SSO 243105 267

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

PERMIT NO: 21-0718
DATE PAID: 8/31/21
FEE PAID: 425.00
RECEIPT #: 1712624

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

APPLICANT: Steve Kellerington

AGENT: Bruce Henley TELEPHONE: 352-258-5817

MAILING ADDRESS: PO Box 2158 Alachua FL 32616

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: 6 BLOCK: _____ SUBDIVISION: Blue bird Landing court PLATTED: _____

PROPERTY ID #: 31.7S-17-10070-106 ZONING: X AG I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.02 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 108 sw Blue bird Court Ft whit FL 32038 Gate code #1964

DIRECTIONS TO PROPERTY: Head north on 27 out of High Springs Turn left county road 138 Then ½" mile make Left on woodland Ave Gate code #1964

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	New Home	4	5145	
2	Horse barn	0	1105f	1 bathroom
3				
4				

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

SIGNATURE: Bruce Henley DATE: 8-26-21

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

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

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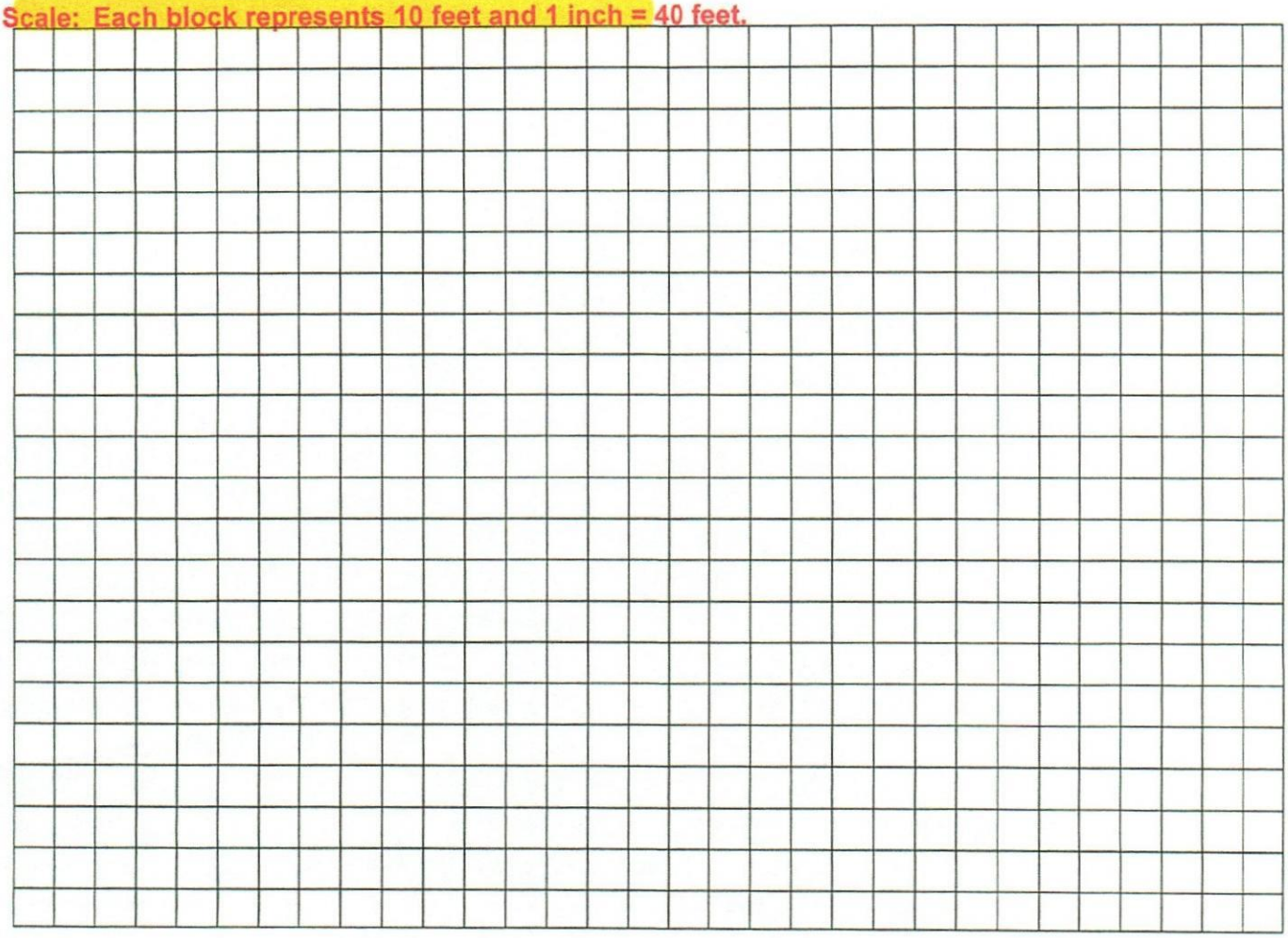
Kellar

---------- PART II - SITEPLAN ----------

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



Notes: _____

Site Plan submitted by: Bruce Kenley Agent: ✓ Owner: ____ Date: 8-27-21

Plan Approved X Not Approved ____ Date 9/8/21

By _____ COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)

21-0718

Keller