

SSOCOF #: 134909725 done by Ford's Septic on: 05 - 14 - 2019



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

PERMIT NO. 19-0405
DATE PAID: 5/21/19
FEE PAID: 185.80
RECEIPT #: 1415289

APPLICATION FOR:

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

APPLICANT: OWNER: TERRY DUGAN CONTRACTOR: MARK WILLIAMS - M&R CONSTRUCTION OF NORTH FLORIDA, INC

AGENT: Ronald Ford - Ford's Septic TELEPHONE: 386-755-6288

MAILING ADDRESS: 116 NW Lawtey Way Lake City, Florida 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: n/a BLOCK: n/a SUBDIVISION: Meets and Bounds PLATTED: _____

PROPERTY ID #: 34-3S-17-06884-000 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 0.40 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ <=2000GPD ☒ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 110 FT

PROPERTY ADDRESS: 2344 NE WASHINGTON STREET LAKE CITY, FLORIDA 32055

DIRECTIONS TO PROPERTY: TRAVEL NORTH ON US HWY 441.

TURN RIGHT ON NE BASCOM NORRIS DRIVE.

TURN LEFT ON NE WASHINGTON STREET. HOME # 2344 ON RIGHT.

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>S.F.R.</u>	<u>3</u>	<u>1260</u>	<u>* Built in 1900</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Qc Ford DATE: 5-16-2019

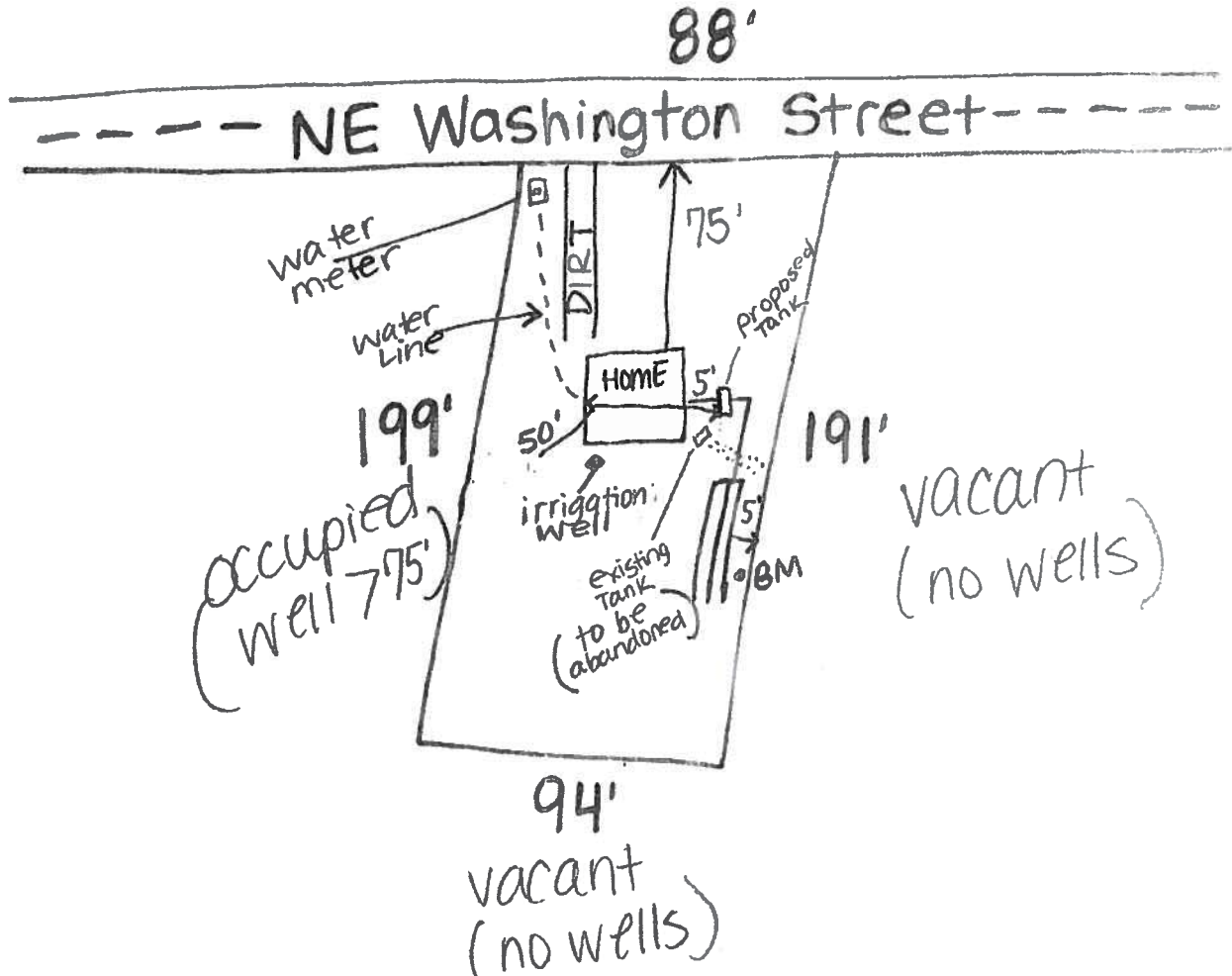


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****NOT drawn to scale**

PART II - SITEPLAN



Notes:

2344 NE Washington Street
Lake City, Florida 32055

Site Plan submitted by: RC - Ronald Ford

Plan Approved [Signature] Not Approved [Signature] Date 5/22/19

By [Signature] EST Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT