



FW

PPI

Application For Construction Permit Onsite Sewage Treatment and Disposal System (OSTDS)

Application for:

☒ New System
☒ Repair

☐ Existing System
☐ Abandonment

☐ Temporary
☐ Other

Permit No. 26-0625
Date Paid: 8/7/26
Fee Paid: 185.00
Receipt #: 9318459

Subtype:

☐ Aerobic Treatment Unit ☐ Holding Tank
☐ Non-innovative Performance-based treatment system (PBTS)

☐ Other (describe): _____
☐ Innovative PBTS ☐ Innovative, Non PBTS

Does the system include nitrogen treatment?

☐ Enhanced Nutrient-Reducing OSTDS ☐ In-ground Nitrogen Reducing Biofilter

Applicant: Brook Rainflower

Agent: Marlon Perry SR0991469

Email: _____

Telephone: _____

Mailing Address: 1610 177th Rd Live Oak 32060

To be completed by applicant or applicant's authorized agent. Systems must be constructed by a person licensed pursuant 489.105(3)(m) or 489.552, Florida Statutes. It's the applicant's responsibility to provide documentation of the date the lot was first recorded in its present form or platted (MM/DD/YY) if requesting consideration of statutory grandfather provisions.

Property Information

Lot: 12 Block: _____ Subdivision: Turkey Haven Date Lot Recorded: _____
Property Id #: 29-5s-16-03737-112 Zoning: _____ I/M Or Equivalent: ☐ Yes ☒ No Property Size: 5.1 Acres

Water Supply: Private ☒ Public Not Limited Use ☐ <=2000gpd ☐ >2000gpd Limited Use Public ☐ <=2000gpd ☐ >2000gpd

Is Sewer Available As Per 381.0065, F.S.? ☐ Yes ☒ No

Property Address: 415 SW Draw Eagle Ave, Ft White 32038

Directions To Property: GPS is accurate.

Building Information

☒ Residential

☐ Commercial

Unit No.	Type of Establishment	No. of Occupants	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	SFR		3	1,221	
2	SFR MH		3	1,216	
3					
4					

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Marlon Perry DATE: 8/3/2026



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



E-MAILED

Permit No. 12-SC-4124664
Application No. AP2318689
Date Paid: 08/07/2026
Fee Paid: 55
Receipt No. 12-PID-8098933
Document No. PR2396016
Facility ID.

CONSTRUCTION PERMIT

Type ☐ New System ☐ Existing System Modification ☒ Repair ☐ Abandonment ☐ Temporary
Subtype ☐ Aerobic Treatment Unit ☐ Non-Innovative PBTS ☐ Innovative PBTS ☐ Innovative Non PBTS
☐ Holding Tank ☐ Other (describe)

Applicant: BROOK*26-0625 RAINFLOWER

Property Address: 415 SW DREW FEAGLE City Fort White State FL Zip 32038

Lot: 12 Block: Subdivision: TURKEY CREEK

Property ID No. 03737-112 [Section, Township, Range, Parcel Number, or Tax ID No.]

The system must be constructed in accordance with specifications and standards of Section 381.0065, F.S., and Chapter 62-6, 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 amend the permit application. Such amendments may result in voiding this permit. 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

Tank

900 Gallons / GPD capacity ☒ Septic Tank ☐ Aerobic Treatment Unit ☐ Multi-chambered ☐ In series
0 Gallons / GPD capacity ☐ Multi-chambered ☐ In series
0 Gallons Grease Interceptor capacity
Gallons Dosing Tank capacity gallons at doses per 24 hours doses per 24 hours

Drainfield

375 Square feet Drainfield system
0 Square feet system

System type ☒ Standard ☐ Filled ☐ Mound ☐

Configuration ☒ Trench ☐ Bed ☐

Location of benchmark/reference point Center of garage door frame

Elevation of proposed system site 4 [X] inches [] feet [X] above [] below benchmark/reference point

Bottom of drainfield to be 26 [X] inches [] feet [] above [X] below benchmark/reference point

Fill required 0 inches Excavation required inches

Other

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.

Specifications by (Joshua) Kameron Keen CEHP
Printed Name Title Signature

Approved by Sean P Havens Environmental Specialist II Florida Department of Health in Columbia County
Printed Name Title Office Signature

Date issued 08/10/2026 Expiration date 11/08/2026

26-0645



25-2064
83-26

approved 
Columbia 8/1/06