



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 25-0532
DATE PAID: 6/30/25
FEE PAID: 318.00
RECEIPT #: 227522

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: William Anderson EMAIL: _____

AGENT: Keen Permitting LLC 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? / N

LOT: 100 BLOCK: _____ SUBDIVISION: Three Rivers Estates Unit 20 PLATTED: _____

PROPERTY ID #: 00-00-00-01289-000 ZONING: _____ I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 0.918 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

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

PROPERTY ADDRESS: SW Newark Dr., Fort White 32038

DIRECTIONS TO PROPERTY: South on 47, T R on SW Wilson Springs Rd, T L on Wilson Springs Rd, T R on SW Newark Dr, Property on L.

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	SFR-MH	2	979	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: American Creek 23 2064 DATE: 6/24/25

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

Incorporated 62-6.004, FAC



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

PERMIT #: 12-SC-3152969
APPLICATION #: AP2227522
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2292787

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: WILLIAM**25-0532 ANDERSON
PROPERTY ADDRESS: 1272 SW NEWARK Dr Fort White, FL 32038
LOT: 100 BLOCK: _____ SUBDIVISION: 3 Rivers Est U-20
PROPERTY ID #: 01289-000 [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 [400] GALLONS / GPD Aerobic Treatment Unit 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 [188] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [] _____
I CONFIGURATION: [X] TRENCH [] BED [] _____
N
F LOCATION OF BENCHMARK: Surveyors BM - 34.45 NAVD88
I ELEVATION OF PROPOSED SYSTEM SITE [15.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [15.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

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.
System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting also required. Maintenance contract with fee also required before final system approval.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 07/08/2025 EXPIRATION DATE: 01/08/2027

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

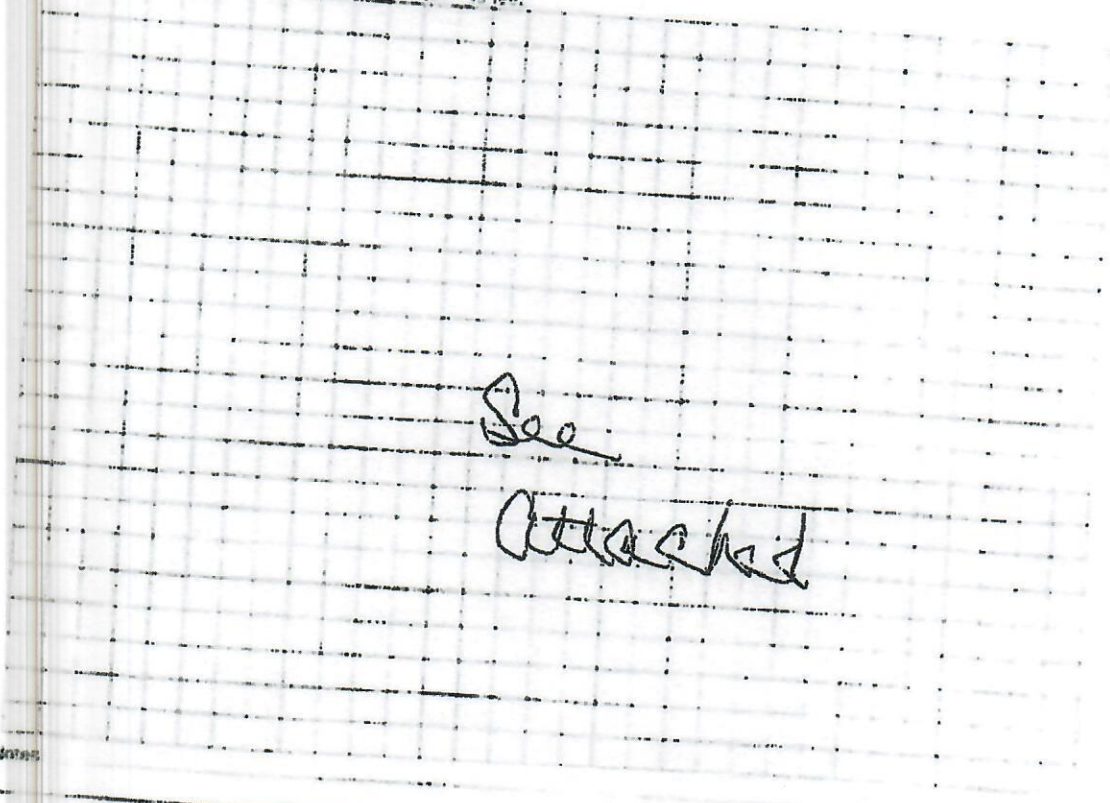
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

25-0530

PART II SITEPLAN

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



Notes

Site Plan submitted by *Kennan Keen*

Plan Approved By *[Signature]* Not Approved

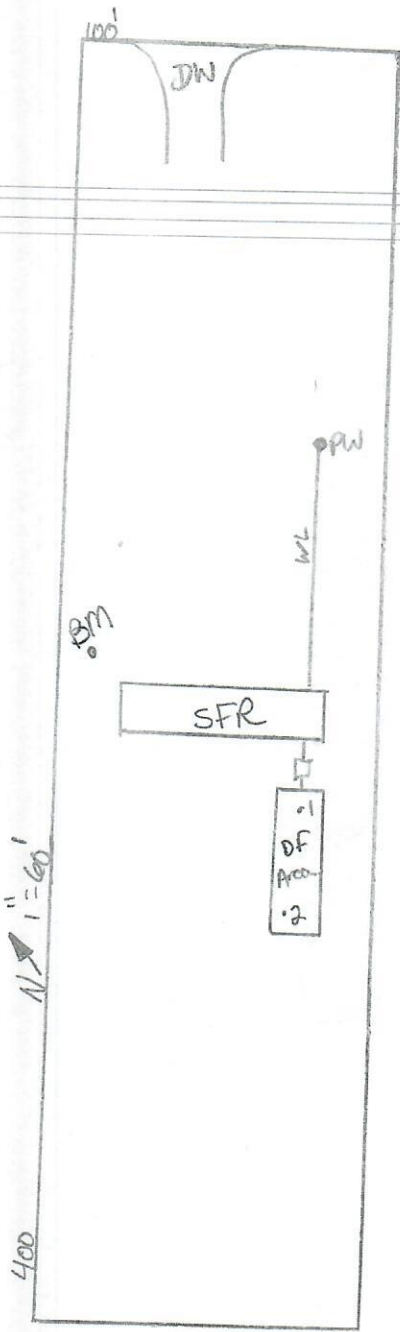
Columbia Date 7/2/25
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4010, 06 21 2022 (Obsoletes previous editions which may not be used)
Incorporated 62 S 014 F A 1

William Anderson
sw Newark Dr.
Fort White

25-1532



Kenneth Keed
23-2064
6-24-25