



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

PERMIT NO. 22-0148
DATE PAID: 2/28/22
FEE PAID: 310.00
RECEIPT #: 180648

APPLICATION FOR:

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

APPLICANT: Joseph Peurrung

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, 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 SUB: Forest Country 4th addition PLATTED: _____

PROPERTY ID #: 16-4S-16-03000-201 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

✓ PROPERTY SIZE: 0.73 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: SW Long Leaf Dr, Lake City, FL 32024

DIRECTIONS TO PROPERTY: TR onto US-90 W, TR onto FL-247S,
TR onto SW Monk Way, TR onto Long Leaf Blvd,
prop. on the left next to address 381 SW Long Leaf.

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	SF Residential	3	1815	
2				
3				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: William D. Bishop II DATE: 2/16/2022

STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

22-0197

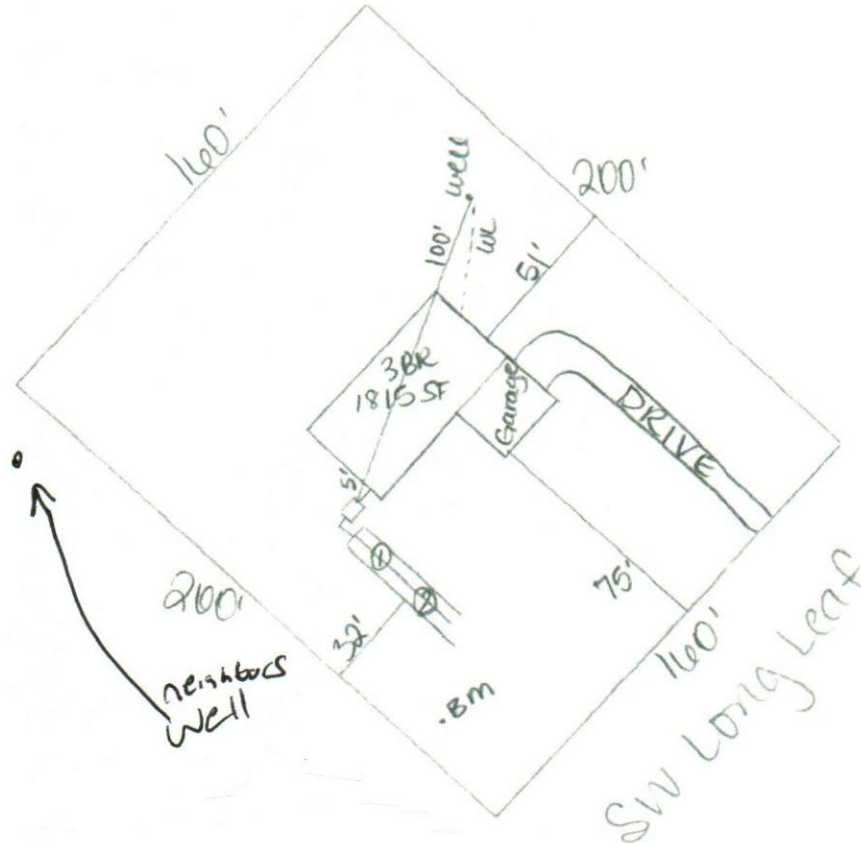
Peurung (Gator David)

PART II - SITEPLAN

Scale: 1 inch = ~~40~~ 60 feet.

↑N

60



Notes:

Nitrogen Reduction System

Site Plan submitted by:

William D. Bishop II

MASTER CONTRACTOR

Plan Approved ☒

Not Approved ☐

Date

2-16-22

By

[Signature]

ES2

Columbia

County Health Department

313122

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT