



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

PERMIT #: 12-SC-2848645
APPLICATION #: AP2038458
DATE PAID: 2.7.24
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR2045044

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: SHANNON**24-0116 HUDGENS
PROPERTY ADDRESS: 637 SW CAIN Fort White, FL 32038
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 03894-002 [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 [1,200] GALLONS / GPD Sewtic tank 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 [575] 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 with orange ribbon in oak tree W of system site
I ELEVATION OF PROPOSED SYSTEM SITE [17.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [35.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O
T
H
E
R
The system is sized for 5 bedrooms with a maximum occupancy of 10 persons (2 per bedroom), for a total estimated flow of 460 gpd.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP
APPROVED BY: Sallie Ford TITLE: Environmental Health Director Columbia CHD
DATE ISSUED: 02/14/2024 EXPIRATION DATE: 08/14/2025

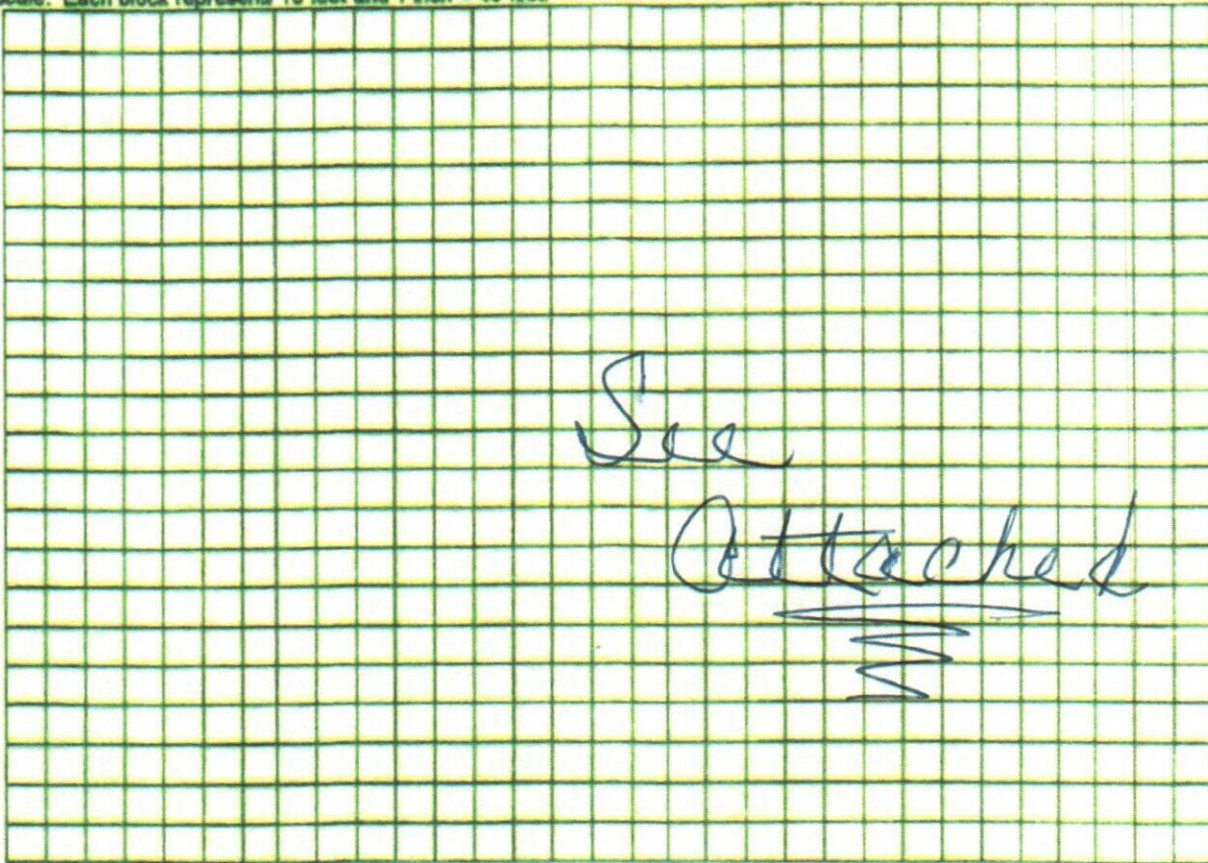
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0116

..... PART II - SITEPLAN
.....

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



Notes: _____

Site Plan submitted by J. Haer

Plan Approved Jalli And EH Director Columbia Date 2-14-24
By _____ County Health Department

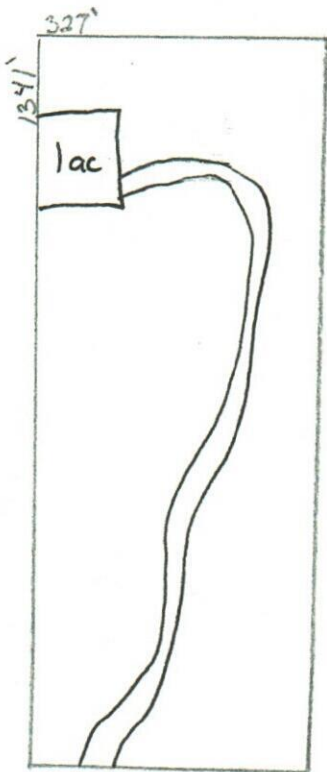
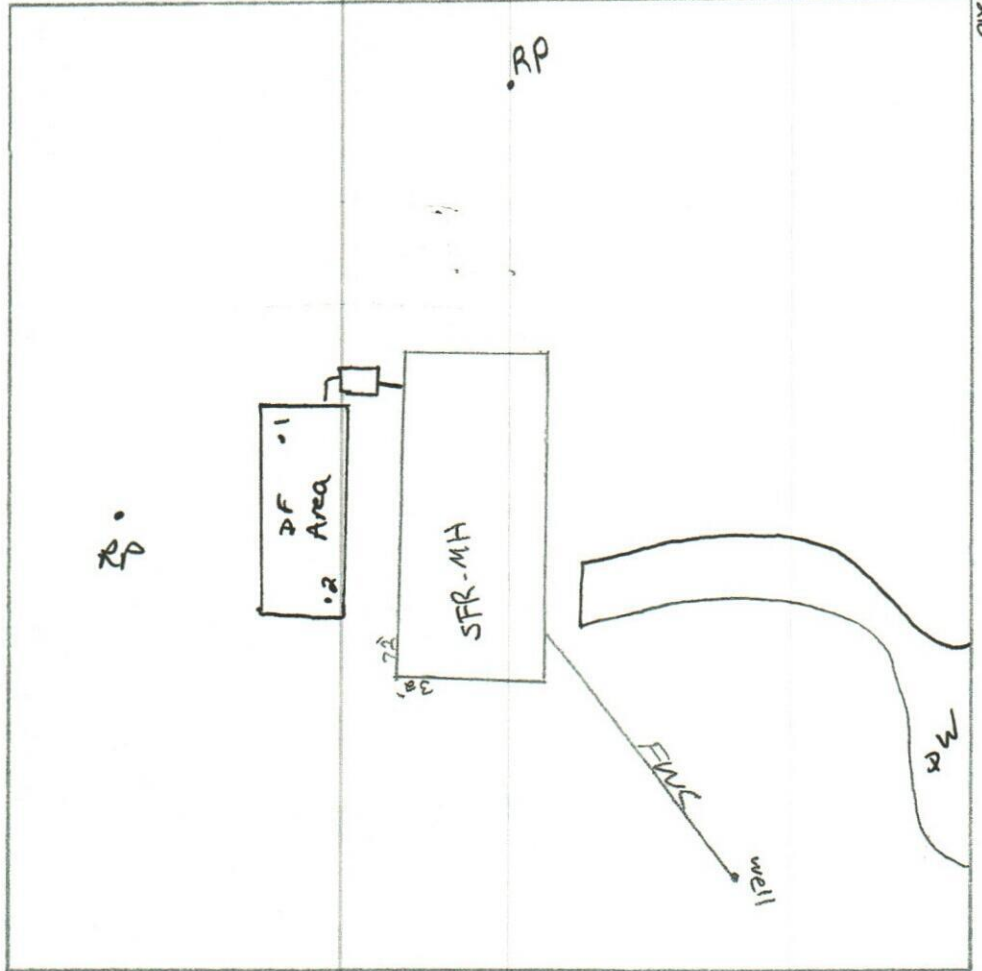
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

Incorporated: 62-6.004, F.A.C.

Scale 1"=40'

Signature



Shannon + Justin Hudgens
20-65-16-03894-002

Shannon Keen
27-2064
2-1-24

 **REVISED**
3/5/24

FW



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

PERMIT NO. 240114
DATE PAID: 2/1/24
FEE PAID: 310.00
RECEIPT #: 2038458
31424 \$55.00 amendment

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Shannon + Justin Hudgens

AGENT: Kameron Keen

EMAIL: _____

MAILING ADDRESS: 474 NE 628th St. Old Town, FL 32680

TELEPHONE: 352-356-1333

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

LOT: _____ BLOCK: _____ SUBDIVISION: _____ OSTDS REMEDIATION PLAN? [Y /]

PROPERTY ID #: 20-65-16-03894-002 ZONING: _____ I/M OR EQUIVALENT: [Y /]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

S SEWER AVAILABLE AS PER 381.0065, FS? [Y /] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: TBD SW Cain Gln. Ft. White FL 32038

DIRECTIONS TO PROPERTY: Take FL-47 S, R SW Elim Church Rd, L Junction Rd, L SW Cain Gln, parcel on L

BUILDING INFORMATION

Unit No	Type of Establishment	<input checked="" type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> COMMERCIAL	
		No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC	
1	SFR-MH	5	2136		
2					
3					
4					

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Kameron Keen 21-2064 DATE: 2/1/2024

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Incorporated 62-6.004, FAC