



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

**FW**

PERMIT NO. 26-0296  
DATE PAID: 3/20/26  
FEE PAID: 310.00  
RECEIPT #: 2092714

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary   

APPLICANT: Michael & Kimberly Davis    EMAIL: kdkpermitting@gmail.com

AGENT: Kimberly Koon    TELEPHONE: 386-688-2345

MAILING ADDRESS: P.O. Box 86 Wellborn fl 32094

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: 54    BLOCK: \_\_\_\_\_    SUBDIVISION: Cardinal farms    PLATTED: \_\_\_\_\_

PROPERTY ID #: 10-6S-16-03815-154    ZONING: \_\_\_\_\_    I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 10.01 ACRES    WATER SUPPLY: [ \* ] PRIVATE    PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 300 SW Hilltop Fort White FL32038

DIRECTIONS TO PROPERTY: Turn left onto NW Main Blvd, Slight right onto FL-47 S, Turn left onto SW Herlong St, Turn right onto SW Hilltop Terrace, Property on right 500ft

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	Mobile home	4	2400	
2				
3				
4				

[ ] Floor/Equipment Drains    [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Kimberly Koon    DATE: 3.24.26



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

**E MAILED**  
*Koushik*

PERMIT #: 12-SC-4090844

APPLICATION #: AP2297714

DATE PAID: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

DOCUMENT #: PR2382091

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: MICHAEL\*\*26-0296 DAVIS

PROPERTY ADDRESS: 300 SW HILLTOP Fort White, FL 32038

LOT: 54 BLOCK: \_\_\_\_\_ SUBDIVISION: CARDINAL FARMS

PROPERTY ID #: 03815-154 [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 [ 375 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [X] STANDARD [ ] FILLED [ ] MOUND [ ]

I CONFIGURATION: [X] TRENCH [ ] BED [ ]

F LOCATION OF BENCHMARK: Nail with pink ribbon in oak SW of site

I ELEVATION OF PROPOSED SYSTEM SITE [ 21.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 51.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

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: (Joshua) Kameron Keen TITLE: CEHP

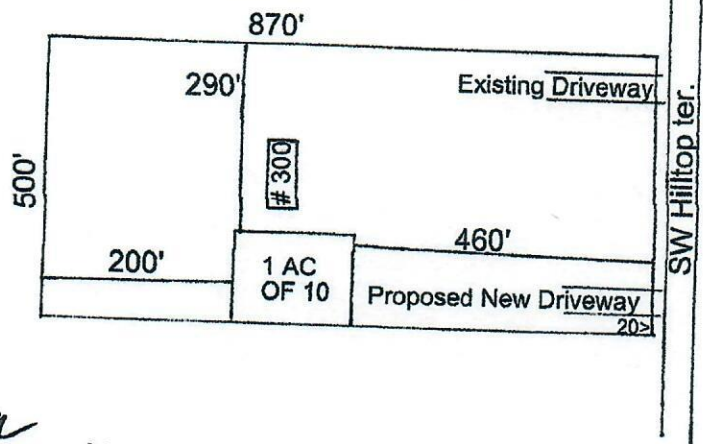
APPROVED BY: *Sean P Havens* TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 04/30/2026 EXPIRATION DATE: 10/30/2027

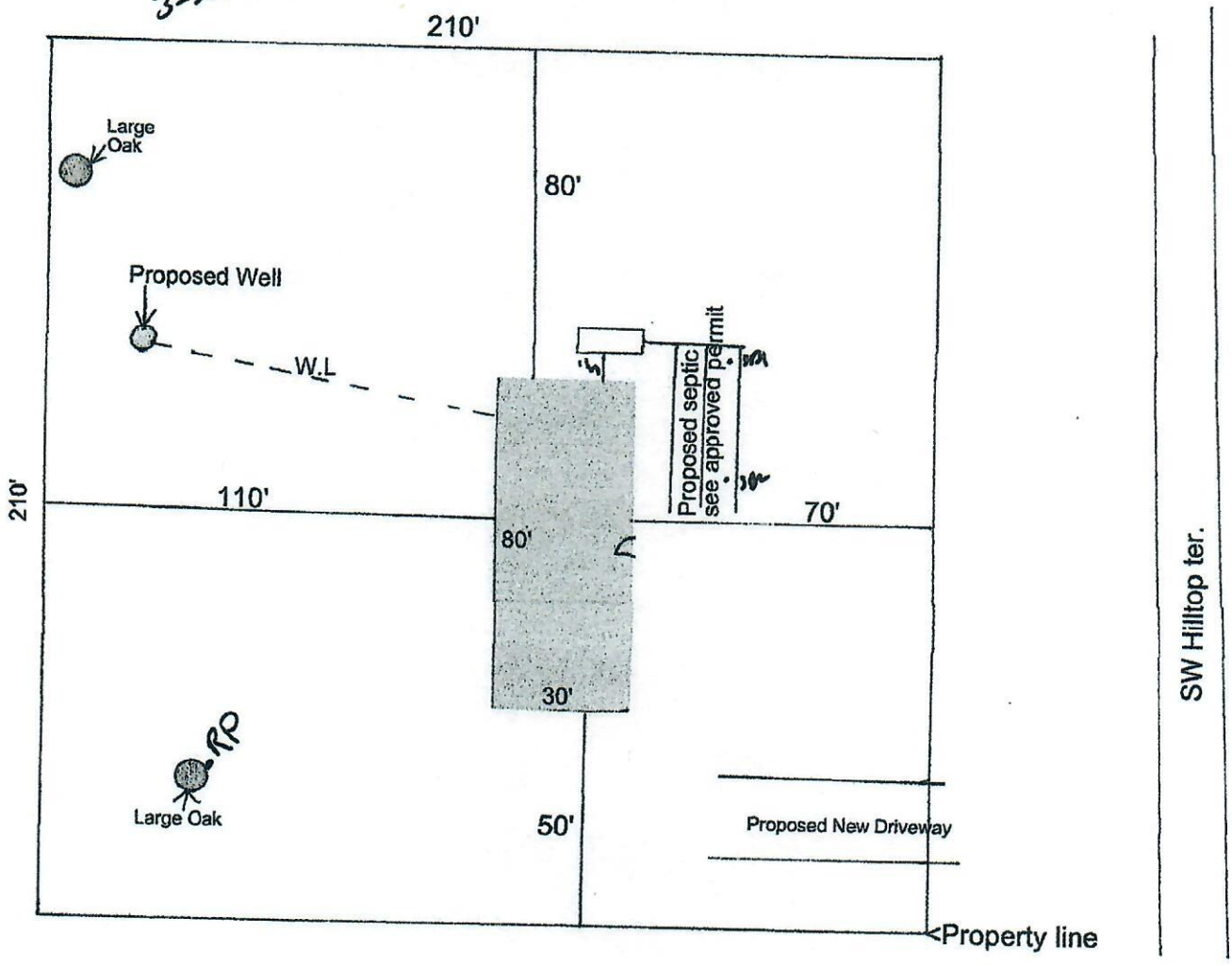
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)  
Incorporated 62-6.004, FAC

Property Owner : Kimberly Davis - Erek & Mikayla Smith  
 Site Address : Hilltop Terr. Fort White fl 32038  
 Parcel ID : 10-6S-16-03815-154  
 Drawn by : Kimberly Koon  
 Date : 3-21-2026 Scale: 1" = 40'

26-0294



*K. Koon*  
 25-2940  
 3-23-26

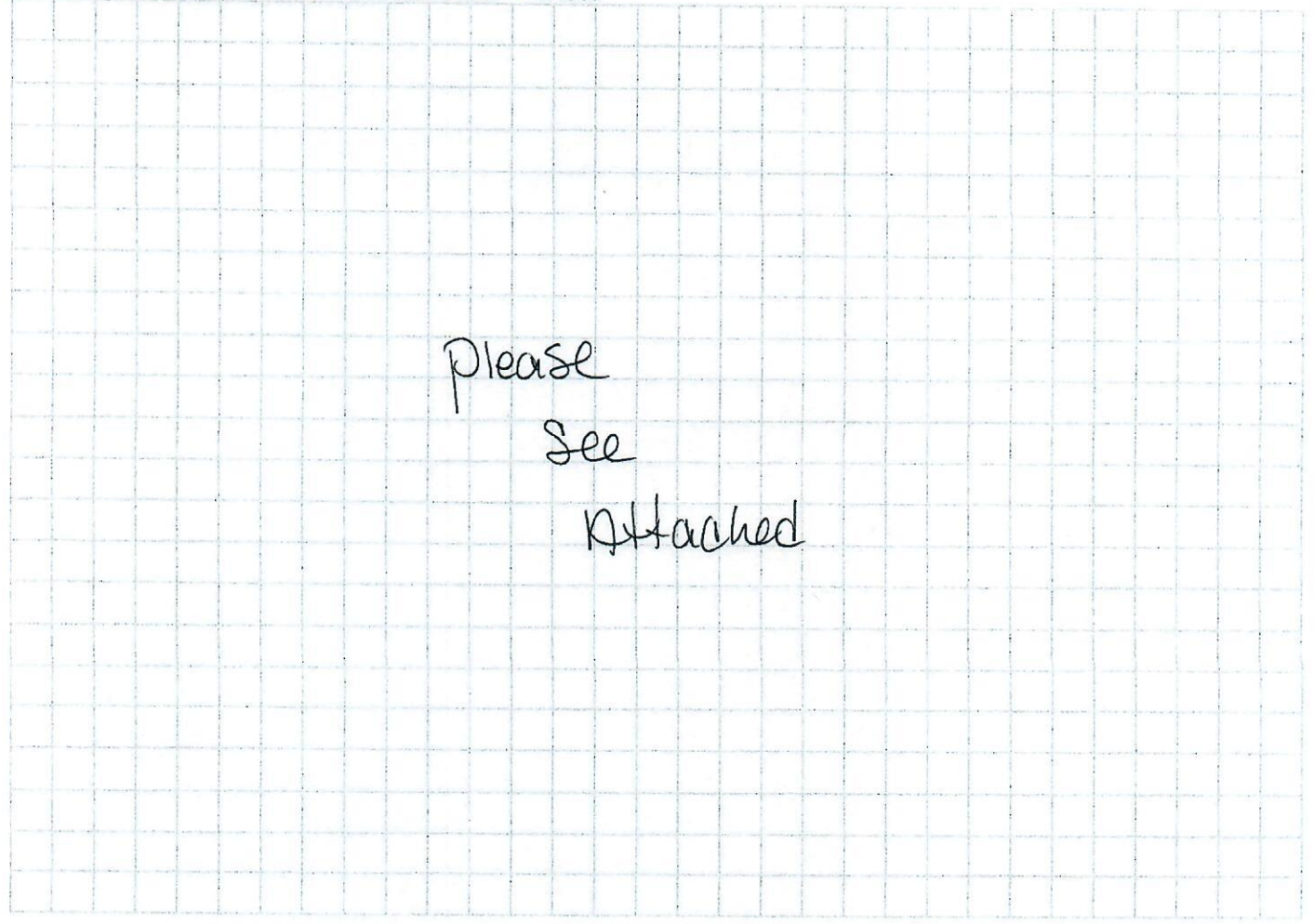


STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 26-0296

----- PART II - SITEPLAN -----

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



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: Kimberly Haan / Kimberly Haan 3:24:26  
Plan Approved [Signature] Not Approved \_\_\_\_\_ Date 4/23/20  
By \_\_\_\_\_ County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**