Application For Construction Permit
Onsite Sewage Treatment and Disposal System (OSTDS)

Application for:

☑ New System ☐ Existing System ☐ Temporary
☐ Repair ☐ Abandonment ☐ Other

26-0533
Permit No.
Date Paid: 7-1-26
Fee Paid: 425.00
Receipt #: 24231354

Subtype:

☐ Aerobic Treatment Unit ☐ Holding Tank ☐ Other (describe):
☐ Non-innovative Performance-based treatment system (PBTS) ☐ Innovative PBTS ☐ Innovative, Non PBTS

Does the system include nitrogen treatment?

☐ Enhanced Nutrient-Reducing OSTDS ☐ In-ground Nitrogen Reducing Biofilter

Applicant: ASHLEY CRISTECLI **Email:** AMIRAbuilders@Yahoo
Agent: AMIRA BUILDERS **Telephone:** 386-462-9071
Mailing Address: 14901 MAIN STREET ALACHUA, FL 32615

To be completed by applicant or applicant's authorized agent. Systems must be constructed by a person licensed pursuant 489.105(3)(m) or 489.552, Florida Statutes. It's the applicant's responsibility to provide documentation of the date the lot was first recorded in its present form or platted (MM/DD/YY) if requesting consideration of statutory grandfather provisions.

Property Information

Not in PBA
Lot: 6 Block: Subdivision: Summer Acres Date Lot Recorded:
Property Id #: 16-75-17-100 & 106 Zoning: I/M Or Equivalent: ☐ Yes ☐ No Property Size: 10.66 Acres

Water Supply: Private ☑ **Public Not Limited Use** ☐<=2000gpd ☐>2000gpd **Limited Use Public** ☐<=2000gpd ☐>2000gpd

Is Sewer Available As Per 381.0065, F.S.? ☐ Yes ☑ No

Property Address: ~~From 441~~

Directions To Property: From 441 take 778 west to SW Sterling
4th LOT ON LEFT

Building Information ☐ Residential ☐ Commercial

Unit No.	Type of Establishment	No. of Occupants	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	SFR	4	4	2808	
2					
3					
4					

☐ **Floor/Equipment Drains** NO ☐ **Other (Specify)**

SIGNATURE: **DATE:** 6-30-26

CRISTER CI

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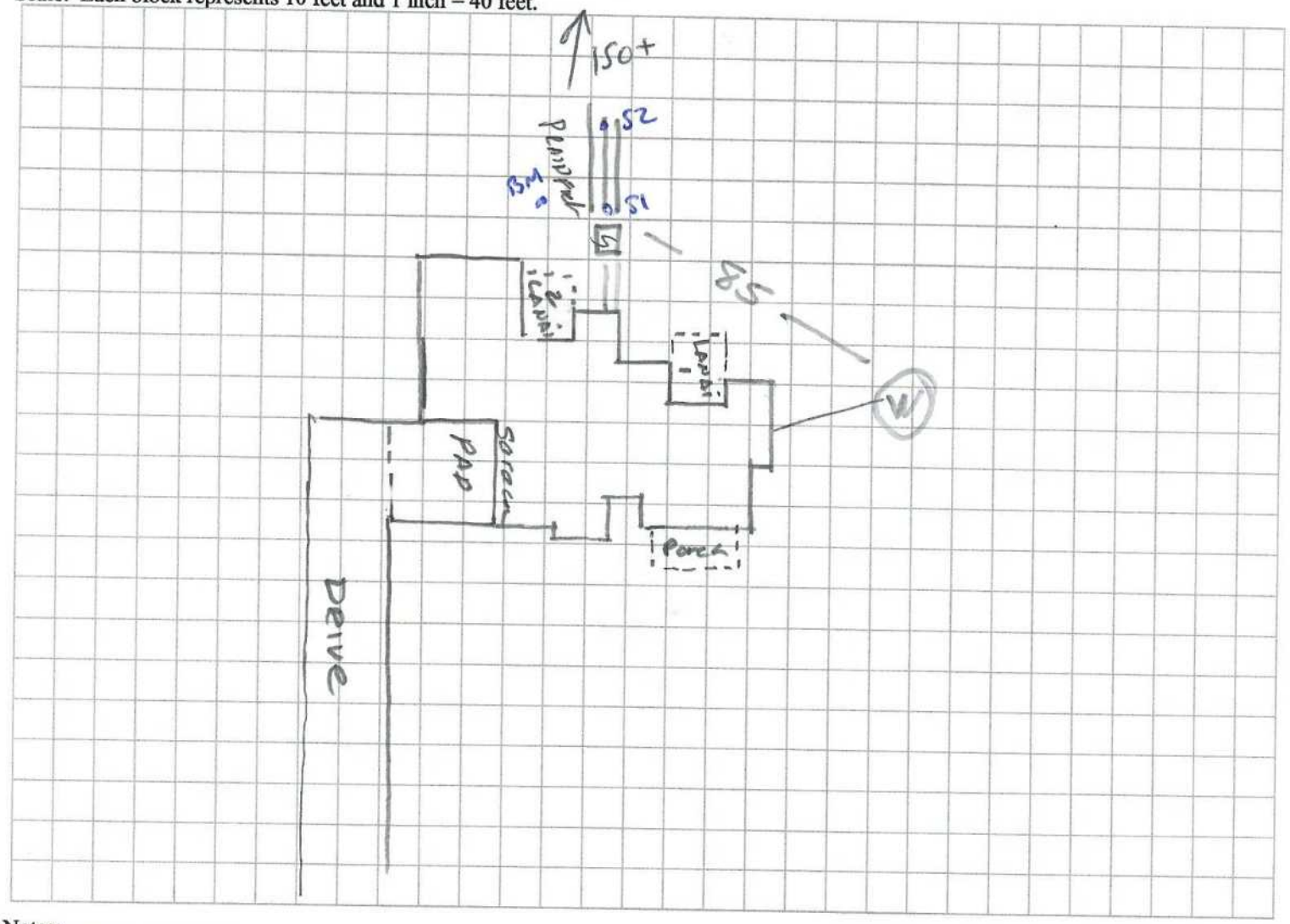
Onsite Sewage Treatment and Disposal System (OSTDS)

Permit Application Number: _____

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

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



Notes: _____

Site Plan submitted by: Amiga Builders

Plan Approved: ✓ Not Approved: _____ Date: 7/8/26

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT #: 12-SC-4115367
APPLICATION #: AP2313054
DATE PAID:
FEE PAID:
RECEIPT #:
DOCUMENT #: PR2391377

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: ASHLEY**26-0533 CRISTELLI

PROPERTY ADDRESS: SW STERLING Ter High Springs, FL 32643

LOT: 6 BLOCK: SUBDIVISION: Summers Acres

PROPERTY ID #: 10006-106 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [1,050] GALLONS / GPD New Multi-Chambered Septic CAPACITY
A [ ] GALLONS / GPD N/A CAPACITY
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [ ] GALLONS DOSING TANK CAPACITY [ ]GALLONS @[ ]DOSES PER 24 HRS #Pumps [ ]

D [500] SQUARE FEET Drainfield SYSTEM
R [ ] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [x] STANDARD [ ] FILLED [ ] MOUND [ ]
I CONFIGURATION: [x] TRENCH [ ] BED [ ]
N
F LOCATION OF BENCHMARK: Wooden stake in ground w/ green ribbon N of tank location
I ELEVATION OF PROPOSED SYSTEM SITE [1.50] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [27.50] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [ ] INCHES

O T H E R: The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.

SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist II

APPROVED BY: Sean P Havens TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 07/08/2026 EXPIRATION DATE: 01/08/2028

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

v 1.1.4 AP2313054 SE2270289