

FW

SSD 845-684-163



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

PERMIT NO. 26-0215
DATE PAID: 3/6/26
FEE PAID: 725.00
RECEIPT #: 2293768

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: SHAWN HENDERSON

EMAIL: floridapermitting@gmail.com

AGENT: Lindsey Cook

TELEPHONE: 479-935-7660

MAILING ADDRESS: 359 Summit Drive Orange Park, FL
32073

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 35-65-16-04070-026 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 0 SW CR 18 FORT WHITE, FL 32038

DIRECTIONS TO PROPERTY: GPS Accurate

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	MH (NEW)	3	1387	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____ DATE: 2/19/26



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



E-MAILED PERMIT #: 12-SC-4084884

APPLICATION #: AP2293768

DATE PAID: _____

FEE PAID: _____

RECEIPT #: _____

DOCUMENT #: PR2376132

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: SHAWN**26-0215 HENDERSON

PROPERTY ADDRESS: SW CR 18 Fort White, FL 32038

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 04070-026

[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 [462] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

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

I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail with red ribbon in oak near site

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

E BOTTOM OF DRAINFIELD TO BE [9.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [30.00] 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 Dosing tank to be used if gravity flow cannot be achieved. System will be 50% nitrogen reducing ATU as required by BMAP
H restriction in code, using a 24" water table separation. Nitrogen reducing NSF-245 certified aerobic treatment unit required.
E Maintenance contract and operating permitting also required. Maintenance contract with fee also required before final
R system approval.

SPECIFICATIONS BY: Kristopher L Keen

TITLE: Private Provider 2940

APPROVED BY: _____

TITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 03/19/2026

EXPIRATION DATE: 09/19/2027

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 26-2215

PART II - SITEPLAN

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

SEE ATTACHED
SITE PLAN

Notes:

Site Plan submitted by *[Signature]*

Plan Approved ☒

Not Approved ☐

By *[Signature]*

Columbia

Date 3/19/26

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.

SW CR 18

26-0915

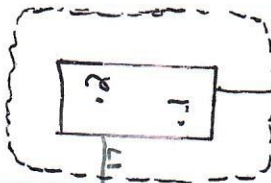
Henderson

1150
35-65-16-04070-026
— CR 18
Fort White, FL 32038
By Gary Brock
11/5/26



EASEMENT

DRIVEWAY



RP

26'8" x 52'
MH

WELL

58'

131'

150'

40'

300

REVISED
3/10/26

K. Keen
25-2064
3-10-26

RECEIVED

MAR 11 REC'D

BY: EH