



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

PERMIT NO. 22-0365
DATE PAID: 4/22/22
FEE PAID: 1015.00
RECEIPT #: 1830150

APPLICATION FOR:

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

APPLICANT: BARBARA MORSE

AGENT: _____ TELEPHONE: 970-409-9426

MAILING ADDRESS: 384 Happy Jack Dr. 32024 Lake City

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: 20 BLOCK: Unit 4 SUBDIVISION: 3 Rivers Lk 4 PLATTED: _____

PROPERTY ID #: 00060-019 ZONING: _____ I/M OR EQUIVALENT: [Y] [X] N

PROPERTY SIZE: 1 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] [X] N DISTANCE TO SEWER: 125 FT

PROPERTY ADDRESS: 125 Hawaii SW 3-Rivers Font White

DIRECTIONS TO PROPERTY: 27 To 3 Rivers Newark To Albenta To Hawaii

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>RV Shelter</u>		<u>810</u>	<u>Width 18' Length 45'</u>
2				
3				
4				

ORIGINAL ATTACHED

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

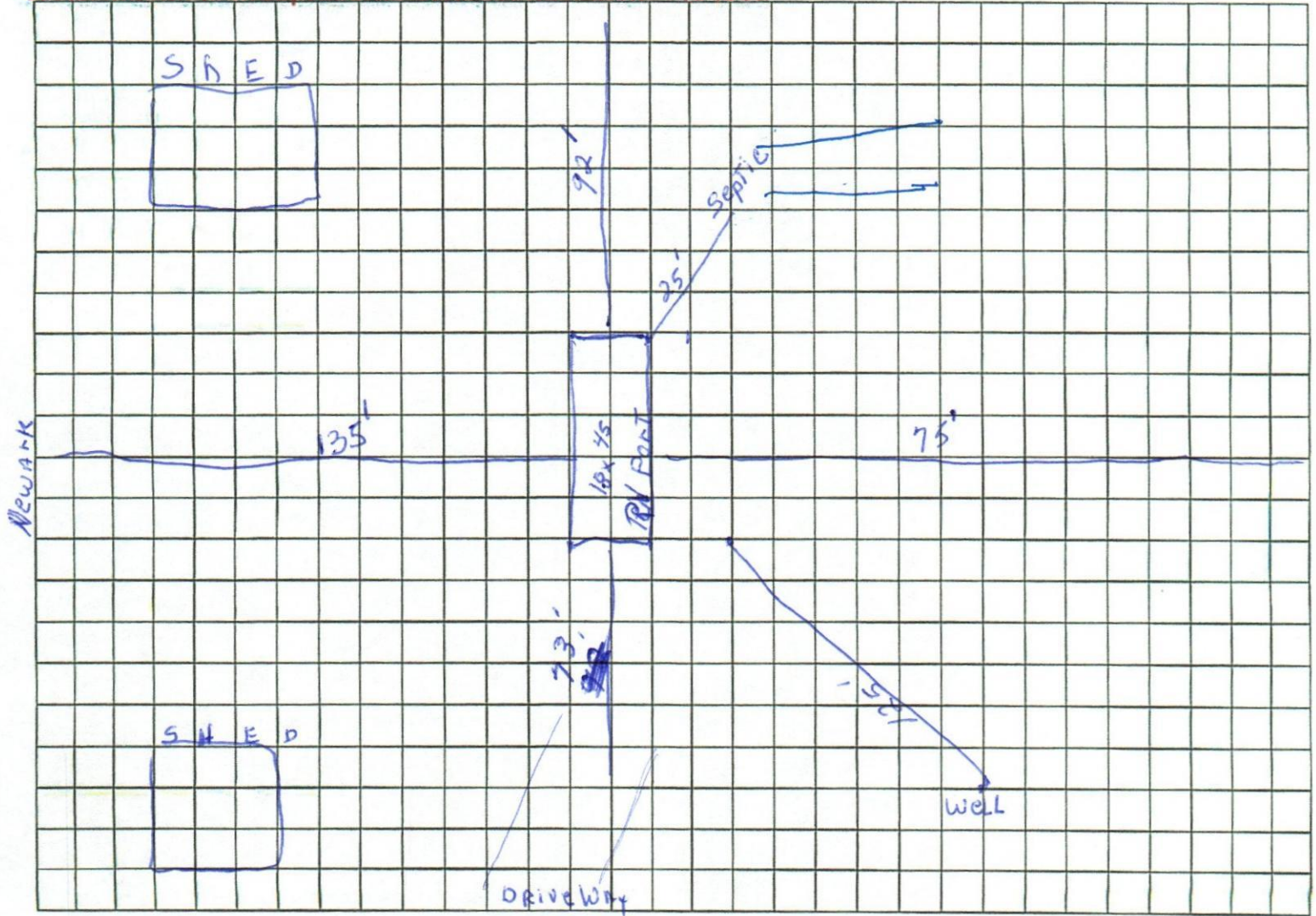
SIGNATURE: Barbara Morse DATE: 4/22/22

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

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



Notes: _____

Site Plan submitted by: Barbara Morse TITLE _____ DATE: April 22, 2022
Plan Approved X Not Approved _____ Date 5/2/22
By [Signature] Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT