



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

PERMIT NO. 25-0559
DATE PAID: 7/10/25
FEE PAID: 310.00
RECEIPT #: 2238972

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Thomas Barnard

EMAIL: SmithSeptic@outlook.com

AGENT: Smith Septic - Roy Smith

TELEPHONE: 386-935-1429

MAILING ADDRESS: P.O. Box 838 Bell, FL 32619

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: 6 BLOCK: SUBDIVISION: Hermitage PLATTED:

PROPERTY ID #: 21-75-17-10039-106 ZONING: I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 5.02 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: n/a FT

PROPERTY ADDRESS: SW Hermitage Ct

DIRECTIONS TO PROPERTY: Hwy 441 S TH a Hermitage property on Right

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	SF	3	Living: 3,485	
2	SHOP	N/A	Bonus: 751	
3			Total: 4,236	
4				

RECEIVED

SEP 18 2025

☐ Floor/Equipment Drains ☐ Other (Specify)

BY EH

SIGNATURE: [Signature]

DATE: 7-8-25

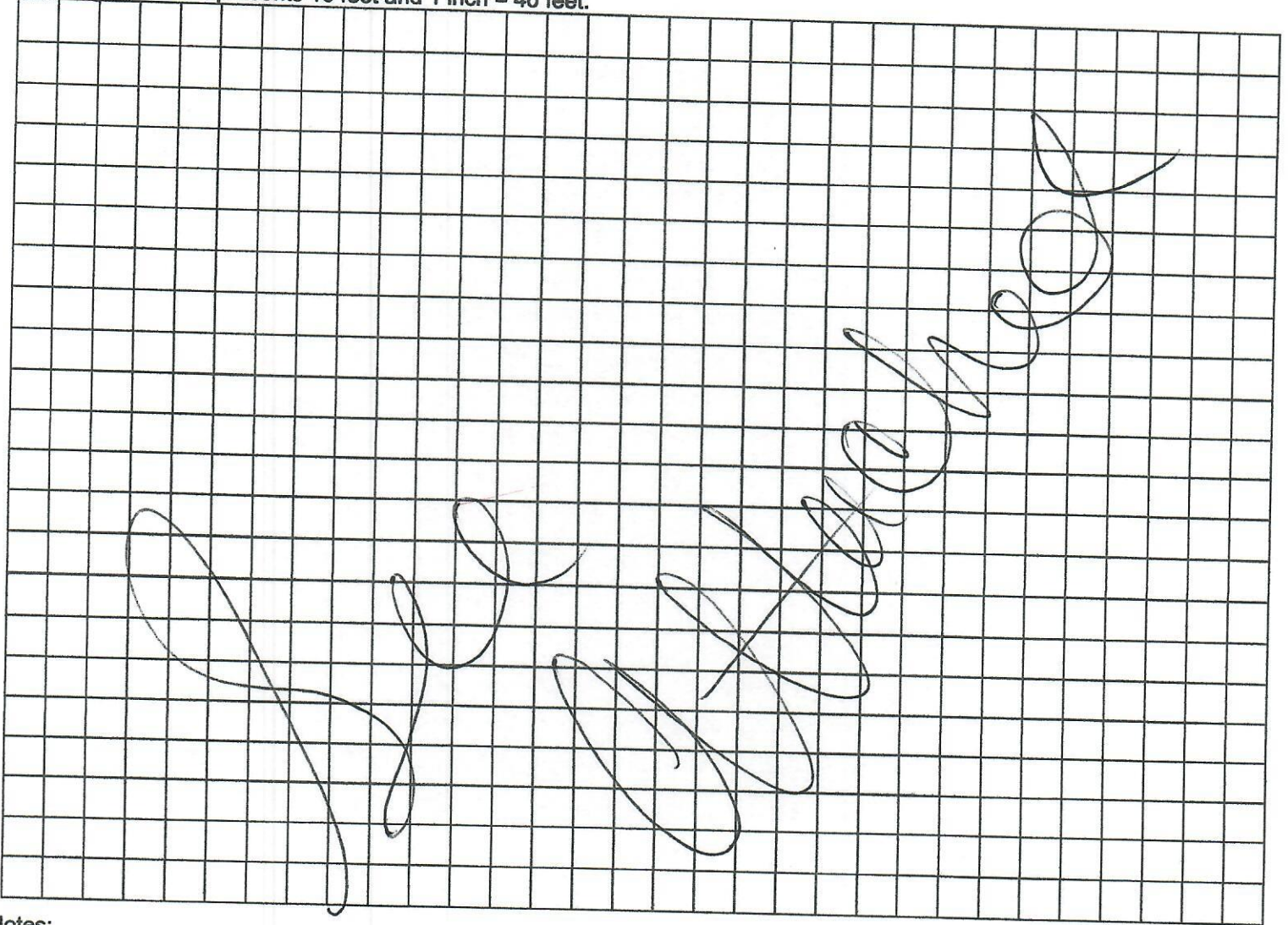
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

25-0559

PART II - SITEPLAN

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



Notes:

Site Plan submitted by:

[Signature]

7/8/25

Plan Approved

Not Approved

Date

By

[Signature]

Columbia

County Health Department

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.

SMITHS SEPTIC

INSTALLS - REPAIRS - PUMPING
PORTABLE TOILETS

P.O. Box 838, Bell, FL 32619
(386) 935-1429 smithseptic@outlook.com

SITE PLAN

New Septic System

Address: Hermitage GL

Parcel ID: 21-7S-17-10039-106

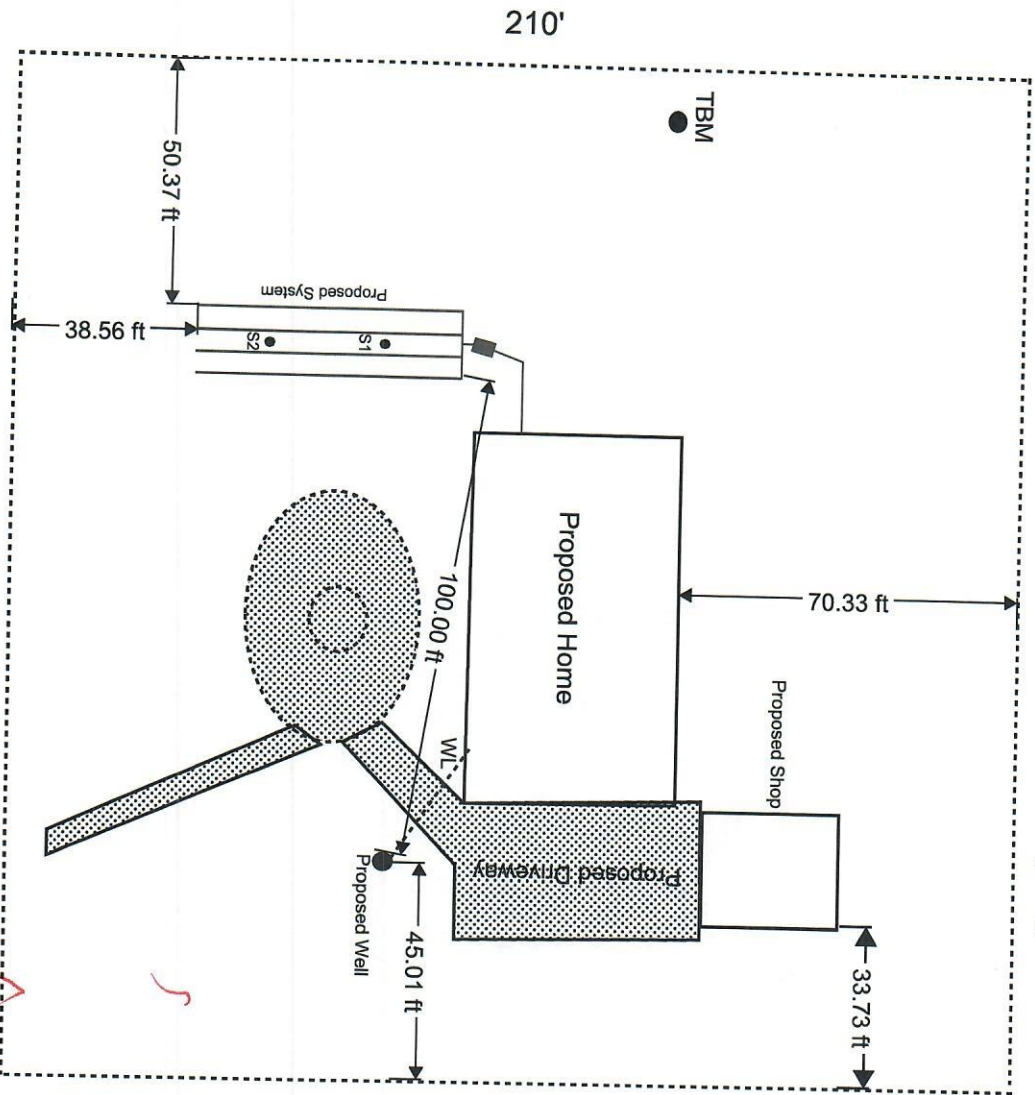
Owner: Barnard



Inset A

210'

1" = 40'



629'

225'

103'

NTS

712'

See Inset A

Hermitage GLN

RECEIVED

SEP 25 2025

BY: EH

Roy Smith

Digitally signed by Roy Smith
DN: cn=US,
E=smithr@windstream.net,
O=Smiths Septic Tank
Service, OU=Roy Smith
11:34:09-04100



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

PERMIT #: **12-SC-3165471**
APPLICATION #: **AP2238942**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2294119**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: THOMAS**25-0559 BARNARD
PROPERTY ADDRESS: SW HERMITAGE High Springs, FL 32643
LOT: 6 BLOCK: _____ SUBDIVISION: HERMITAGE
PROPERTY ID #: 10039-106 [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 [1,350] GALLONS / GPD New Multi-Chambered Septic 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 [650] 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 in oak tree
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] 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 520 gpd.

SPECIFICATIONS BY: Roy A Smith TITLE: M. Contractor
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 07/16/2025 EXPIRATION DATE: 01/16/2027

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