

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO	22-0123
DATE PAID:	3/15/20
FEE PAID:	310.00
RECEIPT #:	1803727

APPLICATION FOR: [X] New System [[] Repair [] Abandonment	m []	Holding Tank	[] Innovative
APPLICANT: TERESSA CANT	ER LIVING TRUST			
AGENT: HOWARD SEPTIC			TEI	EPHONE: (386) 935-1518
MAILING ADDRESS: PO BOX	180		BRANFO	RD FL 32008
BY A PERSON LICENSED PUR APPLICANT'S RESPONSIBILE PLATTED (MM/DD/YY) IF R	RSUANT TO 489.105(3	MENTATIO	489.552, FLORIDA N OF THE DATE TH	E LOT WAS CREATED OR
PROPERTY INFORMATION				
LOT: 6 BLOCK: N/	A SUBDIVISION:	REPLATOF	LOT 9 CANNON CRI	EK PLATTED:
PROPERTY ID #: 12-48-16-0	2935-206	ZONING	E: RES I/M OF	R EQUIVALENT: [NO]
	TOUC WATER CHIRDLY	1 V 1 DD	TUATE PUBLIC I]<=2000GPD []>2000GPD
April Control of the				
IS SEWER AVAILABLE AS P	ER 381.0065, FS? [NO]	DISTA	NCE TO SEWER: N/A FT
PROPERTY ADDRESS: 128 SV	V CAPTINS GLN. LAKE	CITY		
DIRECTIONS TO PROPERTY:	90 WEST TURN LEFT TURN RIGHT ON FEN LEFT.	ON SISTER	RS WELCOME RD. TO Y. TURN RIGHT ON	URN LEFT ON LOCHEED. CAPTINS GLN. 1ST ON
BUILDING INFORMATION	[X] RESIDENTIAL	[] COM	MERCIAL	
Unit Type of	No. of B	uilding	Commercial/Insti	tutional System Design
No. Establishment	No. of B	rea Sqft	Table 1, Chapter	: 64E-6, FAC
1 HANGER/ OFFICE	0	1,200	OFFICE SPACE	
2		1,200	OTTIOE OF ACE	
3				
4	MICH MICH.			
[] Floor/Equipment D	rains [] Other	(Specify)		1/1/1/2
SIGNATURE: Lete	Heren			DATE: 2/14/22



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: 12-SC-2467832

APPLICATION #: AP1803727

DATE PAID: 2/15/22

FEE PAID: 310,00

RECEIPT #:____

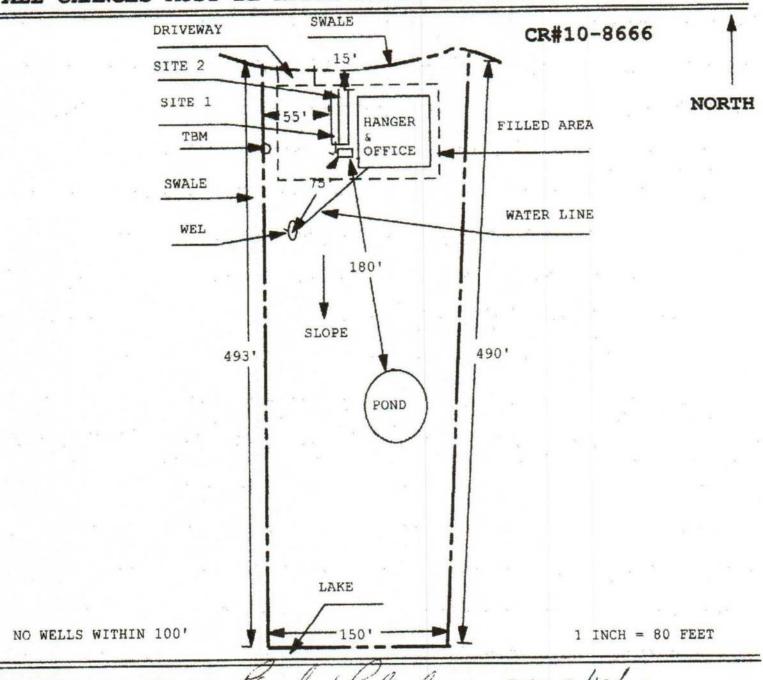
DOCUMENT #: PR1738332

CONSTRUCTION PERMIT FOR: OS	TDS New		
APPLICANT: TERESA**22-0123 CAN		Melo stretti e e e e e	
PROPERTY ADDRESS: 128 CAPTAIN	NS Lake City, FL 32024	A section of the sect	
LOT: 6 BLOCK:	falselon and her manager	Cannon Creek Estates,Lot 9 Rep	13. 12 W
PROPERTY ID #: 02935-206	parties a compared saw yellow adomnous costs and control	[SECTION, TOWNSHIP, RANGE, PARC [OR TAX ID NUMBER]	CEL NUMBER]
WHICH SERVED AS A BASIS F	64E-6, F.A.C. DEPAR ANY SPECIFIC PERIOD OR ISSUANCE OF THIS I ODDIFICATIONS MAY RESULT ES NOT EXEMPT THE AP	TMENT APPROVAL OF SYSTEM DOE OF TIME. ANY CHANGE IN PERMIT, REQUIRE THE APPLICANT IN THIS PERMIT BEING MADE PLICANT FROM COMPLIANCE WITH	S NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
A [] GALLONS / GPD	New Multi-Chambered Septic N/A Image: N/A	CAPACITY UM CAPACITY SINGLE TANK:1250 GALI LLONS @[]DOSES PER 24 HRS MOUND []	
n f location of benchmark: Nail i	n 4" pine tree west of system site		
I ELEVATION OF PROPOSED SYSTEM S	[24.00] [INCHES	FT] [ABOVE BELOW BENCHMARK/RI	
		loft area with restroom) on the second floor	of the
SPECIFICATIONS BY: PAUL LLOYI)	TITLE: PSE	
APPROVED BY:		mental Specialist I	Columbia CHD
DATE ISSUED: 02/22/2022		EXPIRATION DATE:	08/22/2023
DH 4016, 08/09 (Obsoletes all pr Incorporated: 64E-6.003, FAC	revious editions which may	not be used)	Page 1 of 3

X

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Com The Date_	Date 2//3/22 2/22/2022
By ST	Columbia CPHU
Notes:	