



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

PERMIT NO. 22-0309
DATE PAID: 4/11/22
FEE PAID: 40.00
RECEIPT #: 1819083

APPLICATION FOR:

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

APPLICANT: Deborah Blakley

AGENT: _____ TELEPHONE: 386-288-3869

MAILING ADDRESS: 910 SE CR 25 Lake City, FL 32025

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: _____ BLOCK: 16-45-17 SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 08384-000 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 24 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 910 SE CR 252

DIRECTIONS TO PROPERTY: S 4 1/2 mi to CR 252 3/4 mile (R) to 910 SE CR 252

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>Storage Building</u>	<u>700</u>	<u>Built 1963</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Deborah A. Blakley DATE: 4/8/22

08380-000

4.71
Ac

PERRY
LARRY JR

08380-011

PERRY
JOANNE T

1.27
Ac

08380-005

1.46
Ac

BRILLHART
HAROLD L

08380-003

PERRY
LARRY
E SR

SE PASTURE WAY
3.04
Ac

08380-002

BRECKENRIDGE
BETTY JANE

08383-000

BUNDY
ROBERT D

SE COUNTY ROAD 252

HILTON
CHRISTA K

08385-001

1.1
Ac

16

08384-000

BLAKLEY
DEBORAH

2A-0309

08384-003

1.01
Ac

CONFIDENTIAL

SE NEIGHBORS Ct

08384-001

1.01
Ac

BLAKLEY
MICHAEL B

08384-002

1.01
Ac

BLAKLEY
MICHAEL B

24.2
Ac

08385-002

ELDER LAVEENIA E SMITH

08411-001

SISTRUNK
DAVID R

SISTRUNK
DAVID
RODNEY

17

08411-000

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Permit Application Number

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

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

See attached

Notes: _____

APPROVED

Salvatore Indelicato Director Columbia

4-13-22

Site Plan submitted by: _____

TITLE _____

DATE: _____

Plan Approved ☒ _____

Not Approved ☐ _____

Date

4/8/22

By _____

Deborah Ann Blakley

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT