



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



**E-MAILED**

PERMIT #: 12-SC-4103640  
APPLICATION #: AP2305781  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2385841

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: TAYLOR\*\*26-0429 ROBERTS  
PROPERTY ADDRESS: 1244 SW CENTRAL Ter Fort White, FL 32038  
LOT: 24 BLOCK: \_\_\_\_\_ SUBDIVISION: 3 Rivers Est U-17  
PROPERTY ID #: 00948-000 [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 [ 400 ] GALLONS / GPD Aerobic Treatment Unit 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 [ 188 ] 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: Corner of tool shed porch  
I ELEVATION OF PROPOSED SYSTEM SITE [ 6.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 36.00 ] [ 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 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 200 gpd.  
System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation. Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting also required. Maintenance contract with fee also required before final system approval.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

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

DATE ISSUED: 05/26/2026 EXPIRATION DATE: 11/26/2027

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

FW



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM (OSTDS)

PERMIT NO. 16-0419  
DATE PAID: 5/15/26  
FEE PAID: 812.20  
RECEIPT #: 232570

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary   

APPLICANT: Taylor Roberts EMAIL: \_\_\_\_\_

AGENT: Keen Permitting LLC TELEPHONE: 352-356-1333

MAILING ADDRESS: 474 NE 628th ST. Old Town, FL. 32680

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: 24 BLOCK: \_\_\_\_\_ SUBDIVISION: Three Rivers Estates PLATTED: \_\_\_\_\_  
OSTDS REMEDIATION PLAN? [ Y /  N]

PROPERTY ID #: 00-00-00-00948-000 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y /  N]

PROPERTY SIZE: 0.918 ACRES WATER SUPPLY: [ PRIVATE PUBLIC  ] <=2000GPD [  ] >2000GPD

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

PROPERTY ADDRESS: 1244 SW Central Terr, Ft White 32038

DIRECTIONS TO PROPERTY: GPS is accurate.

BUILDING INFORMATION

RESIDENTIAL     COMMERCIAL

| Unit No. | Type of Establishment | No. of Bedrooms | Building Area Sqft | Commercial/Institutional System Design Table I, Chapter 62-6, FAC |
|----------|-----------------------|-----------------|--------------------|---|
| 1        | <u>SFR-MH</u>         | <u>2</u>        | <u>1,153</u>       |   |
| 2        |                       |                 |                    |   |
| 3        |                       |                 |                    |   |
| 4        |                       |                 |                    |   |

Floor/Equipment Drains     Other (Specify) \_\_\_\_\_

SIGNATURE: American Creek 25-2064 DATE: 5/13/2026

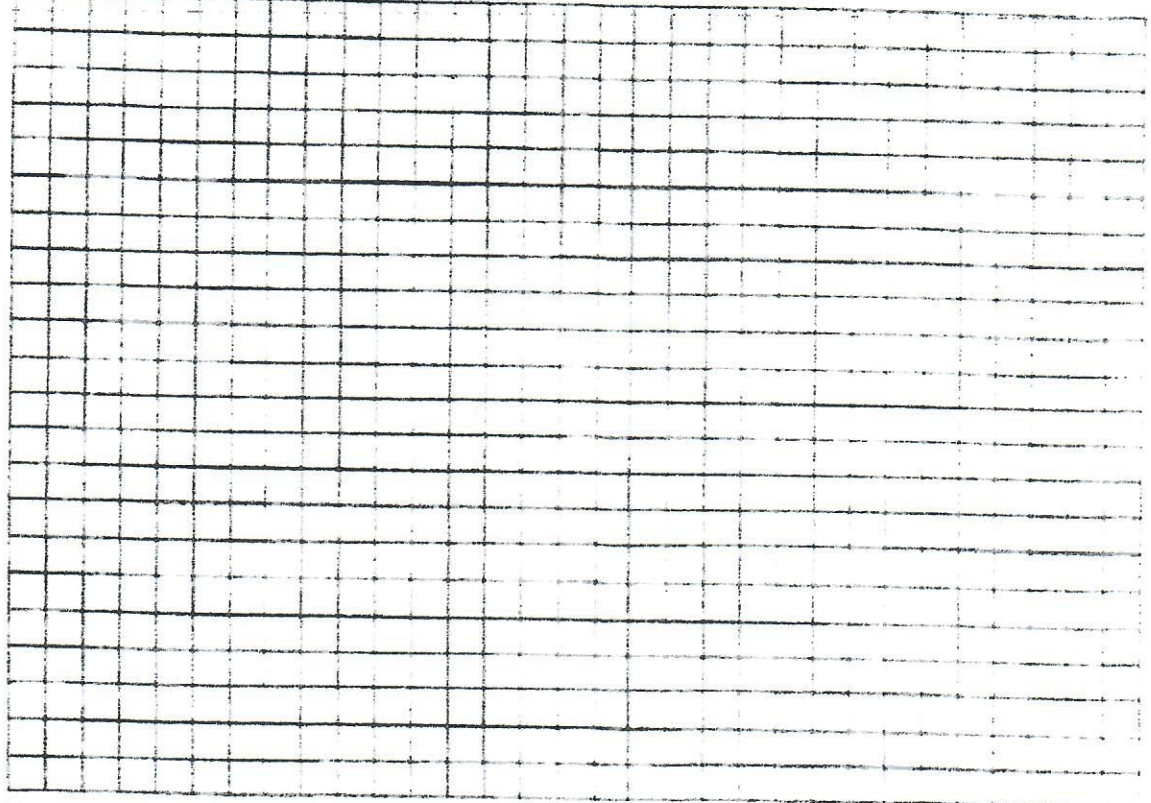
26-0429  
~~22-0130~~

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number \_\_\_\_\_

PART II - SITEPLAN

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

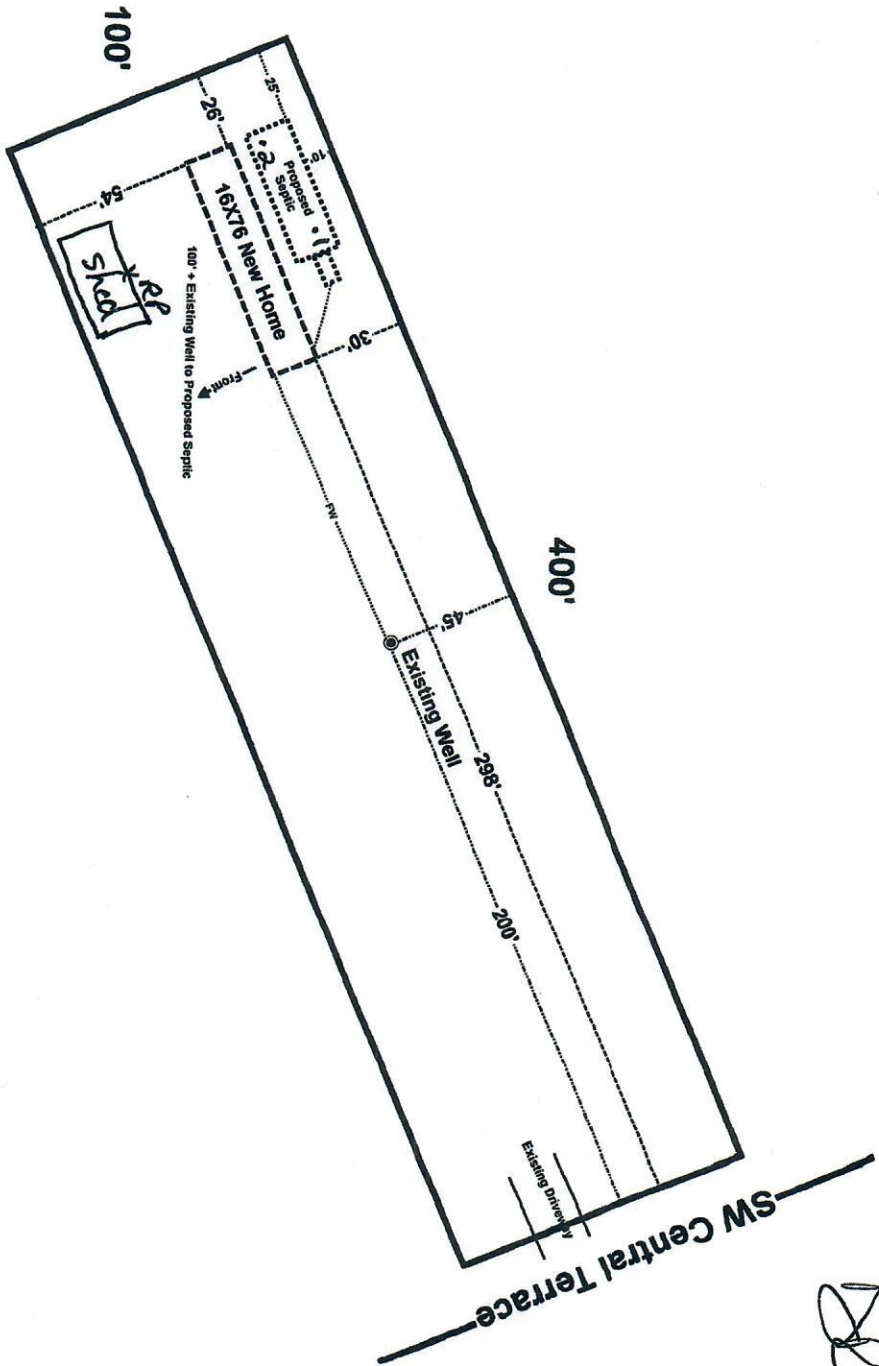
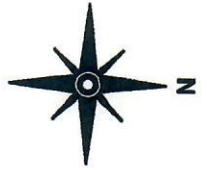


Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: *James O'Keefe* CEHP 25-2064  
Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date 5/26/26  
By: *[Signature]* *Columbia* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

26-D-29



**Tyler Strength & Taylor Roberts**  
**Parcel: 00-00-00-00948-000**  
**1244 SW Central Ter, Ft White, FL**

**Scale 1" = 60'**  
**Three Rivers Estates**  
**Unit 17 Lot 24**

*[Signature]*  
 Brody Paek  
 6/26/25

*[Signature]*  
 05.20064  
 5-13-26