



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

PERMIT NO. 21-0540  
DATE PAID: 4/15/21  
FEE PAID: 60.00  
RECEIPT #: 1481013

APPLICATION FOR:

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

APPLICANT: George + Lane DeKle

AGENT: Peeler Pools of North FL, Chad Cunningham TELEPHONE: 386-755-2948

MAILING ADDRESS: 8390 SW Old Wire Rd Ft. White, FL 32038

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: 1 BLOCK: A SUBDIVISION: Forest Country <sup>3rd Add</sup> PLATTED: \_\_\_\_\_

PROPERTY ID #: 16451603000-101 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1.22 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: 30 FT

PROPERTY ADDRESS: 289 SW Loblolly Pl Lake City, FL 32024

DIRECTIONS TO PROPERTY: R on Duval, L on SR 247  
L on Monk Way, L on Long Leaf, R on  
Loblolly Pl, House on L

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 | <u>Swimming Pool</u> | <u>2</u> | <u>2</u> | <u>ORIGINAL ATTACHED</u> |
| 2 |                      |          |          |                          |
| 3 |                      |          |          |                          |
| 4 |                      |          |          |                          |

☐ Floor/Equipment Drains ☐ Other (Specify) Swimming Pool

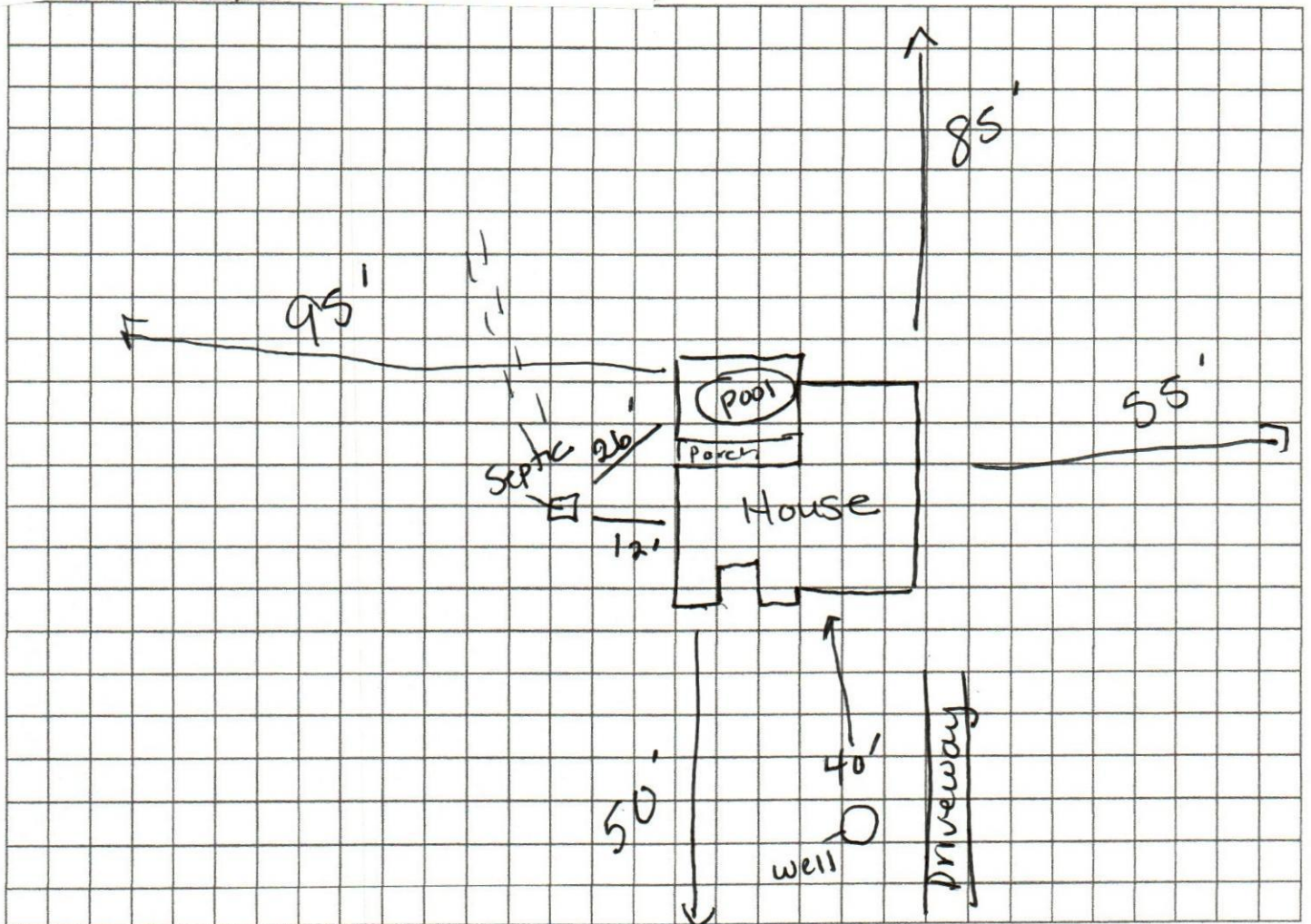
SIGNATURE: [Signature] DATE: 5-25-21



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



Notes: \_\_\_\_\_

Site Plan submitted by: Katie Cunningham

Plan Approved ☒ Not Approved ☐

By [Signature] Date 6/16/21 County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**