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

E-MAILED 9/3/25

PERMIT #: 12-SC-4070728
APPLICATION #: AP2284837
DATE PAID:
FEE PAID:
RECEIPT #:
DOCUMENT #: PR2368345

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: KYLE**26-0066 SULLIVAN

PROPERTY ADDRESS: SW DINGO Way Fort White, FL 32038

LOT: 41-44 BLOCK: SUBDIVISION: 3 Rivers Est U-10

PROPERTY ID #: 00780-001 [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 [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 [282] 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 25.42 NAVD
I ELEVATION OF PROPOSED SYSTEM SITE [34.50] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [26.50] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [10.00] INCHES EXCAVATION REQUIRED: [ ] INCHES

O 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
T
H System held up to due 10-yr flood zone. System may be an 18" in ground system but would be under the 10-year and would require second level review.
E System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
R Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting also

SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist II

APPROVED BY: Sean P Havens TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 02/02/2026 EXPIRATION DATE: 07/23/2027

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

FW

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

PERMIT NO. 26-0516
DATE PAID: 11/12/25
FEE PAID: 1218.50
RECEIPT #: 2284837

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Kyle Sullivan 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? [Y / N]

System
LOT: 41 BLOCK: _____ SUBDIVISION: Three Rivers Unit 10 PLATTED: 10/23/89

PROPERTY ID #: 00-00-00-00780-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.93 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: SW Dingo Way, Fort White 32038

DIRECTIONS TO PROPERTY: TR on W Duval St, TL on FL-247, TL on Sand Hill Rd, TL on US Hwy 27, TR on SW Riverside Ave, TL on Utah Parkway, TR on SW Washington Ave, TL on Montana Pkwy, TR on SW Dingo Way, property on L

BUILDING INFORMATION [X] 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	3	1,248	
2				
3				
4				

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

SIGNATURE: Kameron Keen 25-2064 DATE: 12/1/25

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 26-0866

PART II - SITEPLAN

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

Sullivan

See Attached

Notes:

Site Plan submitted by: Kameron Steen CEHP 25-2064

Plan Approved ✓ Not Approved

By [signature] Columbia County Health Department

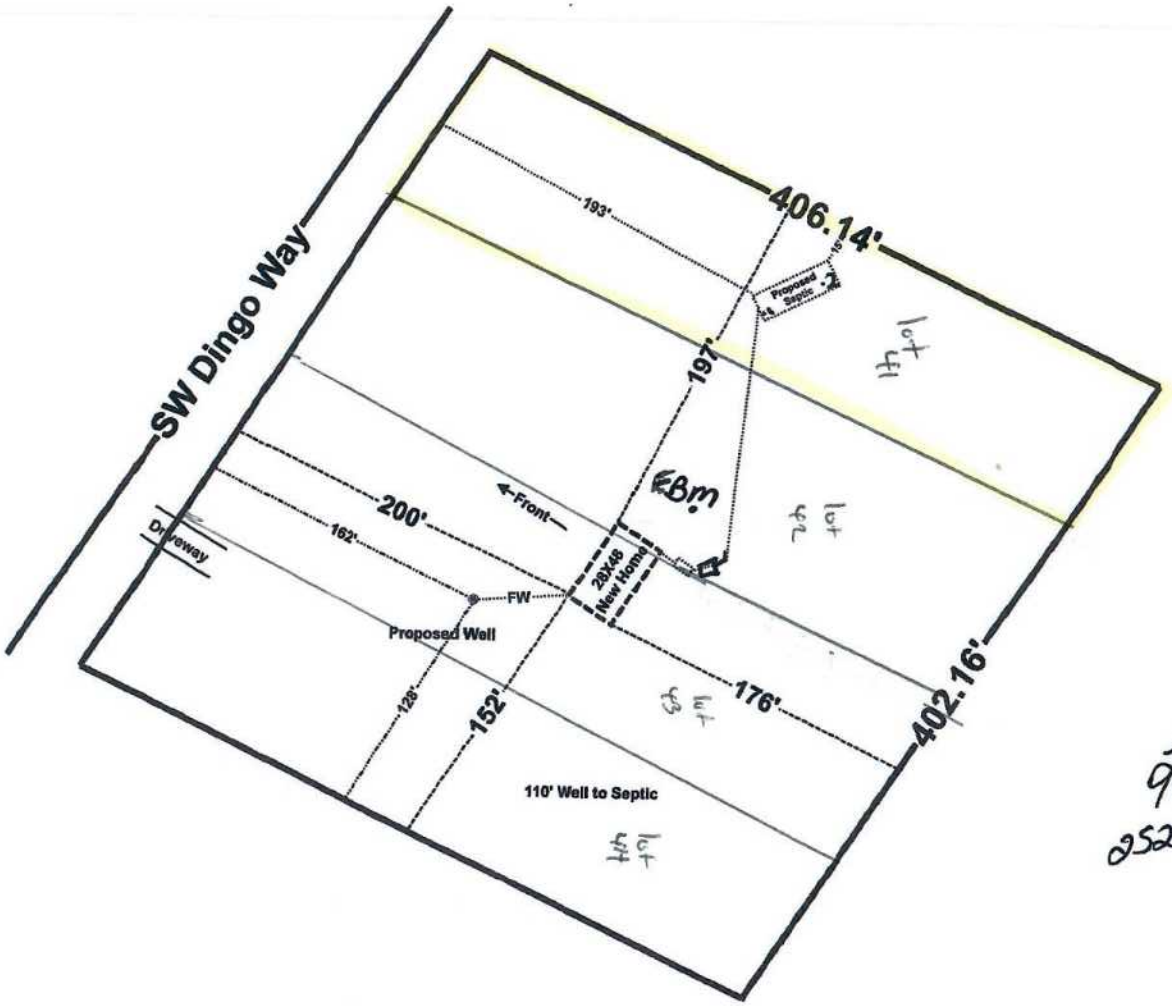
Date 1/23/26

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004, F.A.C.

N

Brody Pack
12/10/25



Karen Dean
252064
12-10-25

Kyle & Lacie Sullivan
Parcel: 00-00-00-00781-000
TBD SW Dingo Way, Ft White, FL

Scale 1" = 100'
Three Rivers Estates Unit 10
Lots 41, 42, 43, 44