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

PERMIT NO. 21-0821
DATE PAID: 9/27/22
FEE PAID: 60.00
RECEIPT #: 1883053

APPLICATION FOR:
[ ] New System [x] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Steve and Terri Patterson

AGENT: BRYAN ZECHER CONSTRUCTION TELEPHONE: 386-752-8653

MAILING ADDRESS: Bryan Zecher Construction, 2370 SW SR 47, 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

LOT: 44 BLOCK: NA SUBDIVISION: Oaks of Lake City PLATTED: _____

PROPERTY ID #: 18-5S-17-09280-144 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 4.49 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 3176 SW CUSTOM MADE CIR, LAKE CITY, FL 32024

DIRECTIONS TO PROPERTY: Head W on NE Franklin St, turn left onto US-441S, turn left onto US-41S, turn right onto SW Tustenuggee Ave. Turn right onto SW Mandiba Dr, turn left onto SW Custom Made Cir. Turn right onto Upstage Gln

BUILDING INFORMATION [x] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Barn	0	1800	21-0821
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: _____ DATE: 9/27/22

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

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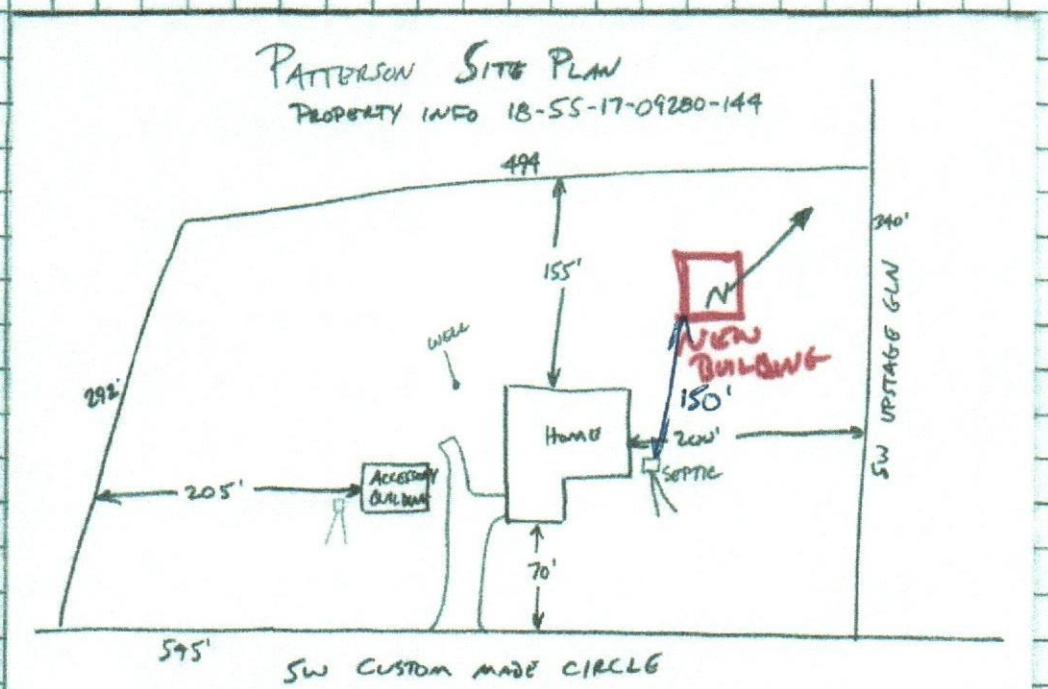
PART II - SITEPLAN

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

E-MAILED
Zecher



Notes: _____

Site Plan submitted by: _____ TITLE _____ DATE: 9/27/22

Plan Approved ✓ Not Approved _____ Date 10/6/22

By _____ ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT