



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

PERMIT NO. 24-2289
DATE PAID: 3/23/10
FEE PAID: 210.00
RECEIPT #: 2296614

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Willette White EMAIL: _____

AGENT: A&B Construction TELEPHONE: 386-497-2311

MAILING ADDRESS: 346 SW Dorton St. Ft. White FL 32038

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: 12 BLOCK: NA SUBDIVISION: Heritage Hills Ph-2 PLATTED: _____

PROPERTY ID #: R45-17-0946e-032 ZONING: _____ I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 1.01 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

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

PROPERTY ADDRESS: 229 SW Legacy Gl. Lake City

DIRECTIONS TO PROPERTY: 47 Right on Legacy Gl. to 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	<u>SFR</u>	<u>5</u>	<u>3088</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Kathy D. D. DATE: 3/23/10

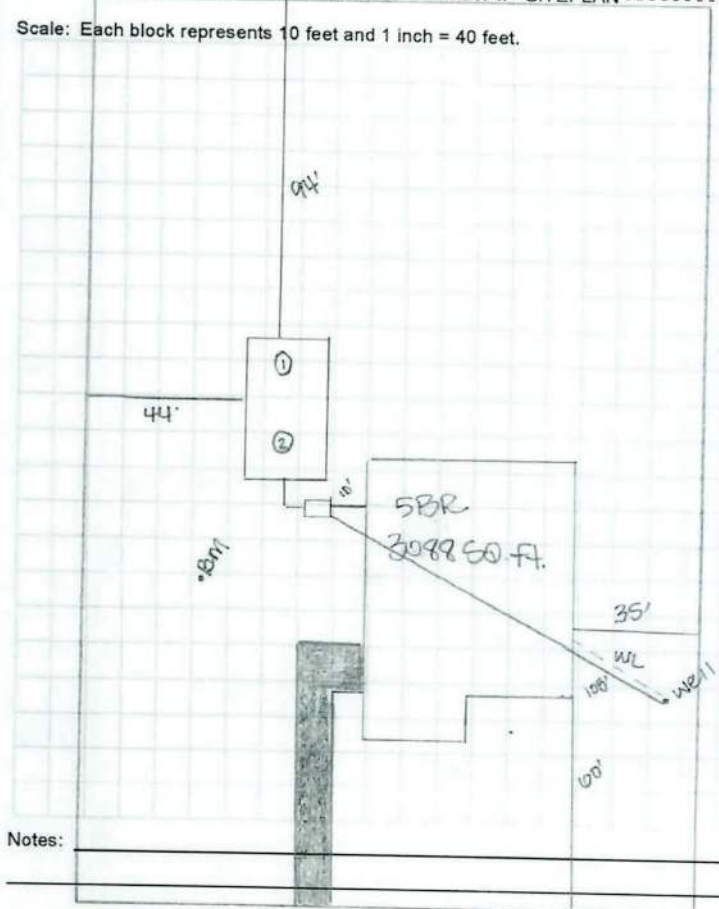
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21e-0289

W. White ↑N

PART II - SITEPLAN

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



Notes:

Site Plan submitted by: SW Legaspi
Roch D. T. S.

Plan Approved Not Approved Date 3/23/21

By [Signature] Columbo County Health Department
4/6/26

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.



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

PERMIT #: 12-SC-4089288
APPLICATION #: AP2296614
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2379310

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: WILETTE**26-0289 WHITE
PROPERTY ADDRESS: 229 SW LEGACY Gln Lake City, FL 32024
LOT: 12 BLOCK: _____ SUBDIVISION: Heritage Hills
PROPERTY ID #: 08466-032 [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 [560] 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 [708] 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 in oak
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [37.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 5 bedrooms with a maximum occupancy of 10 persons (2 per bedroom), for a total estimated flow of 460 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: Rocky D Ford TITLE: _____

APPROVED BY: TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 04/09/2026 EXPIRATION DATE: 10/09/2027

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



