



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

Application for:

- ☒ New System
☐ Repair

- ☐ Existing System
☐ Abandonment

- ☐ Temporary
☐ Other

Permit No. 26-0638
Date Paid: _____
Fee Paid: _____
Receipt #: _____

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: Michael Wilson Email: nflsepticTank@comcast.net
Agent: Robert Ford III- North Florida Septic Tank Inc Telephone: 386-755-6372

Mailing Address: 741 SE State Road 100, Lake City FL 32025

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: 32+33 Block: _____ Subdivision: Stephen Foster Forest Date Lot Recorded: _____
Property Id #: 01651-032 Zoning: _____ I/M Or Equivalent: ☒ Yes ☐ No Property Size: 1.12 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: 1BD NW Stephen Foster Dr. White Springs

Directions To Property: _____

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	MH		4	2160	
2					
3	Garage		0	30x24	
4					



- ☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Robert Ford III DATE: 8-10-2026

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

1" = 40'

Permit Application Number: 26-2638

Wilson

PART II - SITEPLAN

See Att

Site Plan submitted by: Robert Ford 999

Date: 8-10-2026

Plan Approved: [Signature]

By

Not Approved:

Columbia

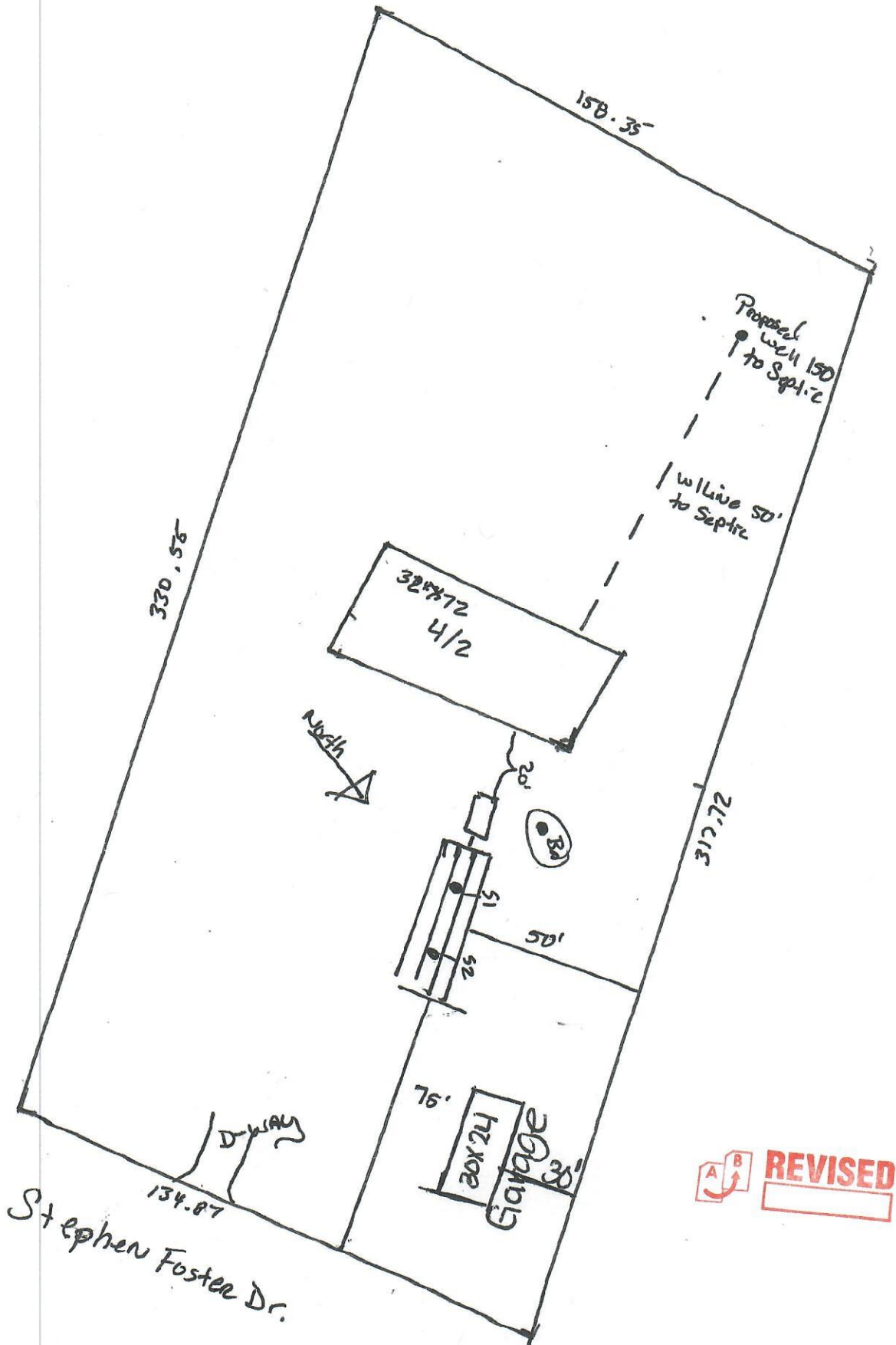
Date: 8/31/26

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Wilson Job
~~Revised~~
8-10-2020

1" = 40'





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

CONSTRUCTION PERMIT

Permit No. 12-SC-4125855
Application No. AP2319405
Date Paid: 08/12/2026
Fee Paid: 55
Receipt No. 12-PID-8112205
Document No. PR2398733
Facility ID. _____

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) _____

Nitrogen Reduction: ☐ Enhanced Nutrient Reducing System ☐ In-ground Nitrogen Reducing Biofilter

Applicant: _____ MICHAEL **26-0638 WILSON

Property Address: _____ NW STEPHEN FOSTER Dr _____ City _____ White Springs _____ State _____ FL _____ Zip _____ 32096

Lot: _____ 32,33 _____ Block: _____ Subdivision: _____

Property ID No. _____ 01651-032 _____ [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

_____ 1050 _____ 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 Number of pumps _____

Drainfield

_____ 500 _____ Square feet _____ Drainfield _____ system
_____ Square feet _____ N/A _____ system
System type ☒ Standard ☐ Filled ☐ Mound ☐ _____
Configuration ☒ Trench ☐ Bed ☐ _____
Location of benchmark/reference point _____ Oak tree NW of site
Elevation of proposed system site _____ 24 _____ [X] inches [] feet [] above [X] below benchmark/reference point
Bottom of drainfield to be _____ 54 _____ [X] inches [] feet [] above [X] below benchmark/reference point
Fill required _____ 0 _____ inches Excavation required _____ inches

Other

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 _____ Robert W Ford _____ Master Contractor
Printed Name Title Signature

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

Date issued _____ 08/31/2026 _____ Expiration date _____ 02/29/2028 _____