STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

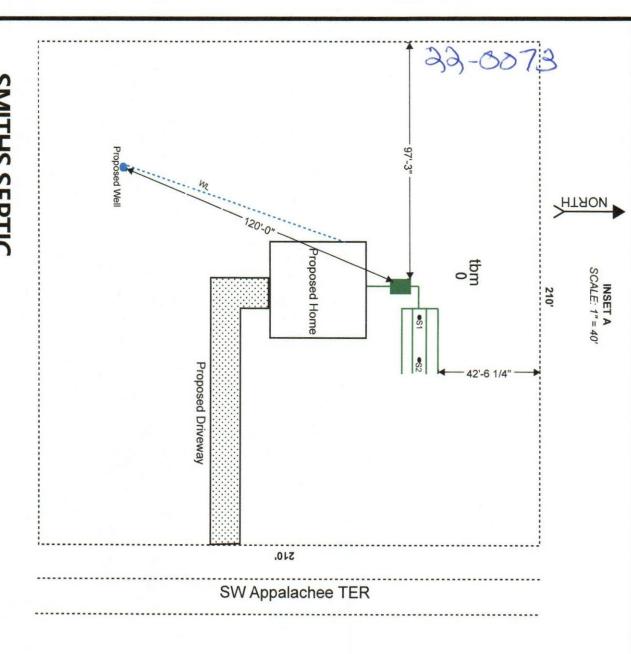
Permit Application Number 32-00 ------PART II - SITEPLAN -----Scale: Each block represents 10 feet and 1 inch = 40 feet. Notes:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Not Approved____

Site Plan submitted by:_
Plan Approved

Date 1 do do County Health Department



483

205

Entire Parcel Not to Scale

HTRON

Proposed Driveway

840

SITE PLAN

Roy Smith Reason: I am approving this document Contact Info: 386-209-2586 Date: 2022.01.28

ed by Roy Smith

Address: 664 SW Appalachee Ter, Ft White Parcel ID: 03-6S-16-03766-106 New Septic System

Owner: Michael Turner

(386) 935-1429 cmsmith@windstream.net

P.O. Box 838, Bell, FL 32619 PORTABLE TOILETS INSTALLS - REPAIRS - PUMPING



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

1	1 x v Ma
PERMIT NO.	400/2
DATE PAID:	113122
FEE PAID:	3000
RECEIPT #: 1	1848/19

APPLICATION FOR: [New System [] Existi [] Repair [] Abando	ng System [] Holding Tank [] Innovative
APPLICANT: MICHAEL TU	rner
AGENT: Smith'S Septic	-Roy Smith TELEPHONE: 386.935.142
	838, Bell, FL 32619
BY A PERSON LICENSED PURSUANT TO APPLICANT'S RESPONSIBILITY TO PRO	PPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE VIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.
PROPERTY INFORMATION	
LOT: BLOCK: SUBDI	vision: Appalachle Trace PLATTED:
PROPERTY ID #: 03 45/16/037/6/6	-106 ZONING: I/M OR EQUIVALENT: [Y /N]
PROPERTY SIZE: 10 ACRES WATE	R SUPPLY: [PRIVATE PUBLIC [] <= 2000GPD [] > 2000GPD
IS SEWER AVAILABLE AS PER 381.006	5, FS? [Y/N] DISTANCE TO SEWER: MA
PROPERTY ADDRESS: (064 SW	Appalachee Tex, Ft. White
DIRECTIONS TO PROPERTY: Hwy	475 The Hanling The Appalable To
BUILDING INFORMATION	RESIDENTIAL [] COMMERCIAL
	of Building Commercial/Institutional System Design
No Establishment Bed	rooms Area Sqft Table 1, Chapter 64E-6, FAC
1 SF	2 1600
2	
3	
4	
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE:	DATE: 1-28-22
DH 4015, 08/09 (Obsoletes previous Incorporated 64E/6.001, FAC	s editions which may not be used) Page 1 of 4



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT #: 12-SC-2452433

APPLICATION #: AP1789868

DATE PAID: 1 31/22

FEE PAID: 31000

RECEIPT #:____

DOCUMENT #: PR1734896

APPLICANT: MICHAEL**22-0073 TURNER PROPERTY ADDRESS: 664 SW APPLACHEE Fort White, FL 32038 LOT: 6 BLOCK: SUBDIVISION: Appalachee Trace [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION AND CHAPTER 648-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANT SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACT WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE REPRINT APPLICATION SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BERIND ANDE NULL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOI ISSUANCE OF THIS PERMIT BERIND AND SHALL AND VOID AND VOID AND VOID AND VOID AND SHALL AND VOID AND VOID AND VOID AND VOID AND VOID AND VOID AND SHALL AND VOID AND VOI	and the state of the substitute of the substitut	
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