



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

PERMIT NO 21-0126
DATE PAID: 2/1/21
FEE PAID: 629.55
RECEIPT #: 1629255
2/1/21 - 1629255
(Total Fee) \$165.00

APPLICATION FOR:

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

APPLICANT: Michael McCleod (Fausto Granja)

AGENT: Dale Burd / Dale Burd LLC

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, Lake City, FL, 32024

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: 46 BLOCK: NA SUBDIVISION: Rum Island Ranches Unrec PLATTED: NA

PROPERTY ID #: 25-7S-16-04321-020 ZONING: NA I/M OR EQUIVALENT: ☐ No ☐

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ Distance to Sewer: NA FT

PROPERTY ADDRESS: 734 SW Feather Lane, Fort White, 32038

DIRECTIONS TO PROPERTY: From Fort White, US 27 East / South, TR CR 138, TL SW Lynn Sherman, TL SW Feather Lane

700 feet to property on right

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 / MH	2	1127	Like for like <u>Previous Campers</u>
2				Original 05-1146-N <u>SIZED for 3BRAT TIME</u>
3				<u>of INSTALLATION</u>
4				

ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

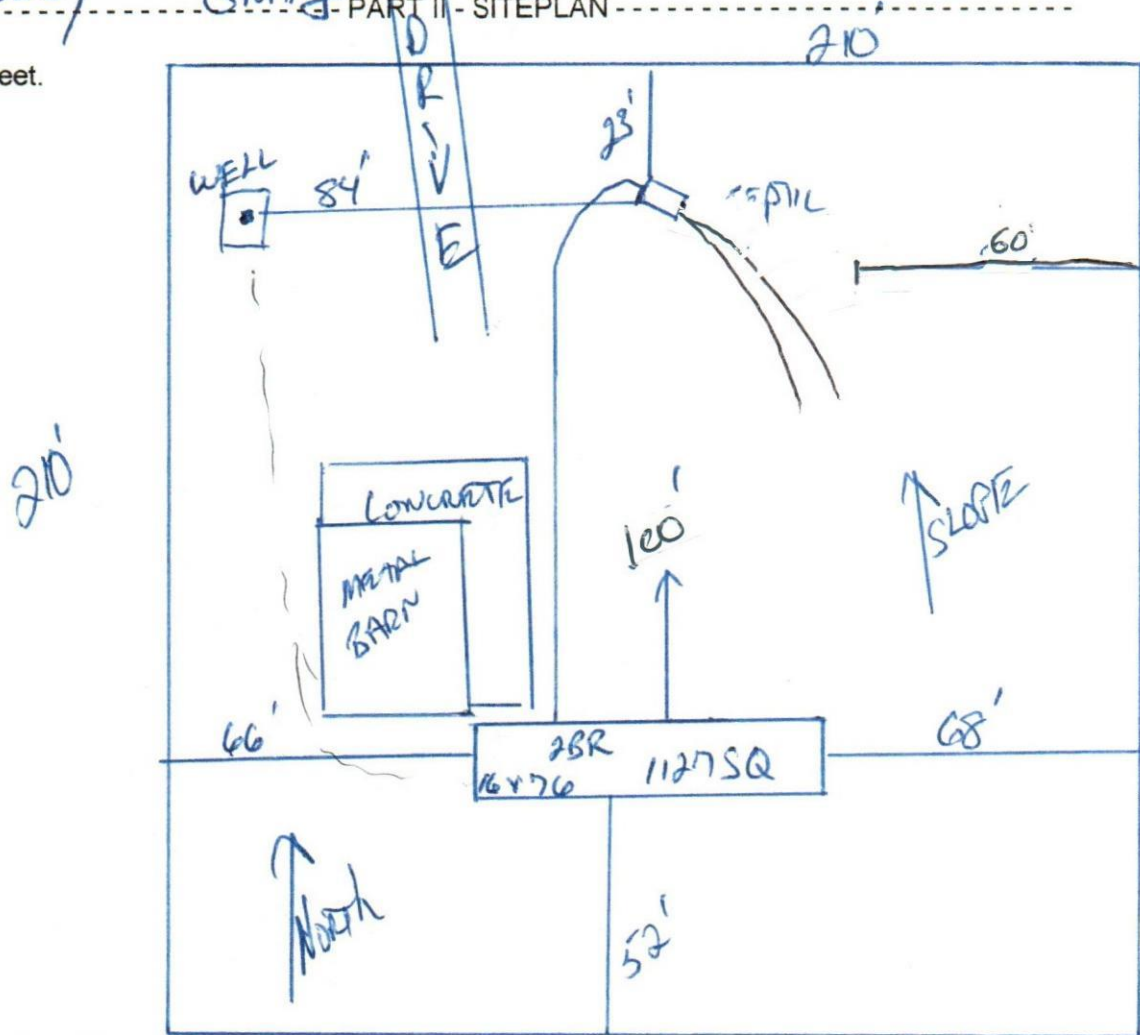
DATE: 2/1/2021

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

Permit Application Number _____

McCleod, GRANDA
----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.



Notes: *1 of 10 ARES SEE ATTACHED*

Site Plan submitted by: *[Signature]* *2/1/21* CONTRACTOR
Plan Approved _____ Not Approved _____ Date *2/18/21*
By *[Signature]* *ESJ* *Columbia* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

