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

PERMIT NO. 20-0946
DATE PAID: 12/11/20
FEE PAID: 660.00
RECEIPT #: 1166469

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

APPLICANT: Nancy Horne

AGENT: Jeff Hardee (Hardee Environmental and Permitting) TELEPHONE: 352-949-0592

MAILING ADDRESS: 6450 NW 72 Lane, Chiefland, FL 32626 EMAIL: JeffHardeeHEP@aol.com

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: 4 BLOCK: _____ SUBDIVISION: Sherwood Forest unit 1 PLATTED: _____

PROPERTY ID #: 10-7-17-09973-004 ZONING: _____ I/M OR EQUIVALENT: [Y/N]

PROPERTY SIZE: .99 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 268 Maid Marion Ln High Springs

DIRECTIONS TO PROPERTY: 441 South to 1/L onto Maid Marion Ln To Lot on right

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	mobile Home	2	1384	
2	Replacing MH	2	676 - Property Appraiser	ORIGINAL ATTACHED
3			784 on old Permit 17-0047	
4				

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

SIGNATURE: JM Hardee DATE: 11-30-20

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

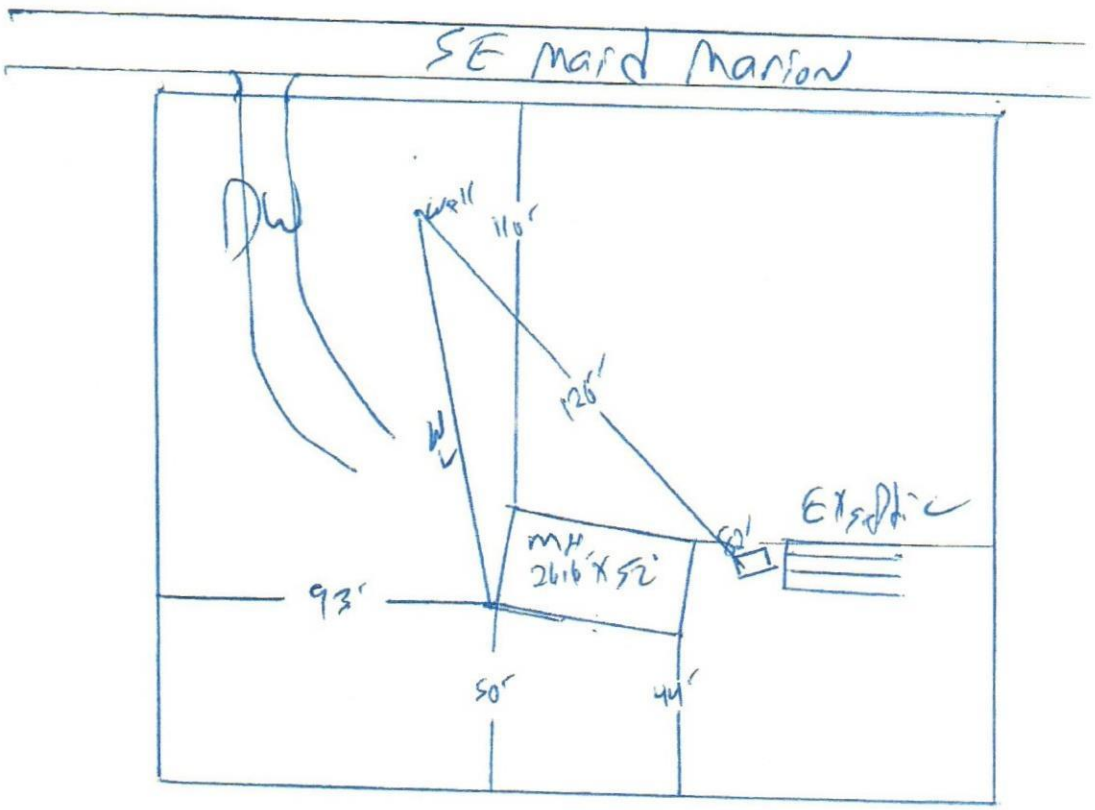
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0946

Horne

PART II - SITEPLAN

1" = 50'



Notes: > 75' to Pertinent Features

Site Plan submitted by: John Dorder

Plan Approved ✓ Not Approved ___ Date 12/3/20

By _____ 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: 5744-002-4015-5)