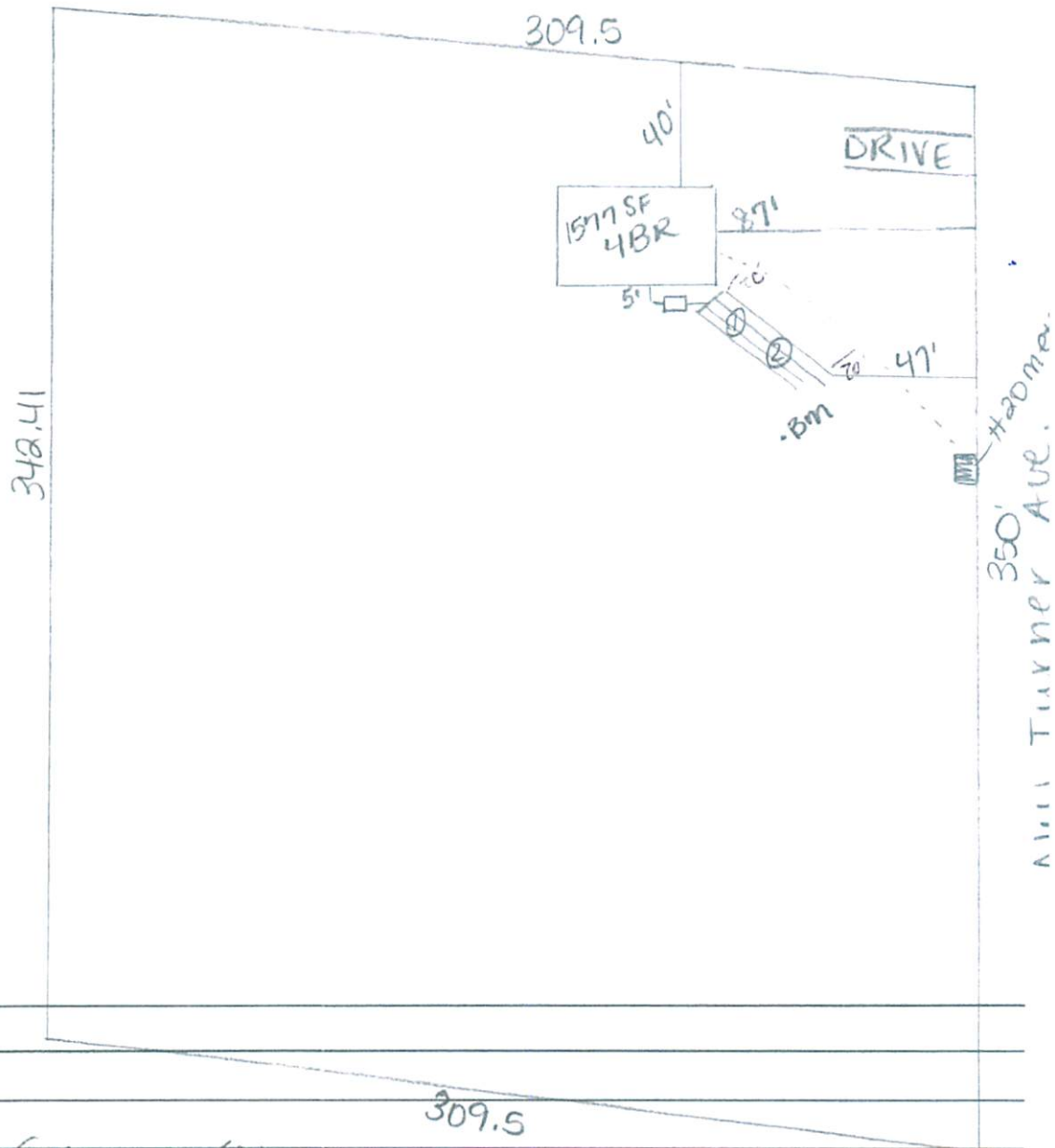
Permit Application Number 22-0303

m&j Sampson LLC

PART II - SITEPLAN

Scale: 1 inch = ~~40~~ feet.

60' ↑ N



Notes: _____

Site Plan submitted by: William D. Bishop II

MASTER CONTRACTOR

Plan Approved ☒ Not Approved _____

Date 3-18-22

By [Signature] **Columbia CHD**

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT