

56620



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 22-0860
DATE PAID: 10/17/22
FEE PAID: 310.00
RECEIPT #: 1904042

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
- Repair Abandonment Temporary

APPLICANT: Tracy Harper EMAIL: nflsepticTank@comcast.com

AGENT: Robert Ford III - North Florida Septic Tanks Inc TELEPHONE: 386-755-6372

MAILING ADDRESS: 141 SE State Road 100, 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

OSTDS REMEDIATION PLAN? [Y / N]

LOT: BLOCK: SUBDIVISION: PLATTED: 2006

PROPERTY ID #: 31-45-18-10515-000 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 80 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

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

PROPERTY ADDRESS: 1312 SE High Falls Rd, Lake City FL

DIRECTIONS TO PROPERTY: CR 245 south to Ebenezer Rd HL to High Falls Rd HL to Site on left.

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>used m/H</u>	<u>2</u>	<u>720</u>	<u>12x60</u>
2	<u> </u>	<u> </u>	<u> </u>	<u> </u>
3	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Floor/Equipment Drains Other (Specify)

SIGNATURE: Robert Ford III DATE: 10-17-2022

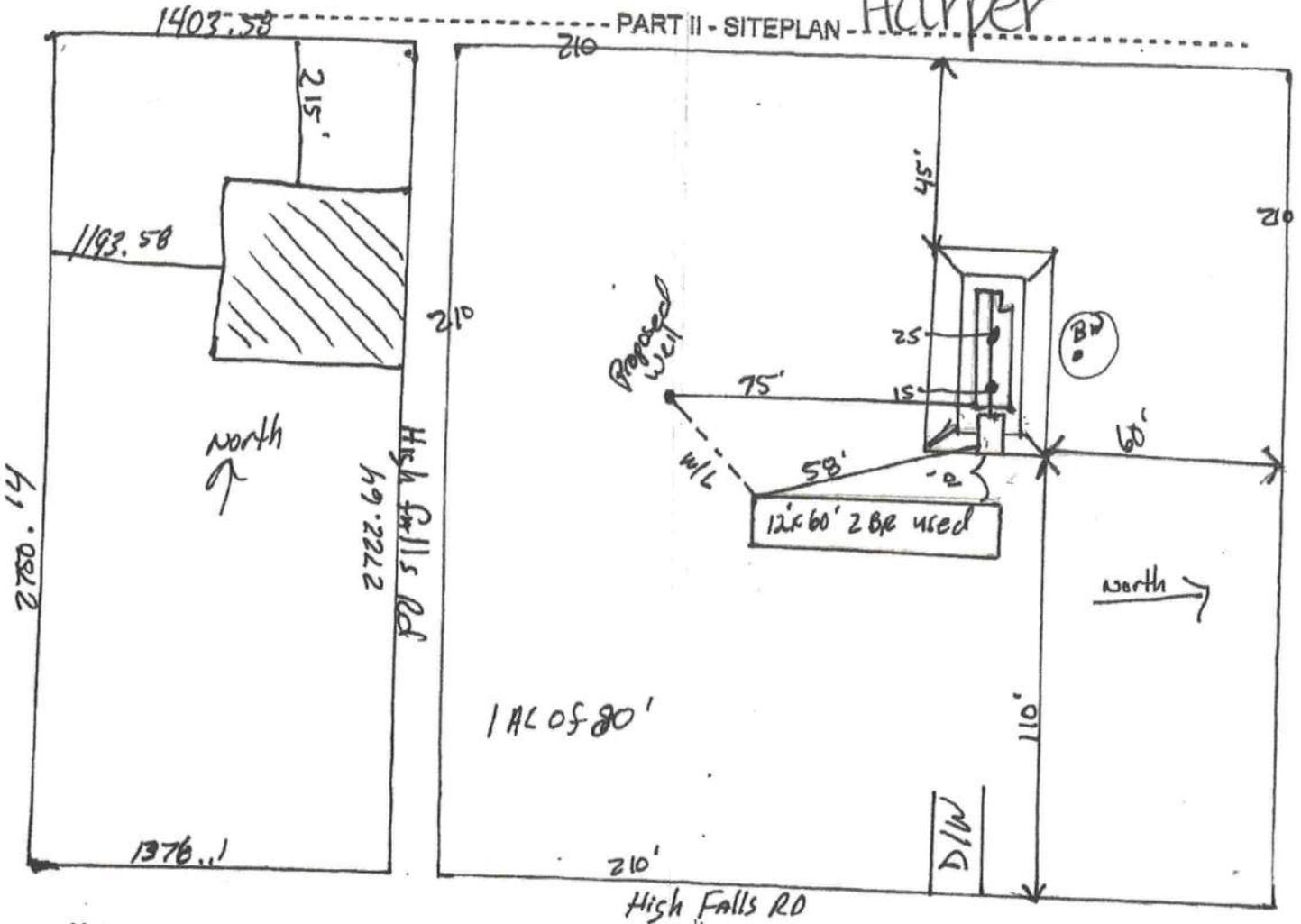
STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

1"=40'

Permit Application Number 22-0860

Harper

PART II - SITEPLAN



Notes:

Site Plan submitted by: Robert Ford 999 Date: 10-17-2022

Plan Approved Y Not Approved _____

MASTER CONTRACTOR

Date 10/19/23

By [Signature] Calhoun County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT