

SSO 276002955



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

PERMIT NO. 20-0794
DATE PAID: 10/2/20
FEE PAID: 425.00
RECEIPT #: 1582204

APPLICATION FOR:

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

APPLICANT: KAREN FASE (Please advise Lundy upon approval)

AGENT: LUNDY SEPTIC TELEPHONE: 386.364.5485

MAILING ADDRESS: 8596 US 90 EAST, LIVE OAK FL 32060

COPY TO: 1003 NW TIGER DRAIN RD, WHITE SPRINGS FL 32096

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: N/A PLATTED: —

PROPERTY ID #: 24-2S-15-00087-000 ZONING: — I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 80 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 1003 NW TIGER DRAIN RD, WHITE SPRINGS FL 32096

DIRECTIONS TO PROPERTY: 136 EAST TO WHITE SPRINGS RD, TURN SOUTH (RIGHT), 1-1/2 MILE TO NW NOVA LAKE, TURN RIGHT, 1 MILE TO STOP SIGN (TIGER DRAIN) LEFT APPX 1/2 MILE ON TIGER DRAIN

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			
2	DOUBLE-WIDE MOBILE HOME	3	1568	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) —

SIGNATURE: Karen Fase 561-767-6391
fasetales@yahoo.com

DATE: 10/1/20

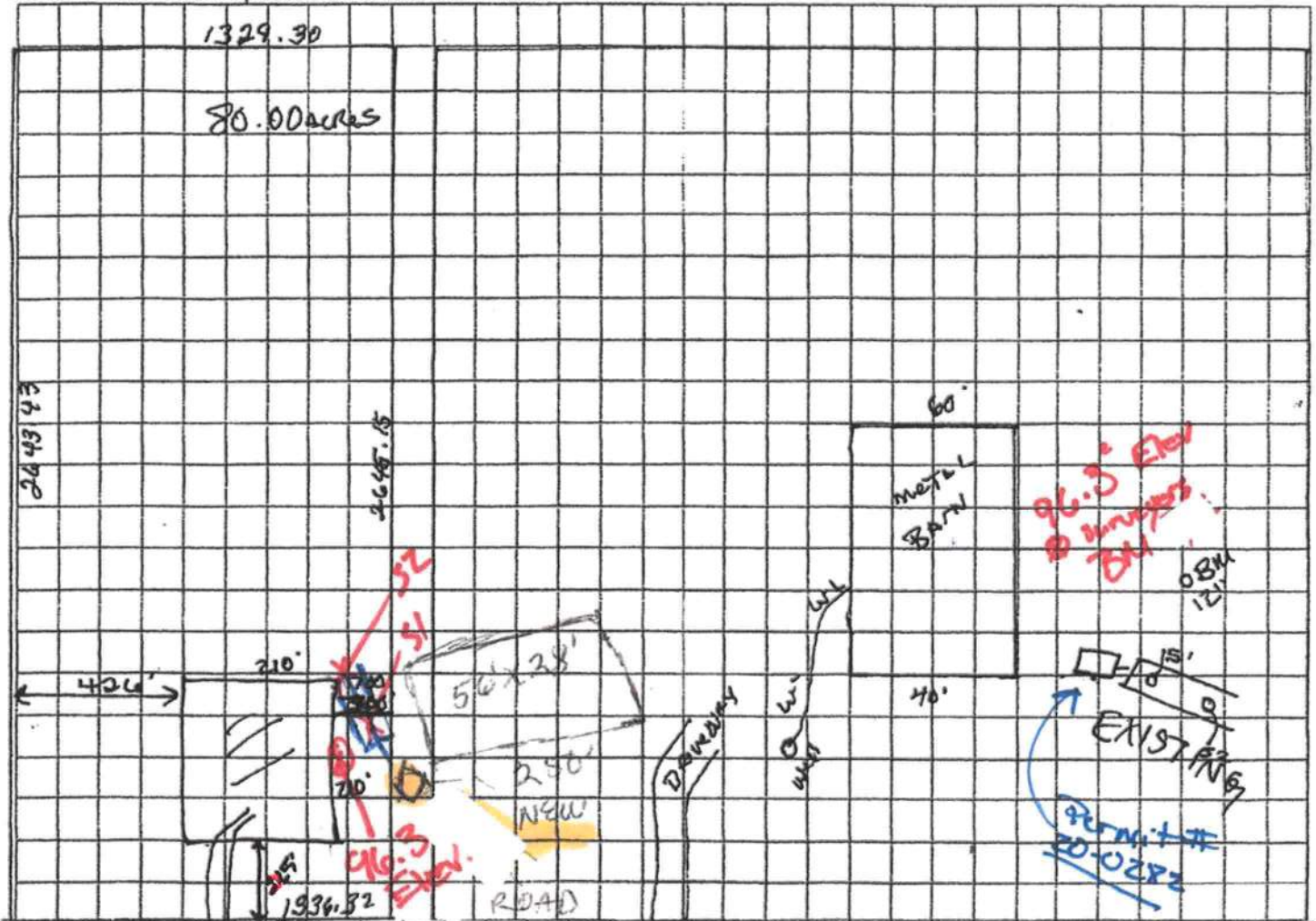
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PART II - SITEPLAN

FASE 1 ACRE OF 80 ACRES
APPX 210' X 210'

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



Notes: 1003 NW TIGER DRAIN RD, WHITE SPRINGS, FL 32096

x/this phase 10-6-20

Site Plan submitted by: Karen Jase 10/1/20

Plan Approved X Not Approved

By [Signature] [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT