



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

PERMIT NO. 21-0927  
DATE PAID: 11/9/21  
FEE PAID: 310.00  
RECEIPT #: 1764437

APPLICATION FOR:

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

APPLICANT: William Byers

AGENT: Jason Brent Wamwright

MAILING ADDRESS: 12426 NW US HWY 441 ARLINGTON FL 32615

TELEPHONE: \_\_\_\_\_

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: 27 BLOCK: A SUBDIVISION: IcheTucknee Forest Phase 2 PLATTED: \_\_\_\_\_

PROPERTY ID #: 02-65-15-0002-127 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 5.0 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 555 SW Loncala Loop Fort White FL 32038

DIRECTIONS TO PROPERTY: See Attached

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       | SFR                   | 3               | 1040               |                                                                    |
| 2       |                       |                 |                    |                                                                    |
| 3       |                       |                 |                    |                                                                    |
| 4       |                       |                 |                    |                                                                    |

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature]

DATE: 11-8-21

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

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PART II - SITEPLAN

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

Byers

See Attached

Notes:

Site Plan submitted by

Kameron O'Keefe

Agent:

Owner:

Date:

11-9-21

Plan Approved

Not Approved

Date

11/17/21

By

[Signature]

EBZ

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

