FW

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

CR # 24-00945
PERMIT NO. 26-1547
DATE PAID: 7/7/26
FEE PAID: 313.00
RECEIPT #: 23139221

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: DOUGLAS & KIMBERLY MUFFELER EMAIL: Southernaccentswoodworx@gmail.com

AGENT: VYKIN BARNS AND STRUCTURES / Southern Accents Woodworx TELEPHONE: 386-867-6655

MAILING ADDRESS: 899 SW BOYETTE TER LAKE CITY FL 32024

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: 8 BLOCK: N/A SUBDIVISION: SOUTHERN MEADOWS PH 1 PLATTED:

PROPERTY ID #: 34-5S-16-03752-408 ZONING: AG I/M OR EQUIVALENT: [NO]

PROPERTY SIZE: 4.720 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [NO] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: ~~SUNVIEW ST.~~

DIRECTIONS TO PROPERTY: TAKE SR 47 SOUTH PAST I-75 . TURN LEFT ON SUNVIEW ST. SITE ON LEFT.
~~577~~ 577 SW Baron Gln, Ft White, FL 32038

BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
1	BARN WITH BATHROOM	0	2,400	
2				
3				
4				

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

SIGNATURE: Douglas Muffeler (Marisol Johnson) DATE: 7/7/2026

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

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

E-MAIL Southern Accents 7/22/2026

PERMIT #: 12-SC-4115861
APPLICATION #: AP2313320
DATE PAID:
FEE PAID:
RECEIPT #:
DOCUMENT #: PR2393140

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: DOUGLAS**26-0547 MUFFLER

PROPERTY ADDRESS: 577 SW BARON Gln Fort White, FL 32038

LOT: 8 BLOCK: SUBDIVISION: SOUTHERN MEADOWS PH 1

PROPERTY ID #: 03752-408 [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 [188] SQUARE FEET Drainfield SYSTEM
R [ ] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [x] STANDARD [ ] FILLED [ ] MOUND [ ]
I CONFIGURATION: [x] TRENCH [ ] BED [ ]
N
F LOCATION OF BENCHMARK: Nail in forked oak north of system site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [38.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [4.00] INCHES EXCAVATION REQUIRED: [ ] INCHES

O T H E R

The system is sized for 1 bedrooms with a maximum occupancy of 2 persons (2 per bedroom), for a total estimated flow of 400 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: PAUL LLOYD TITLE: PSE

APPROVED BY: Sean P Havens TITLE: Environmental Specialist II Columbia CHD

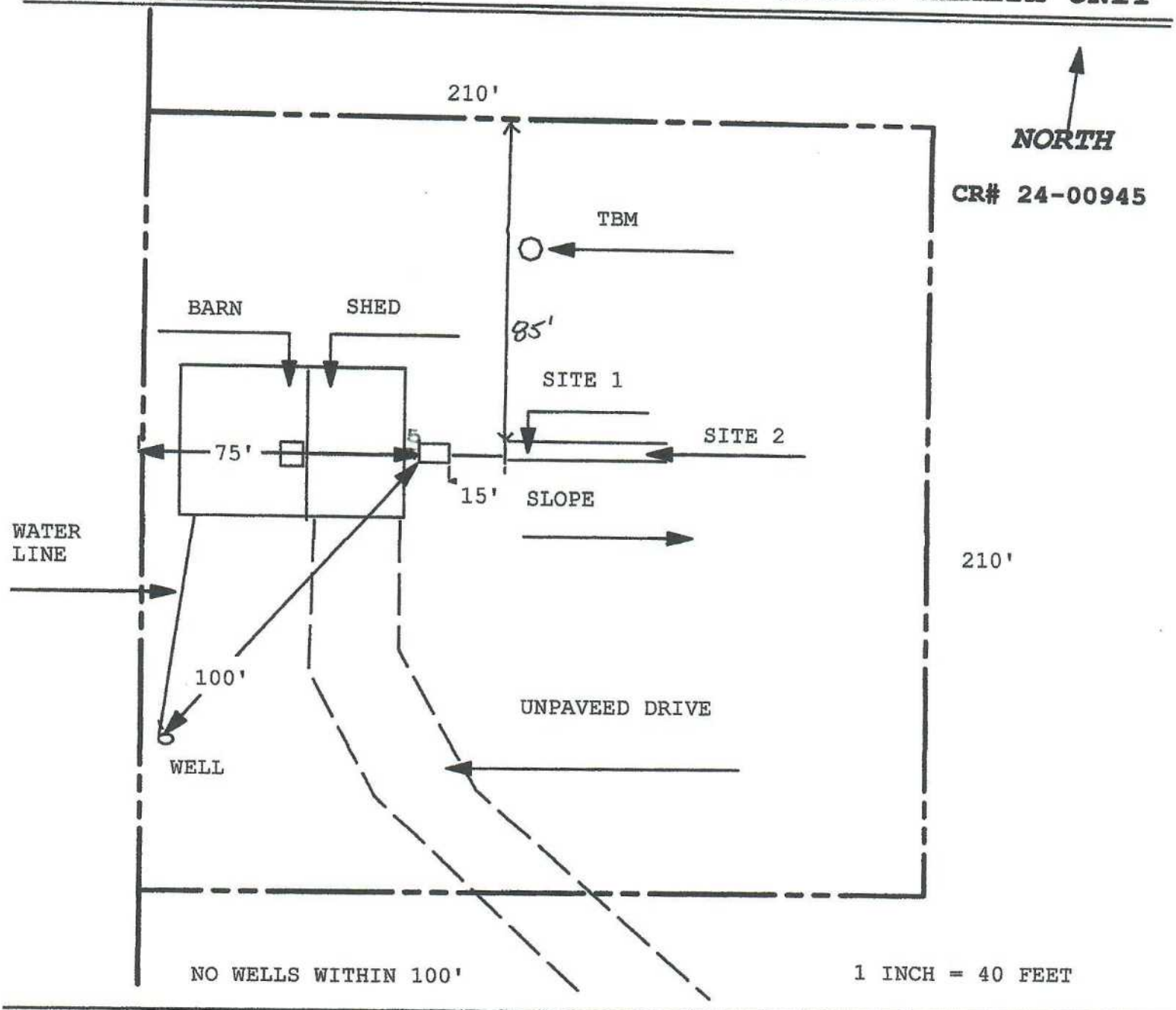
DATE ISSUED: 07/20/2026 EXPIRATION DATE: 01/20/2028

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

v 1.1.4 AP2313320 SE2272107

pplication for Onsite Sewage Disposal System
onstruction Permit. Part II Site Plan
ermit Application Number: 26-0547

LL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



ite Plan Submitted By Raul R Ruiz Date 6/10/26

lan Approved ✓ Not Approved ____ Date 7/10/26

r _____ Columbia CPHU

otes: _____