



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

FW

SSD 157-202-171

PERMIT NO. 22-0485
DATE PAID: 6/13/22
FEE PAID: 425.00
RECEIPT #: 1849283

APPLICATION FOR:

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

APPLICANT: Leland + Aubrey Ballard

AGENT: Corey Amica

TELEPHONE: 352-870-9068

MAILING ADDRESS: 14901 Main Street Atlantic, FL 32615

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: 16 BLOCK: SUBDIVISION: River Rise Res. S/A PLATTED:

PROPERTY ID #: Portion of 16-75-17-10006-214 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: TBD SW Gray Way

DIRECTIONS TO PROPERTY: From Lake City take 41 South. Turn Right onto CR 778. Turn left onto SW Gray Way. Property will be on left.

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>SFR</u>	<u>5</u>	<u>3,135+</u>	
2			<u>408 Attic</u>	
3			<u>Trusses =</u>	<u>3,543 Possible</u>
4	<u>Garage</u>			<u>possible</u> <u>Boards Rm.</u>

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Corey Amica

DATE: 5/17/22

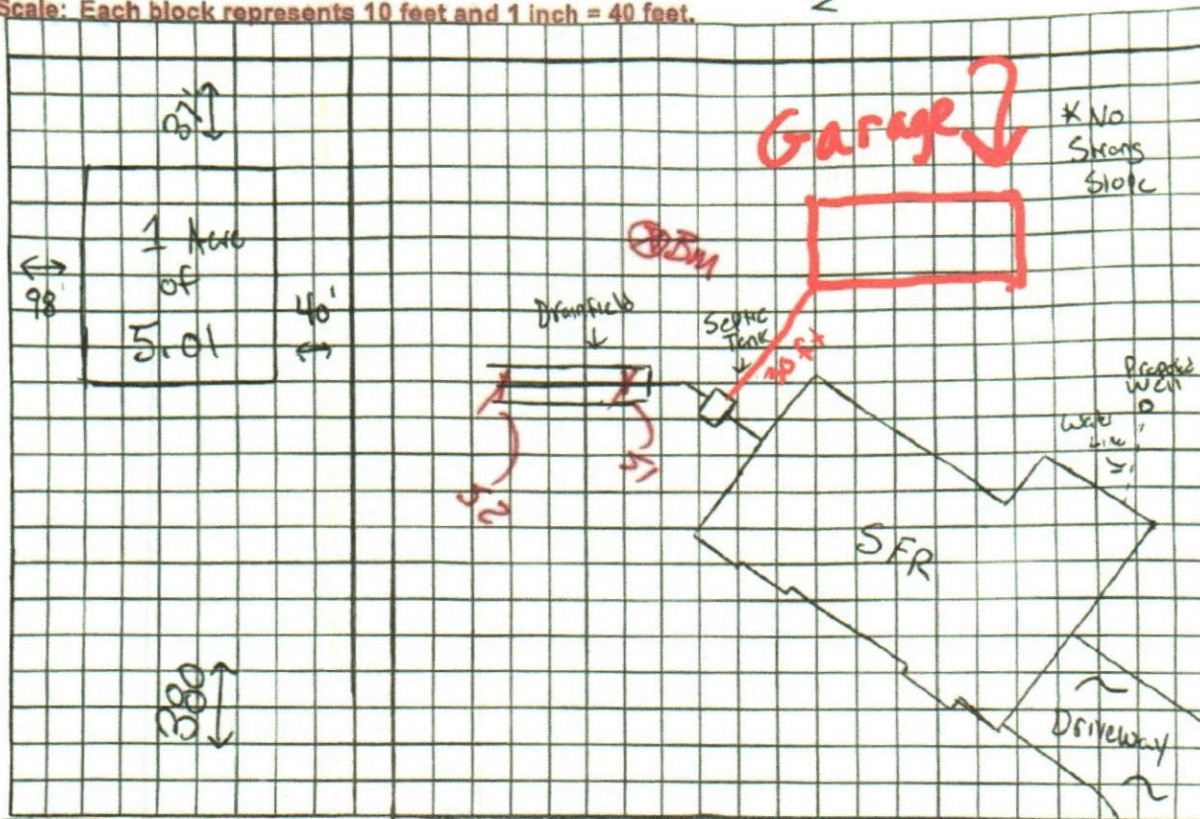
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PART II - SITEPLAN

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



Notes: SW Gray Water

Site Plan submitted by: *Gregory*

Plan Approved

Not Approved

Date

6/15/22 County Health Department

By

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT