

FW

SS0177605818



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

PERMIT NO. 26-0522
DATE PAID: 2/24/22
FEE PAID: 1200.00
RECEIPT #: 542510
230411

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Scott C. Thomason Sr. EMAIL: Scottc.thomason@gmail.com

AGENT: _____ TELEPHONE: 386.315.0587

MAILING ADDRESS: 909 SW Roberts Ave Ft. White, FL 32038

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: N

PROPERTY ID #: 30-65-16-03993-003 ZONING: A-3 I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 6.23 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 911 SW Roberts Avenue Ft. White, FL 32038

DIRECTIONS TO PROPERTY: 47-5 to US 27 to 11th, to Roberts, FL
APPROXIMATELY 3/4 OF A MILE ON L - (SITE IN REAR)

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	<u>RESIDENTIAL</u>	<u>3</u>	<u>2304</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Scott DATE: 6.23.26

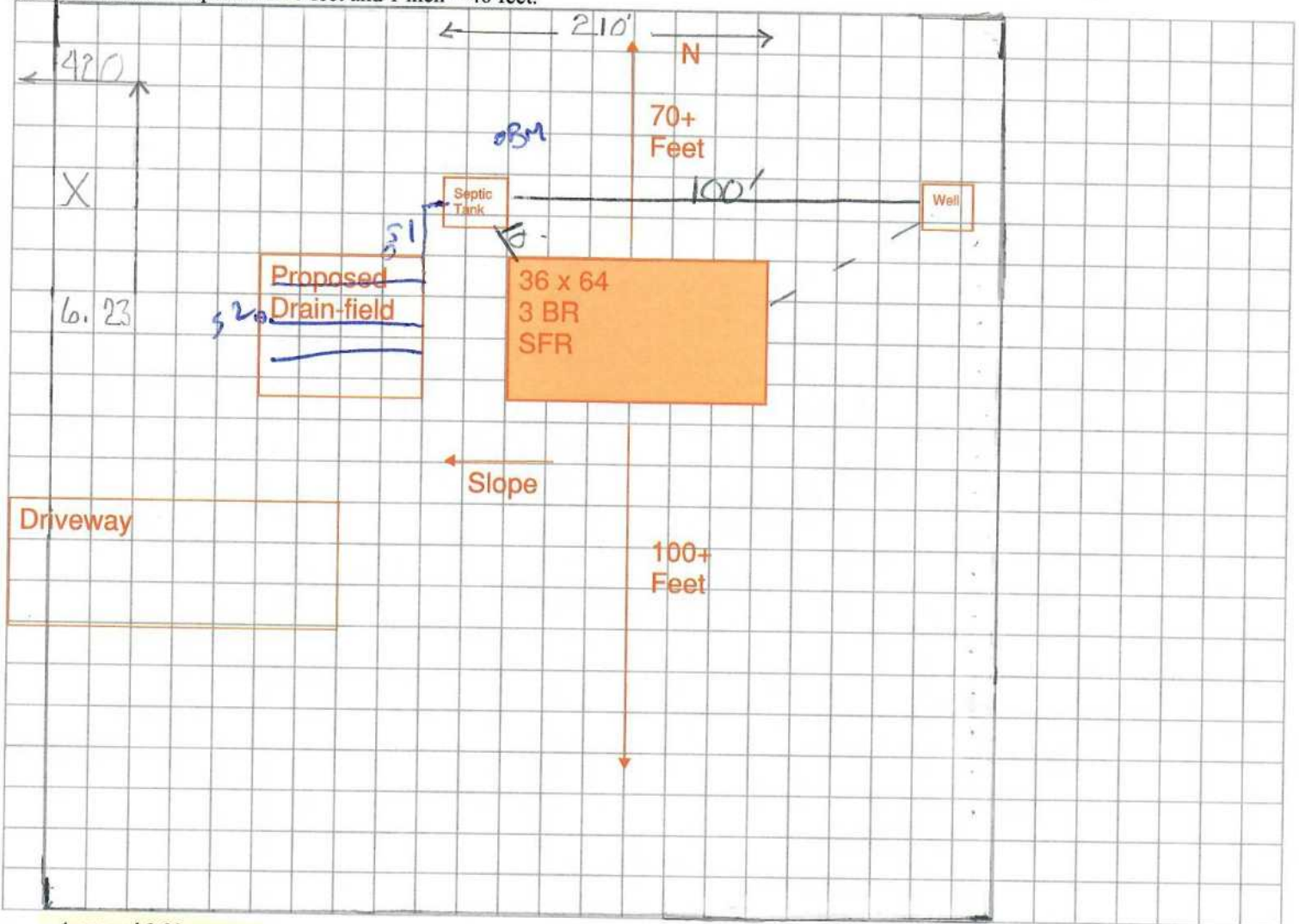
**Application For Construction Permit
Onsite Sewage Treatment and Disposal System (OSTDS)**

Permit Application Number:

26-0522

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

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



Notes: 1 acre of 6.23 acres

Site Plan submitted by:

Scott C. Thomas, Sr. *SC*

Plan Approved: ☒

Not Approved: ☐

Date:

7/1/26

By

[Signature]

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT