





STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM



E-MAILED  
NES4/15/16

PERMIT #: 12-SC-4092344

APPLICATION #: AP2298672

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

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

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

DOCUMENT #: PR2378575

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: LUIS\*\*26-0308 ANUEZ

PROPERTY ADDRESS: 310 SW AMELIA Ct Fort White, FL 32038

LOT: 6 BLOCK: \_\_\_\_\_ SUBDIVISION: Southwind

PROPERTY ID #: 03751-206 [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 [ 1 ]

D [ 282 ] 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: 3" post south of site

I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 54.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

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

O  
T  
H  
E  
R  
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.  
System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation. 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.

SPECIFICATIONS BY: (Joshua) Kameron Keen

TITLE: CEHP

APPROVED BY: Sean P Ravens TITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 04/06/2026

EXPIRATION DATE: 10/06/2027

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

Incorporated 62-6.004, FAC

Page 1 of 3

STATE OF FLORIDA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 APPLICATION FOR CONSTRUCTION PERMIT

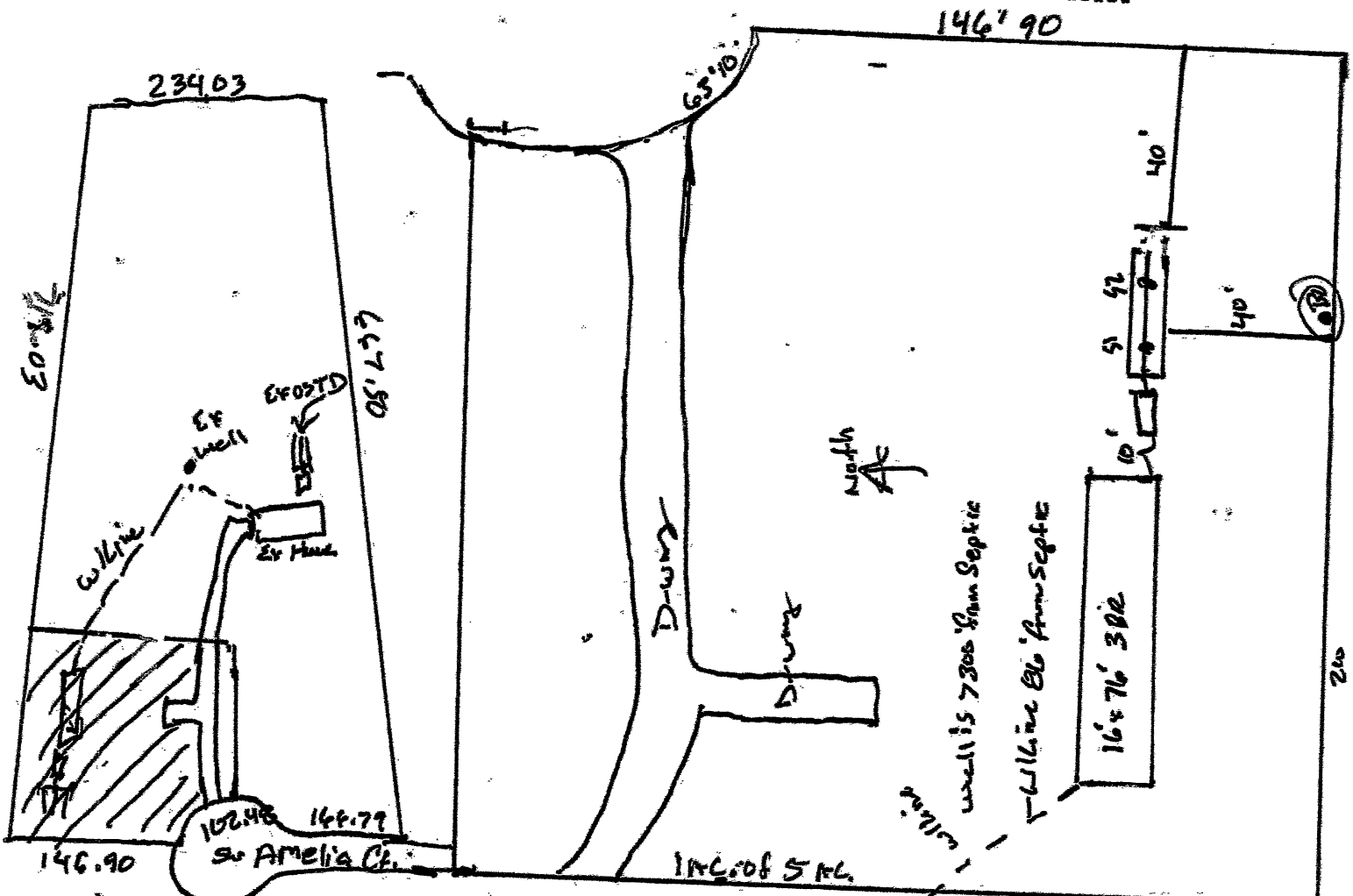
1" = 40'

Permit Application Number

26-0308  
~~26-0375~~

PART II - SITEPLAN

Anuel



Notes:

Site Plan submitted by: Poulsen, Fred 999 3-30-2026

Plan Approved  Not Approved

By: [Signature] Wam Columbo Date 4/10/26  
 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.