



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

PERMIT #: 12-SC-2808358
APPLICATION #: AP2008078
DATE PAID: 10/27/23
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR2017129

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: LOGAN**23-0753 HUMPHRIES

PROPERTY ADDRESS: 5395 SW HWY 27 Fort White, FL 32038

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 04112-004 [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 []

F LOCATION OF BENCHMARK: Nail with pink ribbon in oak near site

I ELEVATION OF PROPOSED SYSTEM SITE [30.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [60.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

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: (Joshua) Kameron Keen TITLE: CEHP

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

DATE ISSUED: 11/01/2023 EXPIRATION DATE: 05/01/2025

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

Incorporated 62-6.004, FAC

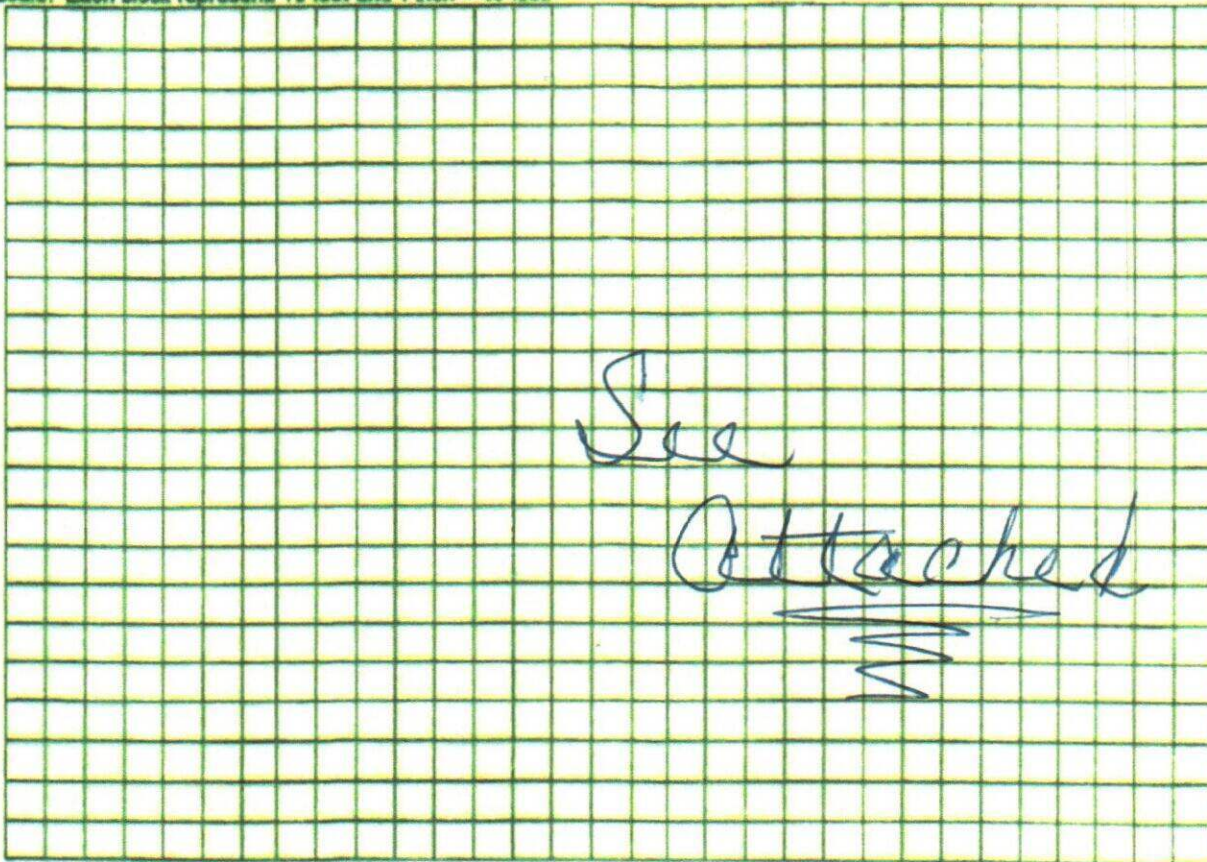
SF

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0753

..... PART II - SITEPLAN

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



See
Attached
~~~~~

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

Site Plan submitted by H. Keen

Plan Approved  Not Approved  Date 11/1/23

By [Signature] ES2 Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

23-0753



Driveway & Easement  
Access to US-27

598.51'

↑ Front ↓

28X68  
New Home

106' Well to Septic

Proposed Septic

Proposed Well

364.68'

324'

296'

162'

207'

185'

175'

173'

111'

RP

*Hammer*  
*Blair*

23-064  
10-25-23

Logan Humphries  
5395 SW US-27 Fort White, FL  
Parcel: 02-7S-16-04112-004

Scale 1" = 60'

  
Brody Paack  
10/12/23



FW

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

PERMIT NO. 23-0759  
DATE PAID: 10/27/23  
FEE PAID: 310.00  
RECEIPT #: 2008078

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Logan Humphries

EMAIL: \_\_\_\_\_

AGENT: Kameron Keen

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

OSTDS REMEDIATION PLAN? [ Y /  ]

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

PLATTED: \_\_\_\_\_

PROPERTY ID #: 02-75-16-04112-004

ZONING: \_\_\_\_\_

I/M OR EQUIVALENT: [ Y /  ]

PROPERTY SIZE: 5 ACRES

WATER SUPPLY:

PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y /  ]

DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 5395 SW Hwy 27 Fort White 32038

DIRECTIONS TO PROPERTY: From Fort White, take 27 E, TL & follow drive to property on R.

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>4</u>        | <u>1768</u>        |                                                                   |
| 2       |                       |                 |                    |                                                                   |
| 3       |                       |                 |                    |                                                                   |
| 4       |                       |                 |                    |                                                                   |

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

SIGNATURE: Kameron Keen

21-2064

DATE: 10-25-23