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

PERMIT NO. 23-0704
DATE PAID: 10/4/23
FEE PAID: 100.00
RECEIPT #: 2004326

APPLICATION FOR:
[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Mark and Kimberly Schneiders

AGENT: Bryan Zecher Homes TELEPHONE: 386-752-8653

MAILING ADDRESS: 2370 SW SR 47, 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: N/A BLOCK: N/A SUBDIVISION: N/A PLATTED: _____

PROPERTY ID #: 28-4S-17-08825-007 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.21 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 152 SE Schneiders Gln, Lake City, FL 32025

DIRECTIONS TO PROPERTY: TL onto US-441S, TL onto US-41S, TL onto SE Schneiders Gln, property will be on the right side.

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
EX 1	SF Residentional	3	2405	ORIGINAL ATTACHED
New 2	Carport	0	576	
3				
4				

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

SIGNATURE: _____ DATE: 10/2/23

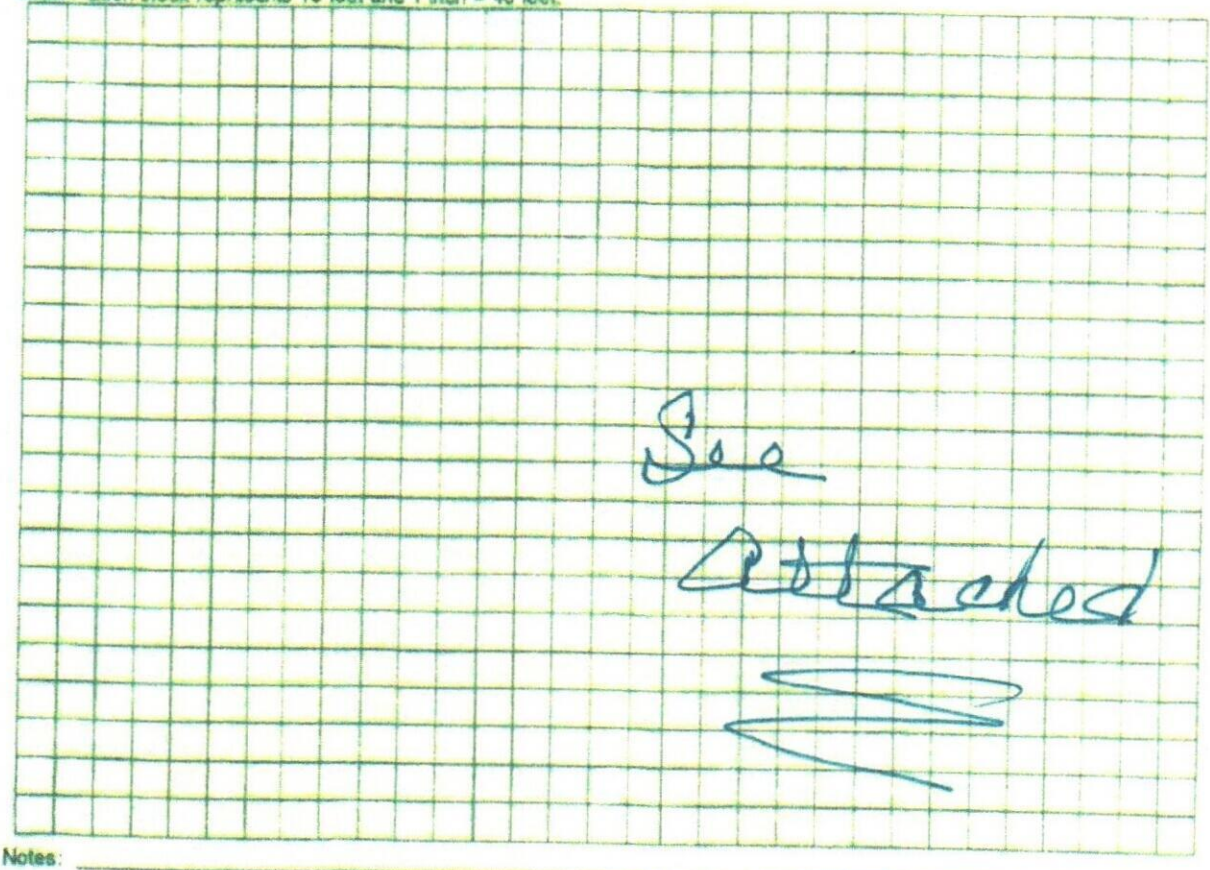
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0702

PART II - SITEPLAN

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



Notes:

Site Plan submitted by:

Plan Approved Not Approved Date 10/4/23

By County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT 10/12/23

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004, F.A.C.

93-0704

Mobley, Sally J

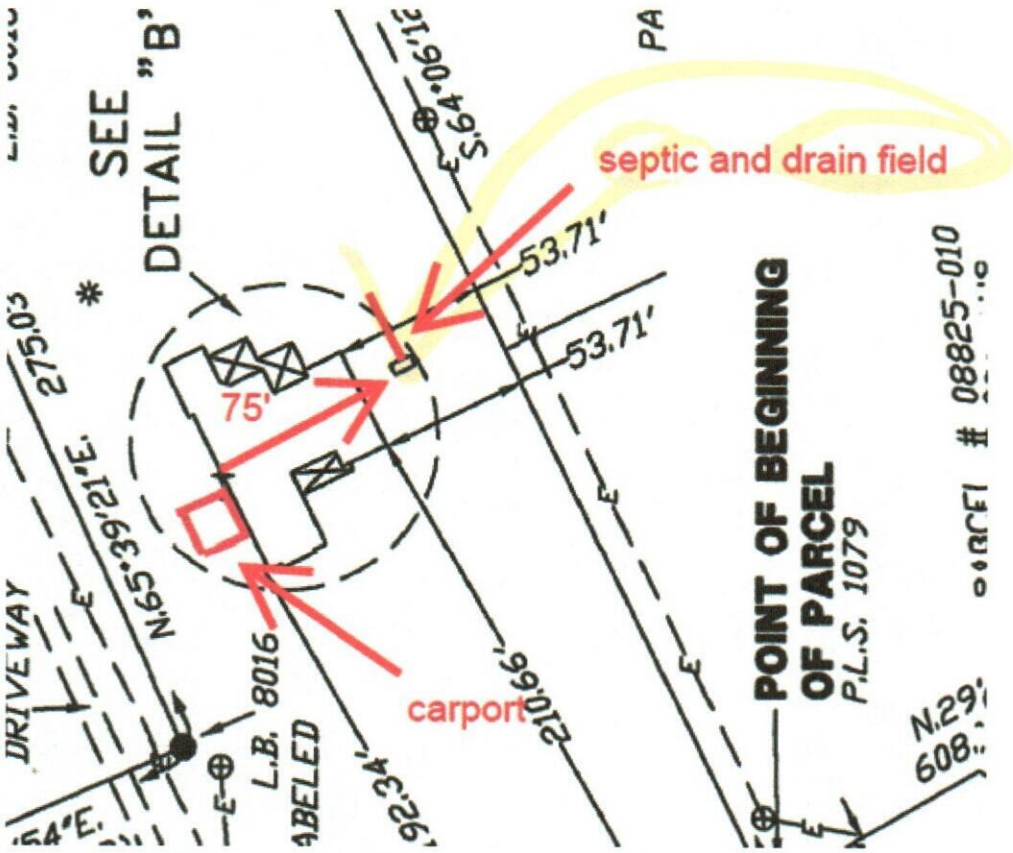
From: zecheroffice@gmail.com
Sent: Wednesday, October 4, 2023 2:08 PM
To: bczecher@comcast.net; Mobley, Sally J
Subject: RE: Schneiders
Attachments: Schneiders.pdf

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

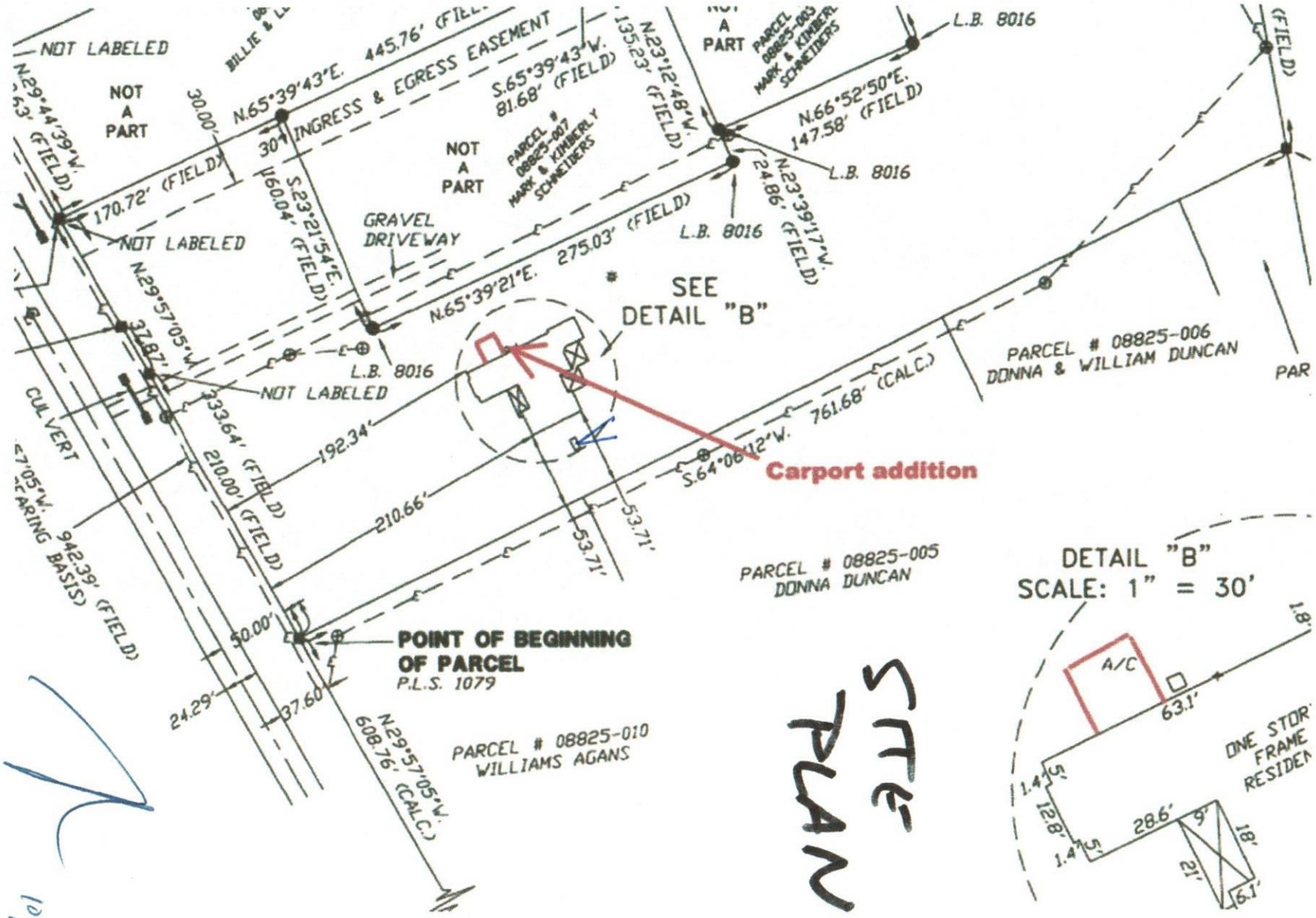
Hi Sal, signed graph sheet is attached.

From: bczecher@comcast.net <bczecher@comcast.net>
Sent: Tuesday, October 3, 2023 8:34 PM
To: zecheroffice@gmail.com; 'Mobley, Sally J' <Sally.Mobley@flhealth.gov>
Subject: RE: Schneiders

See attached and below, is this what you are looking for?



From: zecheroffice@gmail.com <zecheroffice@gmail.com>
Sent: Tuesday, October 3, 2023 4:37 PM
To: 'Mobley, Sally J' <Sally.Mobley@flhealth.gov>
Cc: bczecher@comcast.net
Subject: RE: Schneiders



SITE PLAN

12/2/23

23-0726