



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

PERMIT #: 12-SC-4092909
APPLICATION #: AP2299056
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2379962

CONSTRUCTION PERMIT FOR: OSTDS Repair
APPLICANT: MICHAEL**26-0323 EVERETTE
PROPERTY ADDRESS: 733 SW CR 138 Fort White, FL 32038
LOT: 16 BLOCK: _____ SUBDIVISION: SASSAFRAS ACRES
PROPERTY ID #: 10068-016 [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

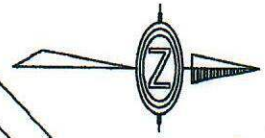
T [900] GALLONS / GPD Existing septic tank CAPACITY
A [0] GALLONS / GPD _____ CAPACITY
N [0] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []
D [616] SQUARE FEET Drainfield SYSTEM
R [0] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND [] _____
I CONFIGURATION: [x] TRENCH [] BED [] _____
N
F LOCATION OF BENCHMARK: Center top of tank inlet end
I ELEVATION OF PROPOSED SYSTEM SITE [0.50] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [17.50] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

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.

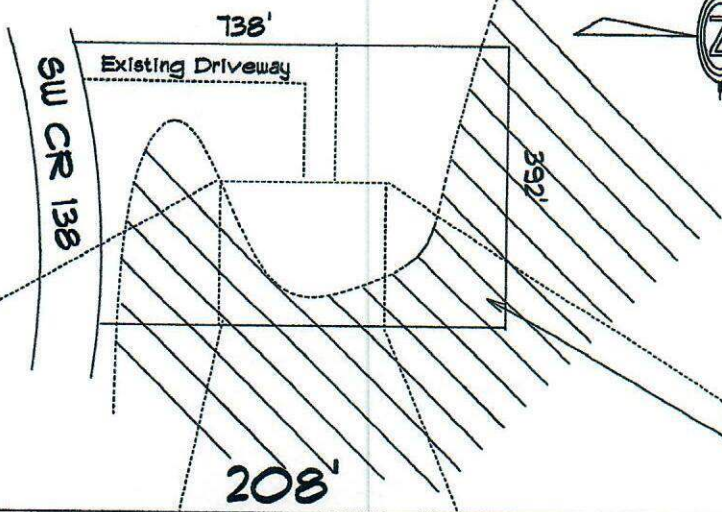
SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP
APPROVED BY: [Signature] TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 04/15/2026 EXPIRATION DATE: 07/14/2026

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

26-0329

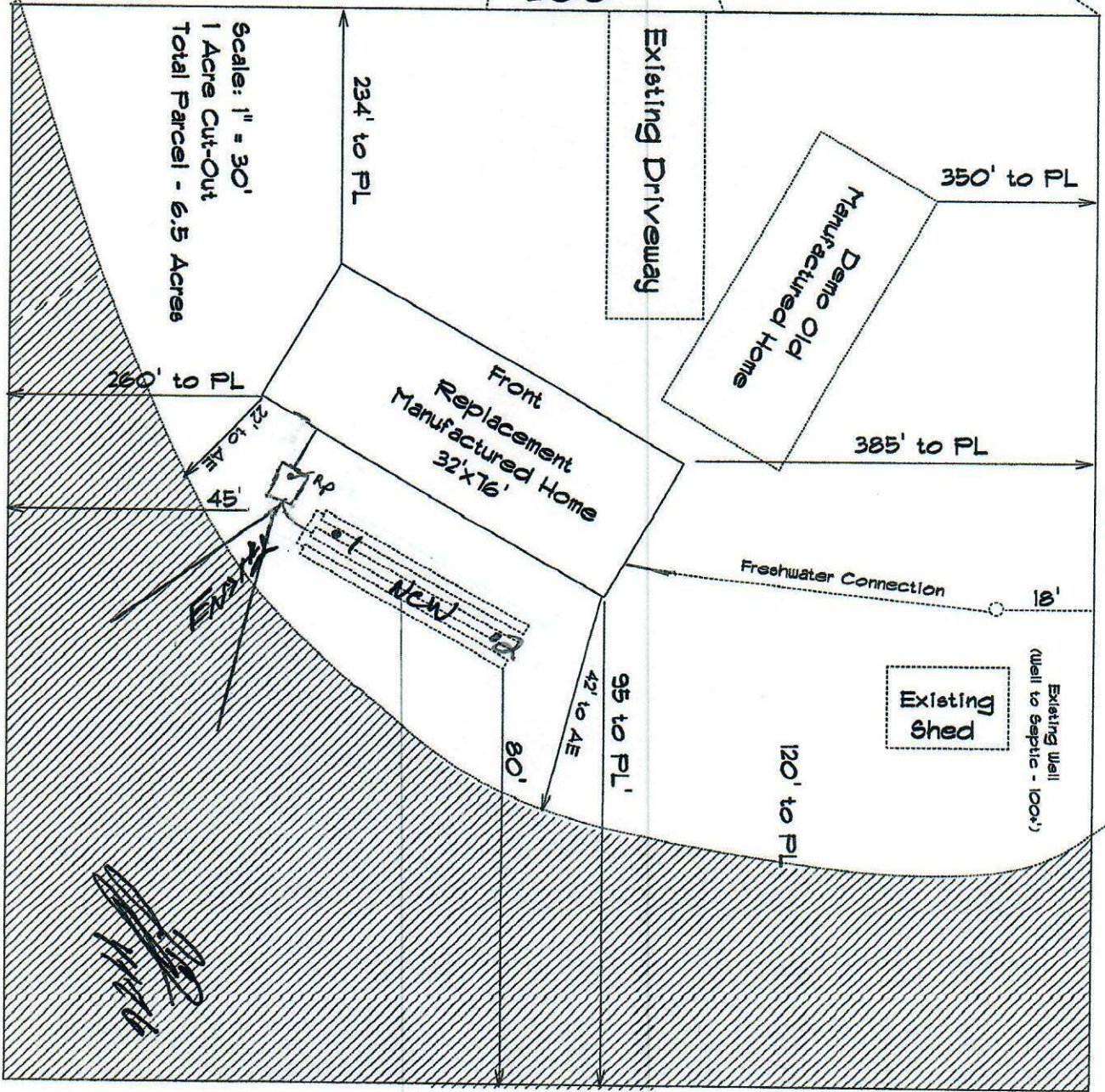


Zone AE



Customer: Everett
 133 SW CR 138
 Ft. White, FL 32038
 Parcel # 30-76-17-10068-016
 6.5 Acres

A. Neal
 85-2064
 4-1-26



Scale: 1" = 30'
 1 Acre Cut-Out
 Total Parcel - 6.5 Acres

Approved by
[Signature]
 Columbus
 4/15/26

[Signature]
 4/15/26

FW



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

PERMIT NO. 26-0323
DATE PAID: 7/6/26
FEE PAID: 145.00
RECEIPT #: 229856

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System
- Repair
- Existing System
- Abandonment
- Holding Tank
- Temporary
- Innovative

APPLICANT: Michael Everette

EMAIL: _____

AGENT: Jason Brent Wainwright

TELEPHONE: 386-418-0424

MAILING ADDRESS: 12426 NW US Hwy-441 Alachua, FL 32615

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 /]

LOT: 16 BLOCK: _____ SUBDIVISION: Sassafras Acres

PLATTED: _____

PROPERTY ID #: 3075-17-10068-016

ZONING: _____ I/M OR EQUIVALENT: [Y /]

PROPERTY SIZE: 6.5 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /]

DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 733 SW CR-138

DIRECTIONS TO PROPERTY: GPS is 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	<u>New SFR-MH</u>	<u>4</u>	<u>2273</u>	
2	<u>Replacing SFR-MH</u>			
3				
4				

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

SIGNATURE: [Signature]

DATE: 4-1-26

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