



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

FW

Application for:

☒ New System
☐ Repair

☐ Existing System
☐ Abandonment

☐ Temporary
☐ Other

Permit No: 26-8599
Date Paid: 7/27/26
Fee Paid: 218.83
Receipt #: 231637

Subtype:

☒ Aerobic Treatment Unit
☐ Non-innovative Performance-based treatment system (PBTS)

☐ Holding Tank

☐ Other (describe):

☐ Innovative PBTS

☐ Innovative, Non PBTS

Does the system include nitrogen treatment?

☒ Enhanced Nutrient-Reducing OSTDS

☐ In-ground Nitrogen Reducing Biofilter

Applicant: Lara Thieny
Agent: Jones Plumbing and Septic

Email: _____
Telephone: 352-493-2098

Mailing Address: 1490 NE 130th St Trenton 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'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: _____ Block: _____ Subdivision: _____ Date Lot Recorded: _____
Property Id #: 08-75-17-09954-010 Zoning: _____ I/M Or Equivalent: ☐ Yes ☒ No Property Size: 1.62 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: 1827 SW Bethlehem Ave, Fort White 32038

Directions To Property: TL on 41, Keep R on 47, TL on I-75 S, take exit 414 on US-41, TR on 441, TR on CR 778, TR on SW Bethlehem, prop

Building Information

☒ Residential

☐ Commercial

on R

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	<u>SFR</u>		<u>3</u>	<u>1514</u>	
2					
3					
4					

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 7/22/2026



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

CONSTRUCTION PERMIT

Permit No. 12-SC-4121229
Application No. AP2316637
Date Paid: 07/27/2026
Fee Paid: 55
Receipt No. 12-PID-8077327
Document No. PR2395241
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) _____

Applicant: LARA**26-0599 THIERY

Property Address: 1827 SW BETHLEHEM Ave City Fort White State FL Zip 32038

Lot: _____ Block: _____ Subdivision: _____

Property ID No. 09954-010 [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

400 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 doses per 24 hours _____

Drainfield

282 Square feet Drainfield _____ system
Square feet N/A _____ system

System type ☒ Standard ☐ Filled ☐ Mound ☐ _____
Configuration ☒ Trench ☐ Bed ☐ _____

Location of benchmark/reference point Nail with red ribbon in pine near site

Elevation of proposed system site 7 [X] inches [] feet [] above [X] below benchmark/reference point

Bottom of drainfield to be 25 [X] inches [] feet [] above [X] below benchmark/reference point

Fill required 0 inches Excavation required _____ inches

Other

The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 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 CEHP
Printed Name Title Signature

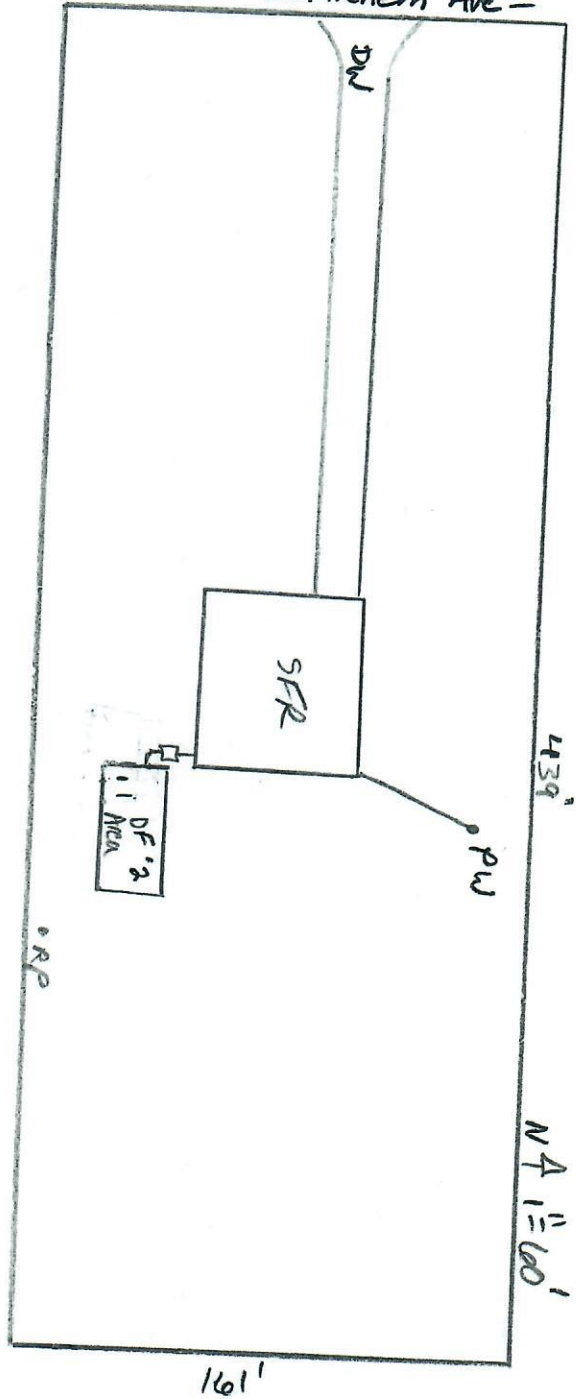
Approved by Sean P Havens Environmental Specialist II
Printed Name Title Signature
Florida Department of Health in Columbia County
Office

Date issued 08/04/2026 Expiration date 02/04/2028

Lara Thiery
SW Bethlehem Ave.
Fort White

26-2599

= SW Bethlehem Ave =



7/17/26

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252064
7-22-26

Approved 
Columbia 8/4/26