



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

PERMIT NO. 20-0923  
DATE PAID: 11/25/20  
FEE PAID: 310.00  
RECEIPT #: 1602777

APPLICATION FOR:

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

APPLICANT: Gary Sorensen (B. Nelson)

AGENT: Robert W. Ford III NFST, INC. TELEPHONE: 386-556372

MAILING ADDRESS: 741 SE State Road 100 Lake City, FL 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: BLOCK: SUBDIVISION: -NA- PLATTED:

PROPERTY ID #: 1435-15-00180-002 ZONING: SF I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 189.29 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 10149 TBD US Hwy 90 Lake City

DIRECTIONS TO PROPERTY: TL on main blvd, TR on US 90, straight 5.7 miles to on (CR) Just Before Suwannee C. Line follow to Very Back

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	mhome	2	1216	
2				
3				
4				

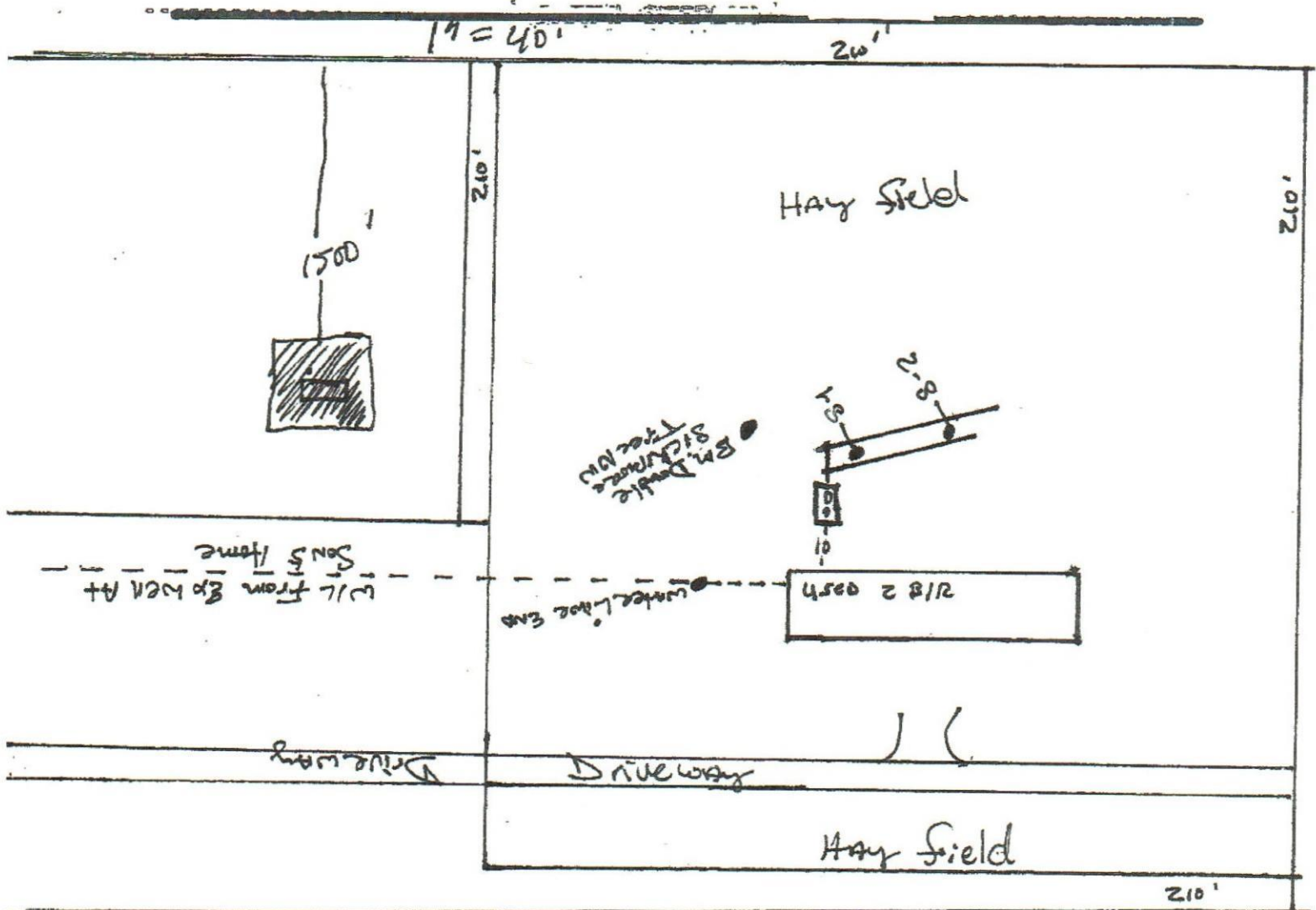
☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Robert W. Ford III DATE: 11-16-2020



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Notes: \_\_\_\_\_  
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Site Plan submitted by: Robert W. Ford III Date 11-16-2020  
 Plan Approved [Signature] Not Approved [Signature] Date 11/24/20  
 by [Signature] 32 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

