



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

Application for:

- ☒ New System ☐ Existing System ☐ Temporary
☐ Repair ☐ Abandonment ☐ Other

Permit No. 26-0626
Date Paid: 9/1/26
Fee Paid: 310.00
Receipt #: 2318529

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: Trey Dubose

Agent: Smith Septic

Email: SmithSeptic@outlook.com
Telephone: 386-935-1429

Mailing Address: P.O. Box 838 Bell, FL 32619

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'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

Lot: _____ Block: _____ Subdivision: _____ Date Lot Recorded: _____
Property Id #: 16-75-17-10005-003 Zoning: _____ I/M Or Equivalent: ☐ Yes ☐ No Property Size: 5.1 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: S US Hwy 441 High Springs

Directions To Property: At onto SR 47, I-75 S, Exit 414 towards 441, end @ address

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	SF		2	1,074	
2					
3					
4					

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Stacy M. Smith & R. Smith

DATE: 8.4.26



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

CONSTRUCTION PERMIT

Permit No. 12-SC-4124371
Application No. AP2318509
Date Paid: 08/06/2026
Fee Paid: 55
Receipt No. 12-PID-8096882
Document No. PR2396020
Facility ID.

E-MAILED
Smith

Type ☒ New System ☐ Existing System Modification ☐ Repair ☐ Abandonment ☐ Temporary
Subtype ☐ Aerobic Treatment Unit ☐ Non-Innovative PBTS ☐ Innovative PBTS ☐ Innovative Non PBTS
☐ Holding Tank ☐ Other (describe)

Applicant: TREY**26-0626 DUBOSE

Property Address: S US HWY 441 City High Springs State FL Zip 32643

Lot: Block: Subdivision:

Property ID No. 10005-003 [Section, Township, Range, Parcel Number, or Tax ID No.]

The system must be constructed in accordance with specifications and standards of Section 381.0065, F.S., and Chapter 62-6, 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 amend the permit application. Such amendments may result in voiding this permit. 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

Tank

900 Gallons / GPD capacity ☒ Septic Tank ☐ Aerobic Treatment Unit ☐ Multi-chambered ☐ In series
Gallons / GPD capacity N/A ☐ Multi-chambered ☐ In series
Gallons Grease Interceptor capacity
Gallons Dosing Tank capacity gallons at doses per 24 hours doses per 24 hours

Drainfield

250 Square feet Drainfield system
Square feet N/A system
System type ☒ Standard ☐ Filled ☐ Mound ☐
Configuration ☒ Trench ☐ Bed ☐
Location of benchmark/reference point Nail in oak tree NW of system site
Elevation of proposed system site 12 ☒ inches ☐ feet ☐ above ☒ below benchmark/reference point
Bottom of drainfield to be 42 ☒ inches ☐ feet ☐ above ☒ below benchmark/reference point
Fill required 0 inches Excavation required inches

Other

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.

Specifications by Roy A Smith
Printed Name Title Signature

Approved by Sean P Havens Environmental Specialist II
Printed Name Title Signature
Florida Department of Health in Columbia County
Office

Date issued 08/10/2026 Expiration date 02/10/2028

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

Permit Application Number:

26-0628

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

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

See Attached

Notes:

Site Plan submitted by:

D Smith

Plan Approved:

Not Approved:

Date:

8/10/25

By

[Signature]

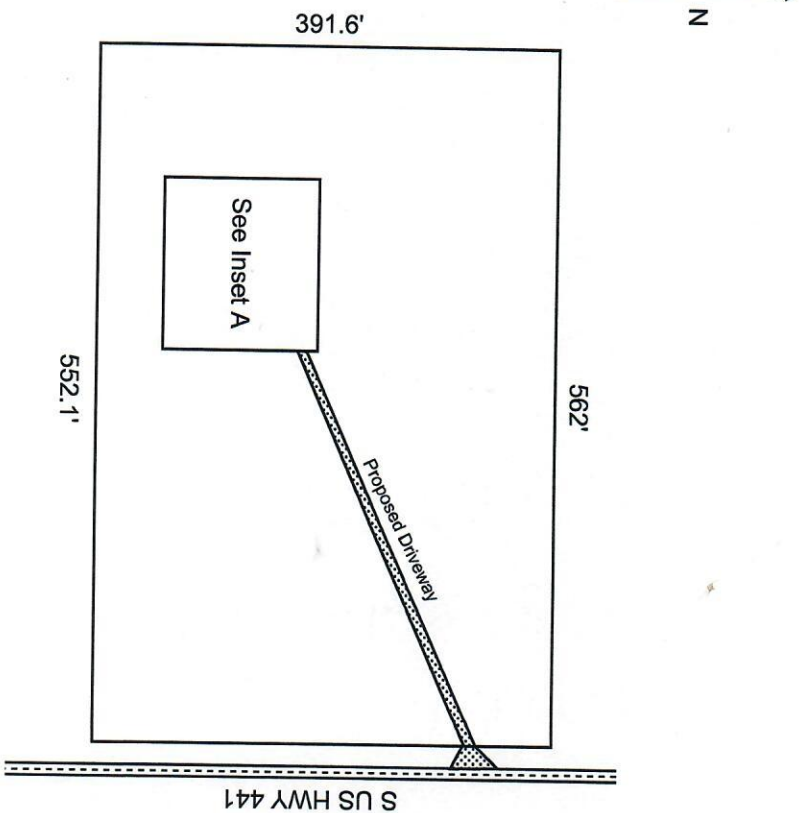
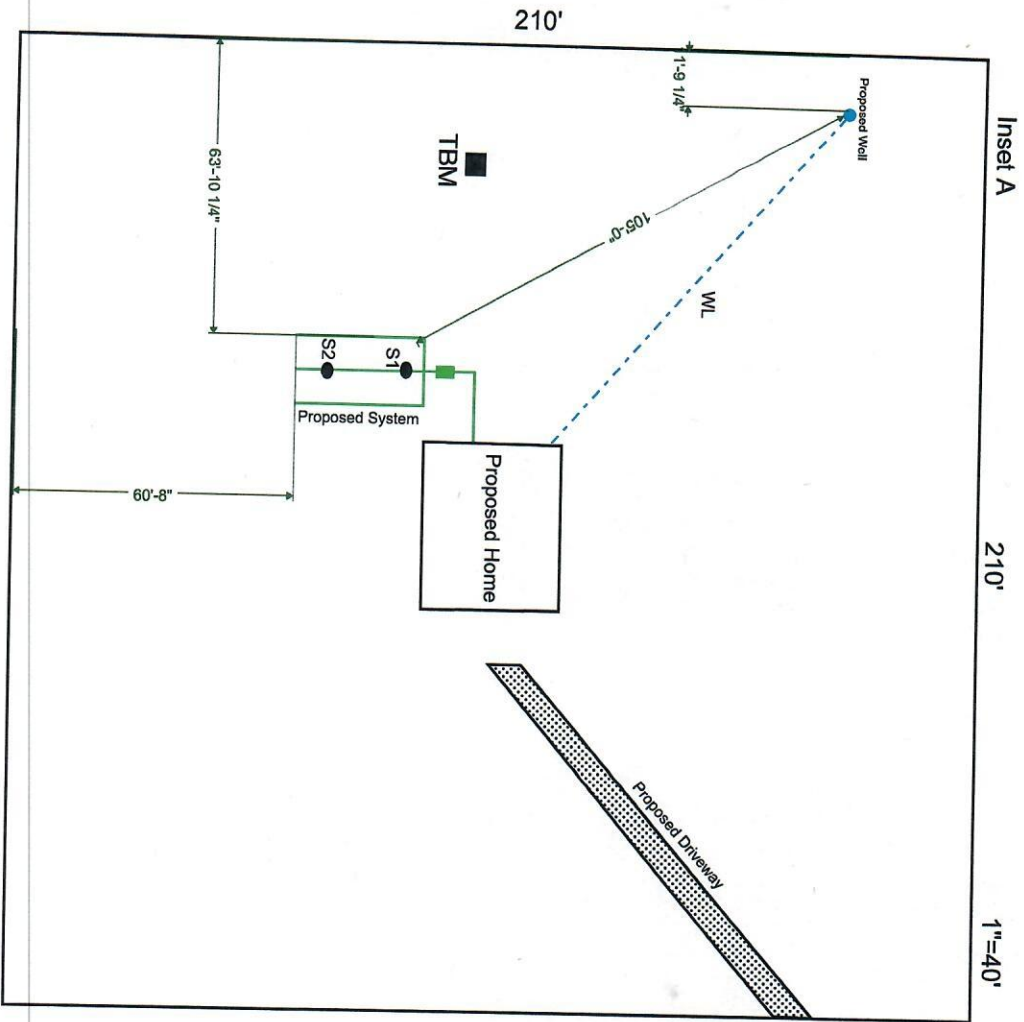
Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Smith Septic

Site Plan:
 New Septic System
 Address: S US HWY 441
 Parcel: 16-7S-17-10005-003
 Owner: Dubose



Roy A. Smith
 Stacy M. Smith
 8/1/26

86-2018