



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

FW

PERMIT NO. 26-8229
DATE PAID: 4/8/26
FEE PAID: 205.00
RECEIPT #: 2294841

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [☒] modification Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Samuel Martinez

EMAIL: _____

AGENT: Jones Plumbing & Septic-Tommy Jones

TELEPHONE: (352)-493-2098

MAILING ADDRESS: 1490 NE 130th St Trenton, FL 32693

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: 16 BLOCK: _____ SUBDIVISION: Sedgefield Ph. 3 PLATTED: _____

PROPERTY ID #: 0365-16-03767-346 ZONING: _____ I/M OR EQUIVALENT: [Y / ☒ N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / ☒ N]

DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 269 SW Sedgefield Farms Gln Fort White

DIRECTIONS 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	New SFR	4	1890	
2	Replacng SFR-MH	2	990	
3				
4				

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

SIGNATURE: [Signature]

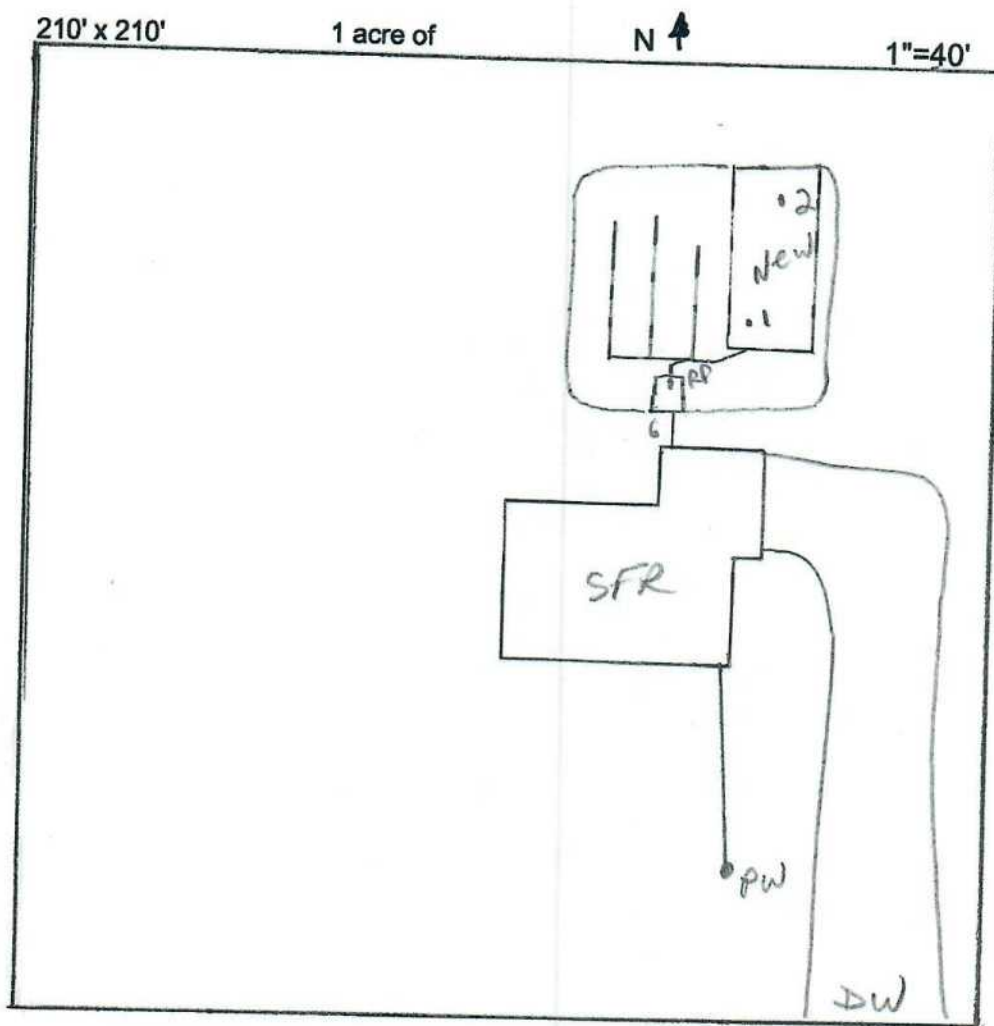
DATE: 4-1-26

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

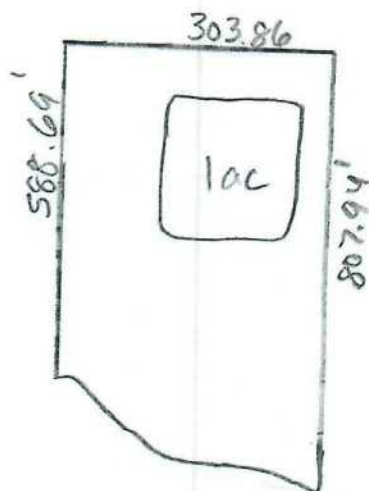
Incorporated 62-6.004, FAC

Samuel Martinez
269 SW Sedgefield Farms Eln
Fort white

26-0329



4/26



Heck
25-2064
4-1-26

approved by 
Columbia 4/27/26



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

PERMIT #: **12-SC-4093697**
APPLICATION #: **AP2299541**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2381506**

CONSTRUCTION PERMIT FOR: OSTDS Existing Modification
APPLICANT: SAMUEL**26-0329 MARTINEZ (Felton)
PROPERTY ADDRESS: 269 SEDGEFIELD FARMS Fort White, FL 32038
LOT: 16 BLOCK: _____ SUBDIVISION: SEDEFIELD PH 2
PROPERTY ID #: 03767-316 [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 Existing septic tank 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 [500] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [X] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: center top of tank inlet end

I ELEVATION OF PROPOSED SYSTEM SITE [22.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [22.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L

D FILL REQUIRED: [18.00] 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 Add 245sqft of drainfield to existing 255sqft for a total of 500sqft for the 4 bedroom home.
H
E
R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP
APPROVED BY: Sean P Havens TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 04/27/2026

EXPIRATION DATE: 10/27/2027
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC