

2-20-26



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

PERMIT #: 12-SC-4079008
APPLICATION #: AP2289871
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2371246

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: FRANCISCO**26-0163 MONJE
PROPERTY ADDRESS: TUSTENUGGEE Fort White, FL 32038
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 09825-004

407-738-8845

[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 [900] 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 [376] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [*] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [*] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail in 12" oak southwest of system site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE
APPROVED BY: [Signature] TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 02/12/2026 EXPIRATION DATE: 08/12/2027

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



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

CR # 24-00760

PERMIT NO. 24-00760
DATE PAID: 11/20/25
FEE PAID: 318.50
RECEIPT #: 1129871

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: FRANCISCO MONJE

EMAIL: Office@Howardseptic.com

AGENT: HOWARD SEPTIC

TELEPHONE: (386) 935-1518

MAILING ADDRESS: PO BOX 180

BRANFORD FL 32008

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (a) 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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 08-8S-17-09625-004 ZONING: AG I/M OR EQUIVALENT: [NO]

PROPERTY SIZE: 20.000 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [NO] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: TUSTENUGGEE AVE.

DIRECTIONS TO PROPERTY:

TAKE US 441 SOUTH . TURN RIGHT ON TUSTENUGGEE AVE. SITE ON LEFT JUST PAST HERLONG RD.

BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
1	MOBILE HOME	3	1,001	
2				
3				
4				

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

SIGNATURE: Francisco Monje

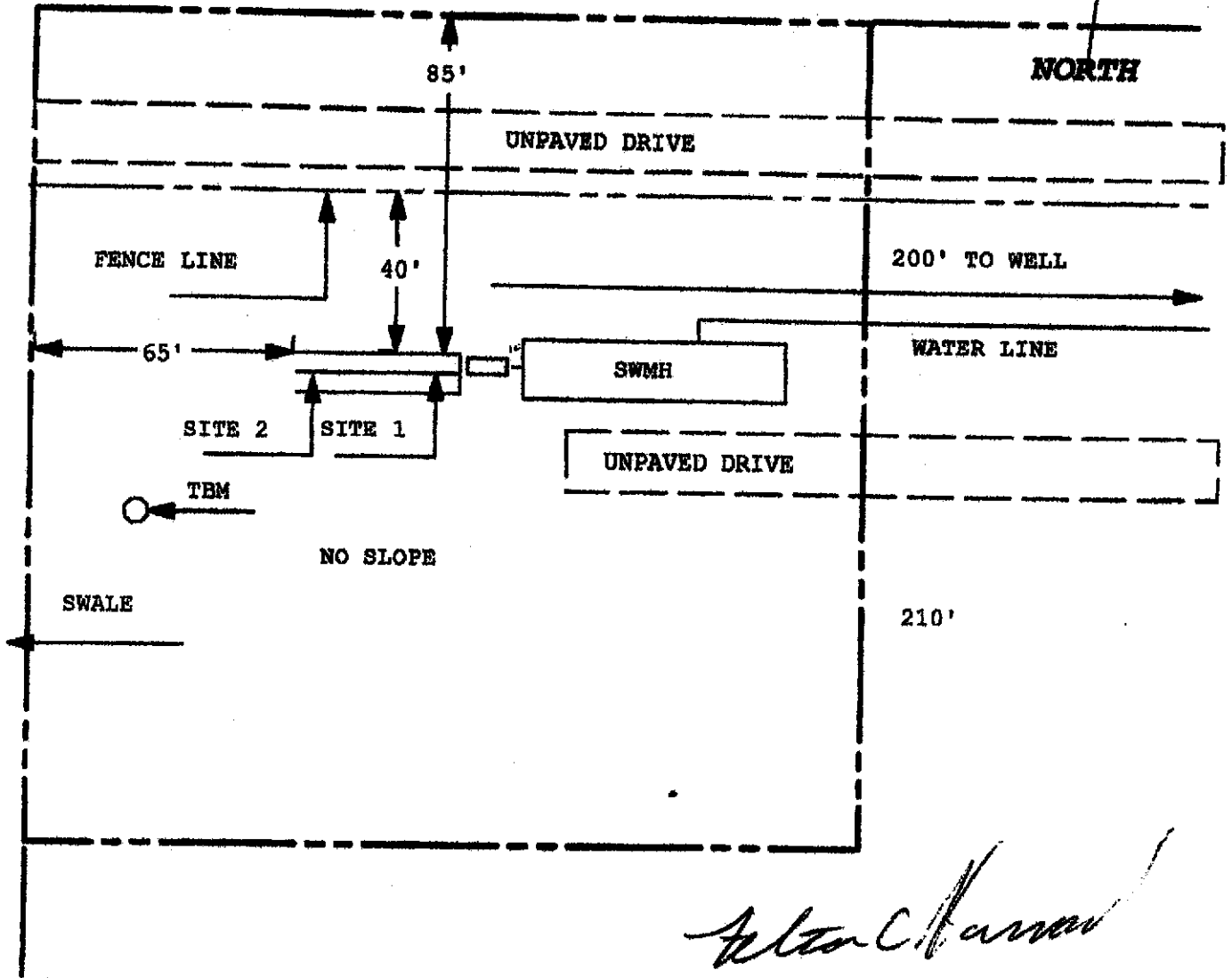
DATE: 11/20/25

Application for Onsite Sewage Disposal System
 Construction Permit. Part II Site Plan
 Permit Application Number: 24-00760

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

CR# 24-00760

210'



John C. Harman

1 INCH = 40 FEET

NO WELLS WITHIN 100'

Site Plan Submitted By Pam Rhye Date 11/19/25
 Plan Approved Not Approved Date 2/12/26
 By [Signature] Colville CPHU

Notes: _____



STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

- Southwest
 - Northwest
 - St. Johns River
 - South Florida
 - Suwannee River
 - DEP
 - Delegated Authority (if Applicable)
- PLEASE, FILL OUT ALL APPLICABLE FIELDS
(Denotes Required Fields Where Applicable)
- The water well contractor is responsible for completing this form and forwarding the permit application to the appropriate delegated authority where applicable.

Thursday

Permit No.	3-023-252944-1		
Florida Unique ID			
Permit Stipulations Required (See Attached)			
62-524 Quad No.	4822NE	Designation No.	
CUP/WUP Application No.			

ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. FRANCISCO MONJE Owner, Legal Name if Corporation	SW TUSTENUGGEE AVE Address	FT. WHITE City	FL State	32038 Zip	4073018493 Telephone Number
2. SW TUSTENUGGEE AVE, FT. WHITE, FL 32038 Well Location - Address, Road Name or Number, City					
3. 086S1709625004 Parcel ID No. (PIN) or Alternate Key (Circle One)					
4. 8 Section of Land Grant	6S Township	17E Range	Columbia County	 Subdivision	Check if 62-524: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5. Samantha L. Adams Water Well Contractor					
2601 License Number		3668540532 Telephone Number		lynchdrillingllc@gmail.com E-mail Address	
6. 5309 266th St Water Well Contractor's Address					
			Branford City	FL State	32008-2434 ZIP
7. Type of Work: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input type="checkbox"/> Abandonment Reason for Repair, Modification, or Abandonment					
8. Number of Proposed Wells 1					
9. Specify Intended Use(s) of Well(s):					
<input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> Landscape Irrigation		<input type="checkbox"/> Agricultural Irrigation	
<input type="checkbox"/> Bottled Water Supply		<input type="checkbox"/> Recreation Area Irrigation		<input type="checkbox"/> Livestock	
<input type="checkbox"/> Public Water Supply (Limited Use/DOH)		<input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP)		<input type="checkbox"/> Nursery Irrigation	
<input type="checkbox"/> Class I Injection		<input type="checkbox"/> Class V Injection		<input type="checkbox"/> Commercial/Industrial	
<input type="checkbox"/> Recharge		<input type="checkbox"/> Commercial/Industrial Disposal		<input type="checkbox"/> Aquifer Storage and Recovery	
<input type="checkbox"/> Remediation		<input type="checkbox"/> Recovery		<input type="checkbox"/> Air Sparge	
<input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Other (Describe)	
(Note: Not all types of wells are permitted by a given permitting authority)					
10. Distance from Septic System if ≤ 200 ft.		11. Facility Description Grazing Land Soil Capability Class III		12. Estimated Start Date 10/28/2025	
13. Estimated Well Depth 140 ft.		Estimated Casing Depth 120 ft.		Primary Casing Diameter 4 in.	
14. Estimated Screen Interval: From 120 To 140 ft.					
15. Primary Casing Material: <input checked="" type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel					
16. Secondary Casing: <input type="checkbox"/> Telescope Casing <input type="checkbox"/> Liner <input type="checkbox"/> Surface Casing Diameter 4 in.					
17. Secondary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other					
18. Method of Construction, Repair, or Abandonment: <input checked="" type="checkbox"/> Combination (Two or More Methods) <input type="checkbox"/> Auger <input type="checkbox"/> Cable Tool <input type="checkbox"/> Jetted <input type="checkbox"/> Rotary <input type="checkbox"/> Sonic					
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:					
From 0 To 120		Seal Material (<input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other)			
From To 		Seal Material (<input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other)			
From To 		Seal Material (<input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other)			
From To 		Seal Material (<input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other)			
20. Indicate total number of existing wells on site List number of existing unused wells on site					
21. Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive Water Use Permit (CUP/WUP) or CUP/WUP Application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the following: CUP/WUP No. 159317 District Well ID No. 159317					
22. Latitude 295901.2295		Longitude 823833.6322		Datum: <input type="checkbox"/> NAD 27 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> WGS 84	
23. Data Obtained From: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map <input type="checkbox"/> Survey					

I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well. I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of my responsibilities as stated above. Owner consents to allowing personnel of the WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.

Samantha L. Adams **2601**
Signature of Contractor License No.

Samantha L. Adams **10/27/2025**
Signature of Owner or Agent Date

Date Stamp

Confirmation#
321621

Date: **10/27/2025**

Official Use Only

Approval Granted By: *[Signature]* Issue Date: **10/27/2025** Expiration Date: **01/25/2026** Hydrologist Approval: *[Signature]*

Fee Received \$ **40** Receipt No. **152492** Check No. **OnLine-238033472-321621**

THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, MODIFICATION, OR ABANDONMENT ACTIVITIES.