

SSO 125108096



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

PERMIT NO. 21-0428
DATE PAID: 5/5/21
FEE PAID: 425.00
RECEIPT #: 1661412

APPLICATION FOR:

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

APPLICANT: Haylee Deas

AGENT: _____ TELEPHONE: (386) 688-1085

MAILING ADDRESS: 12878 CR 137 Wellborn, FL 32094

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: 31-38-16 SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 02413-008 ZONING: AG I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 5.68 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 219 SW Arbor Ln Lake City, FL 32024

DIRECTIONS TO PROPERTY: HWY 90 W to Thomas Terr Then turn onto Arbor Ln

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	Single family home	3	2000	
2	Metal shed	0	30x20 (780sf)	
3				
4	Future plans to build 3BD 2 bath home 2000 sq ft heated			

☐ Floor/Equipment Drains ☐ Other (Specify) _____

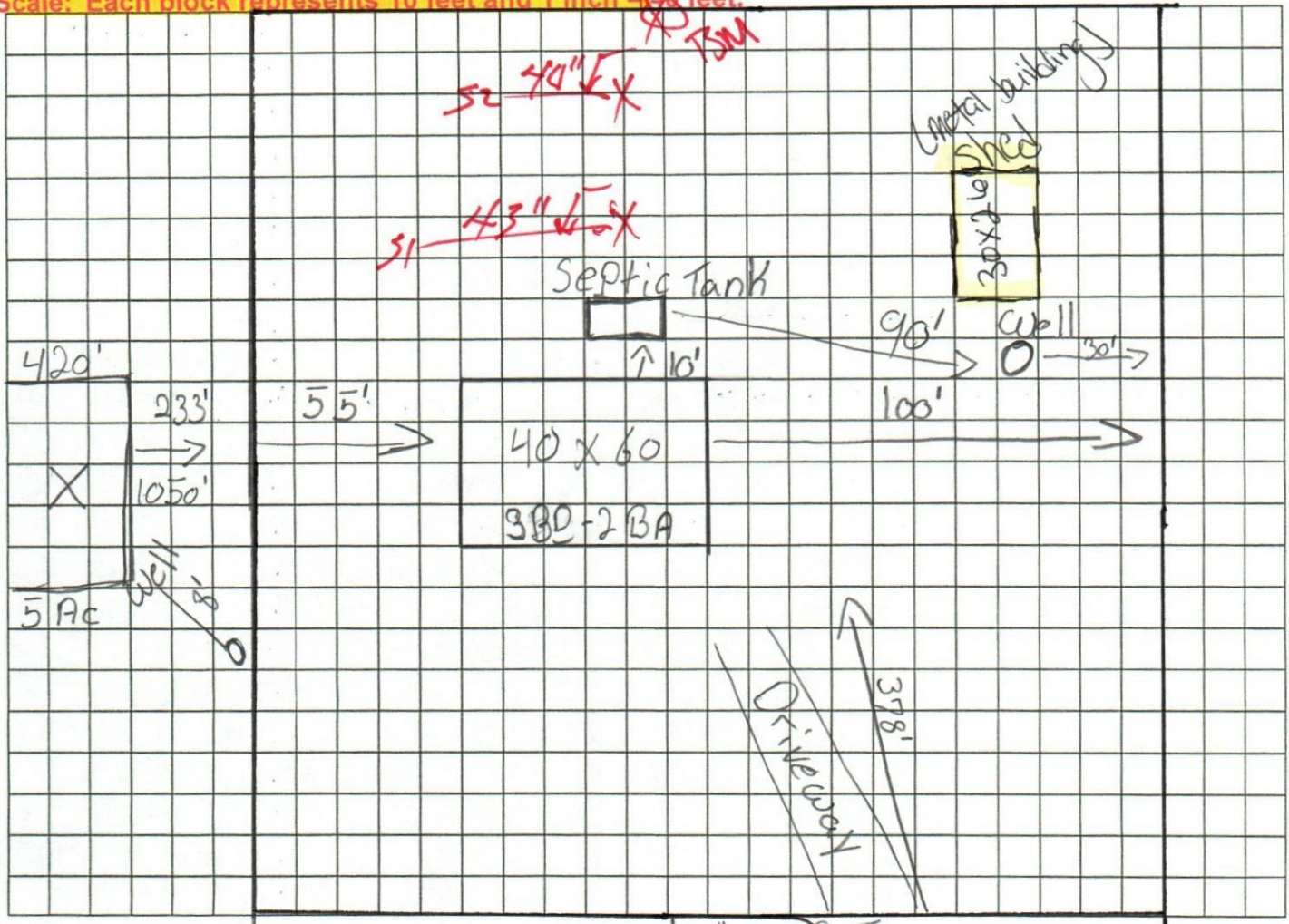
SIGNATURE: Haylee Deas DATE: 5/5/21

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

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



Notes: _____

Site Plan submitted by: Raylu Dru Agent: _____ Owner: ☒ Date: 5/5/21

Plan Approved ☒ Not Approved _____ Date: 5/13/21

By: [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT