



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

PERMIT NO. 26-1202
DATE PAID: 3/2/26
FEE PAID: 60.00
RECEIPT #: 2292702

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
- Repair Abandonment Temporary

APPLICANT: JUAN R. PEREIRA EMAIL: J71J74@YAHOO.COM

AGENT: _____ TELEPHONE: 301-573-3863

MAILING ADDRESS: 958 NE 743RD 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

OSTDS REMEDIATION PLAN? Y / N

LOT: 4 BLOCK: _____ SUBDIVISION: HERLOW ACRES PLATTED: 6/25/78

PROPERTY ID #: 10-65-16E 0390D-004 ZONING: _____ I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 1001 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0665, FS? Y / N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 325 SW CHASTAIN LN FORT WHITE, FL

DIRECTIONS TO PROPERTY: _____

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>NEW OWNER POWER</u>	<u>3</u>	<u>2783</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: _____ DATE: 2 MAR 2026

26-0202

OSTDS Application for Construction (New System) Page # 2

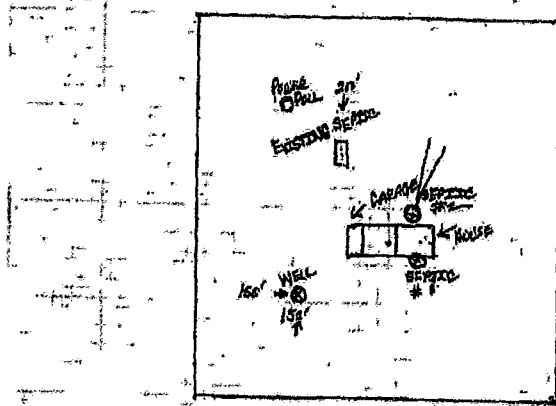
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STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT
 Permit Application Number 97-402

PART II - SITE PLAN

Scale: Each block represents 8 feet and 1 inch = 80 feet. OLD ITOHUCKNEE RD. 660'



Notes: CHASTENE LANE 660'

Notes

Site Plan submitted by _____

Plan Approved _____

By _____

Not App

Columbia

Date 3/6/26

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT