



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

PERMIT NO. 21-0838
DATE PAID: 10/14/21
FEE PAID: 200.00
RECEIPT #: 1257104

APPLICATION FOR:

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

APPLICANT: BKL INVESTMENT (BALLARD)

AGENT: ROBERT FORD III - NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FLA 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: PARCEI BLOCK: — SUBDIVISION: NA PLATTED: —

PROPERTY ID #: 13-4S-15-00358-004 ZONING: — 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: — FT

PROPERTY ADDRESS: 108 SW BALLARD CT, LAKE CITY FLA

DIRECTIONS TO PROPERTY: PINEMOUNT TO JAFUS TL ON JAFUS TO BALLARD 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	ORG. CAMPER	1	248	
2	MH	3	1173	
3				
4				

ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify) —

SIGNATURE: Robert W Ford III

DATE: 10/13/21

STATE OF FLORIDA
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Seattach mint

Notes: _____

The Plan submitted by: Robert W. Jurek, III Date 11/13/21

Plan Approved ☒

Not Approved ☐

Date 10/14/21

Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

THE UNIVERSITY OF CHICAGO
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540 EAST 57TH STREET
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78-1-69-1A-00000000

Handwritten text, possibly a signature or date, appearing as "1969" and "10/10/69".

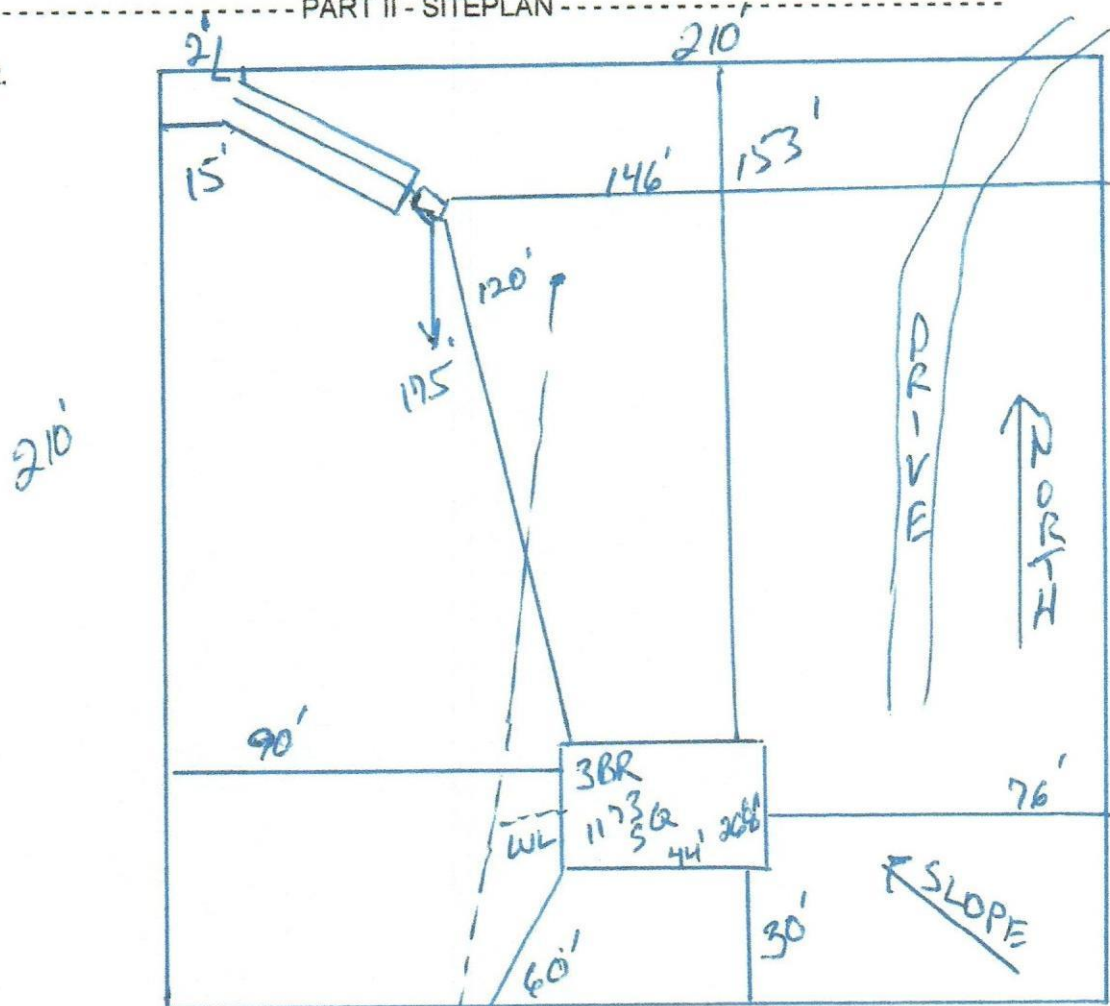
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----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Robert Gord@ 10/13/21 MASTER CONTRACTOR
Plan Approved _____ Not Approved _____ Date _____
By _____ County Health Department

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