



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

PERMIT #: **12-SC-4108539**
APPLICATION #: **AP2308778**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2388693**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: DAVE**26-0473 REID

PROPERTY ADDRESS: 425 SW TREASURE Ln Fort White, FL 32038

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 03785-001

[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 [500] 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 [616] 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: Nail with red ribbon in oak

I ELEVATION OF PROPOSED SYSTEM SITE [11.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [41.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O 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.

T

H System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
E 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.

R

SPECIFICATIONS BY: Kristopher L Keen

TITLE: Private Provider 2940

APPROVED BY: _____

Sean P Havens

TITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 06/15/2026

EXPIRATION DATE: 12/15/2027

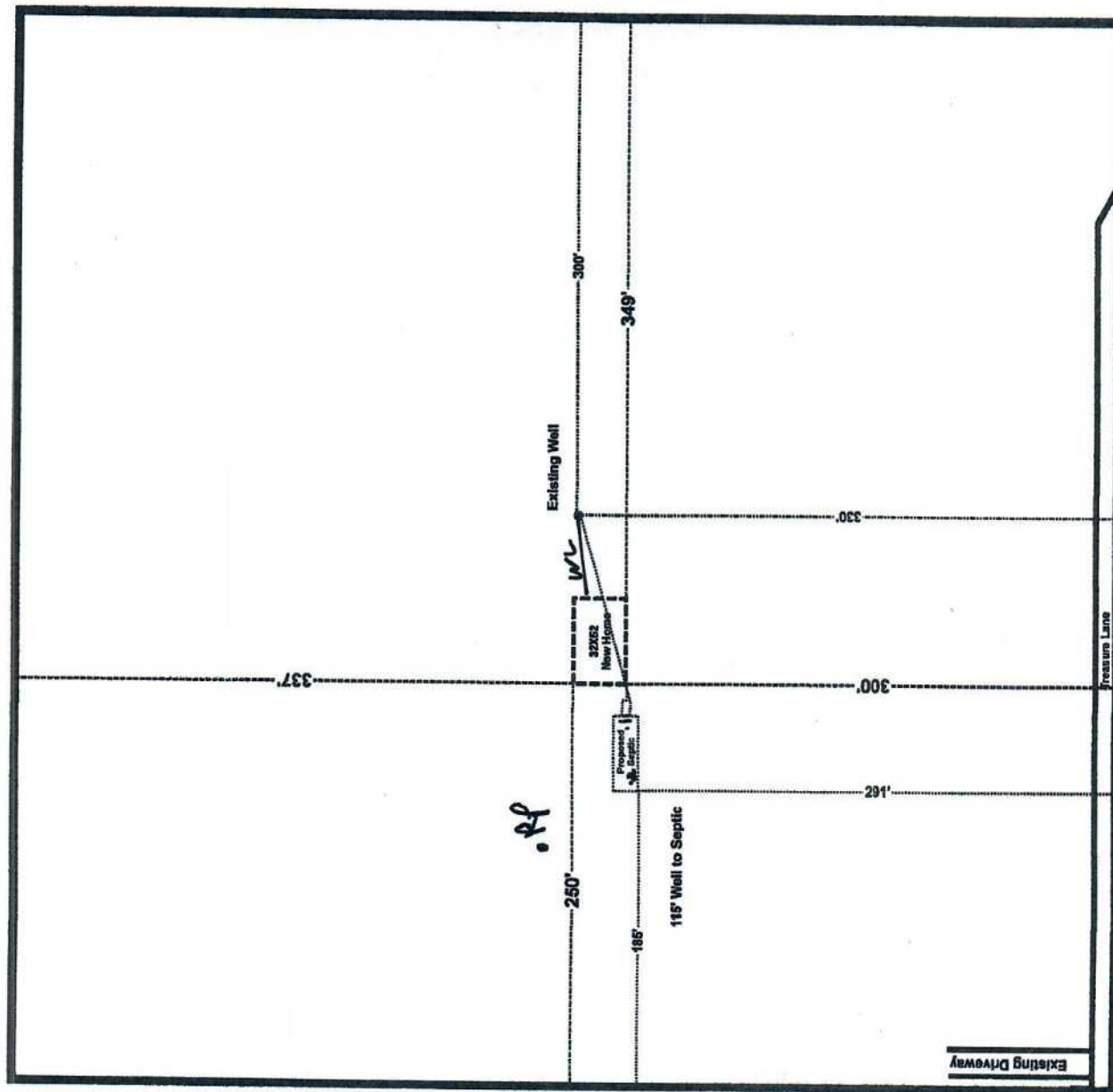
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC



**Dave & Denise Reid
425 SW Treasure Lane Ft White, FL
Parcel: 06-6S-16-03785-001**

Scale 1" = 100'

.699



Brody Pack
5/28/26

W Keen
252061
62226

approved by  J. Blumie 6115126

26-0473

FW



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

PERMIT NO. 26-0473
DATE PAID: 6/14/26
FEE PAID: 310.00
RECEIPT #: 2302778

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Dave Reid

EMAIL: _____

AGENT: Keen Permitting LLCTELEPHONE: 352-356-1333MAILING 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? [Y / ☒ N]

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 06-65-16-03785-001 ZONING: _____ I/M OR EQUIVALENT: [Y / ☒ N]PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? [Y / ☒ N] DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 425 SW Treasure Ln, Fort WhiteDIRECTIONS TO PROPERTY: GPS is accurate.

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	4	1,542	
2				
3				
4				

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

SIGNATURE: Homecom Keen 25-2064 DATE: 6/2/2026

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

Incorporated 62-6.004, FAC