



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

PERMIT NO. 20 0970

DATE PAID: 12/10/20

FEE PAID: 200.00

RECEIPT #: 12/10/20

APPLICATION FOR:

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

APPLICANT: Derek Stead

AGENT: Derek Stead

TELEPHONE: 260 337 3557

MAILING ADDRESS: Box 6 Murphy N.C. 28906

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: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 1745178404006 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 15 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 279 SW Foster GIN

DIRECTIONS TO PROPERTY: turn right to Foster, Google will

But you on stick land make sure
you are on Foster

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	mobile	2	700	ORIGINAL ATTACHED
2				
3				
4				

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

SIGNATURE: [Signature]

DATE: 12/7/2020

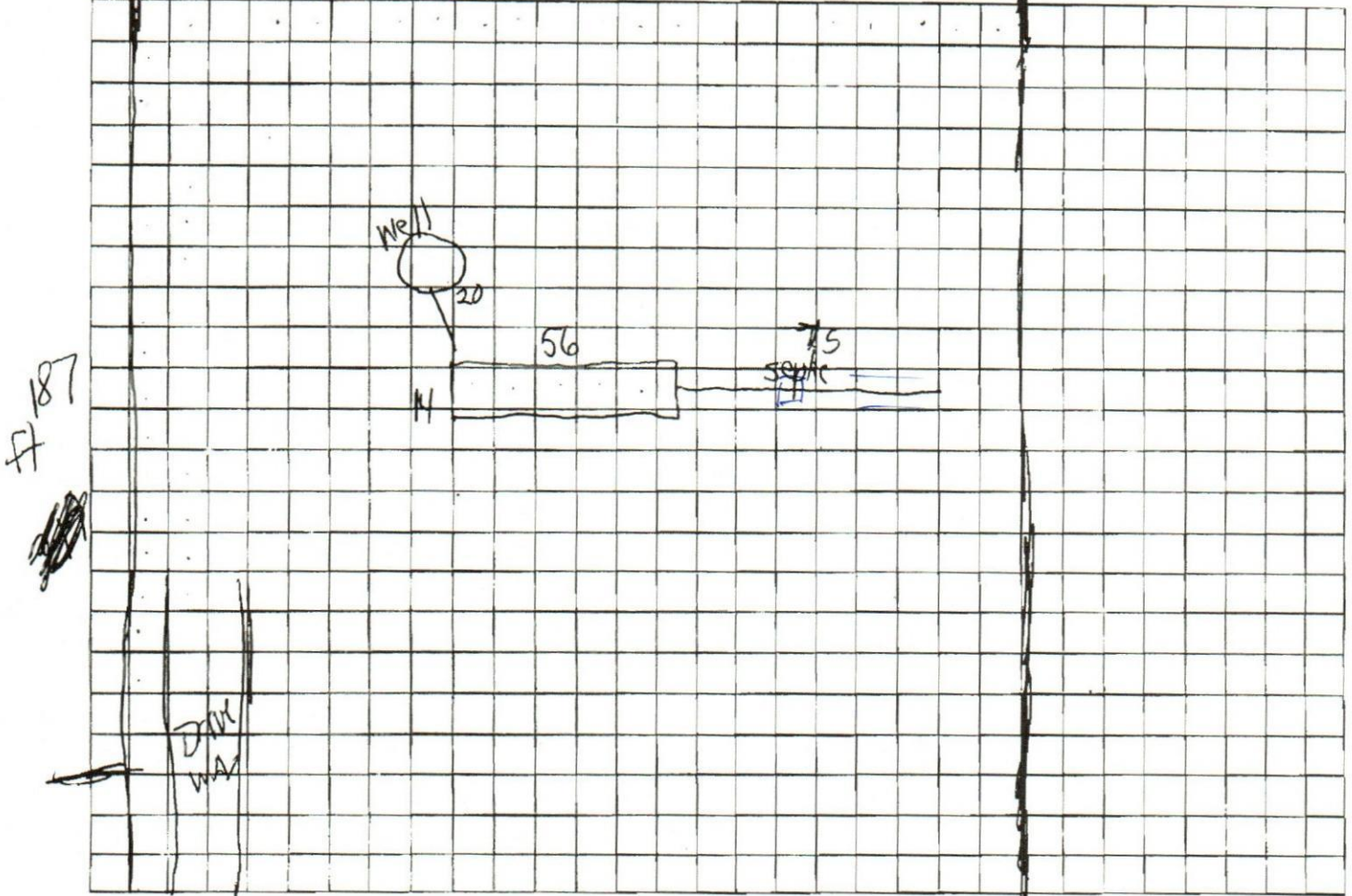
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Permit Application Number 20-0970

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

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

219 ft



Notes: _____

Site Plan submitted by: Robert Swad
Plan Approved X Not Approved _____ Date 12/7/2020
By [Signature] Columbus County Health Department
12/14/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT