



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

PERMIT NO. 20-2811

DATE PAID: 10/12/20

FEE PAID: 60.00

RECEIPT #: 1588882

10/12/20 Site + E-site Eval  
\$165.00

APPLICATION FOR:

[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Russell and Lor Reddoch

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

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

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: 17 BLOCK: NA SUB: Cardinal Farms PLATTED: \_\_\_\_\_

PROPERTY ID #: 11-6S-16-03815-117 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 10.01 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: 315 SW Stillview Gln, Ft. White, FL 32038

DIRECTIONS TO PROPERTY: SR 47 South, TL on Herlong Rd, TR on Skyline, TL on Stillview Glen, prop. at end on left # 315.

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 SF Residential 3 2093 ORIGINAL ATTACHED

2 \_\_\_\_\_

3 \_\_\_\_\_

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Rocky D7 DATE: 10/7/2020

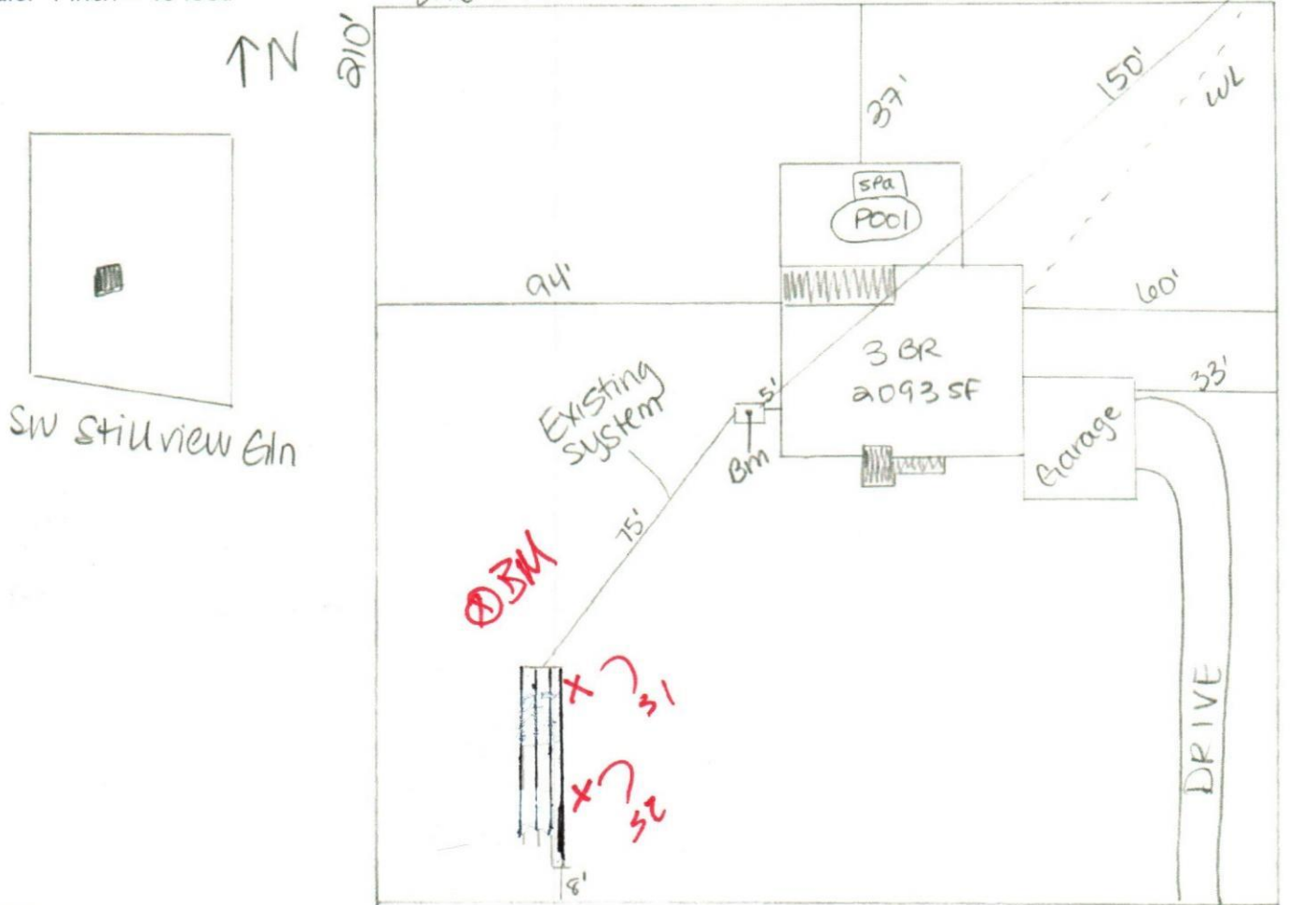
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 20-0811

Reddoch

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

Scale: 1 inch = 40 feet.



Notes: SW Stillview Eln.

Site Plan submitted by: Roddy D. 7  
Plan Approved [Signature] Not Approved \_\_\_\_\_  
By [Signature] Columbia County Health Department  
MASTER CONTRACTOR  
Date 10-7-20  
11/10/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT