



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

PERMIT NO. 21-1017
DATE PAID: 12/9/21
FEE PAID: 600.00
RECEIPT #: 1769323

APPLICATION FOR:

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

APPLICANT: Blow Ryderwood LLC

AGENT: _____ TELEPHONE: 386-365-8575

MAILING ADDRESS: 830 W Doral St, Lake City, FL 32055

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: 2 BLOCK: C SUBDIVISION: Oakhaven S/D PLATTED: Y

PROPERTY ID #: 12-35-15-0067-031(503) ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 6.86 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 209 NW Indian Spring Dr Lake City, FL 32055

DIRECTIONS TO PROPERTY: N on Lake Jeffrey to India Spring on (L)
2nd house on Left

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	<u>SFR (Existing)</u>	<u>3</u>	<u>1701</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) to add @ blowryderwood.com

SIGNATURE: Chf TH DATE: 12-9-2021

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Permit Application Number

21-1012

BANKS/CR 03-1514

Oak Haven, Lot 2

7 acres

Occupied
>75' to well

TBM in 8" oak

North

Vacant

Slope

Vacant

Pond

200'

100'

Waterline

Well

Drive

165'

647'

Occupied

Site Plan submitted by:

Agent:

Owner:

Date: 12-9-21

Plan Approved

Not Approved

Date 12/14/21

By

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT