

FWW



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

PERMIT NO. 26-0098
DATE PAID: 1/22/20
FEE PAID: 318.00
RECEIPT #: 2286425

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Ryan Chittum EMAIL: Smithseptic@outlook.com
 AGENT: Smith Septic - Roy Smith TELEPHONE: 386-935-1429
 MAILING ADDRESS: P.O. Box 838, Bell, FL 32619

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 Replat of Lot 38 OSTDS REMEDIATION PLAN? [Y / N]

LOT: 51 BLOCK: _____ SUBDIVISION: Santa Fe River Plantations PLATTED: yes

PROPERTY ID #: 30-75-17-10058-641 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.60 ACRES WATER SUPPLY: [PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: n/a FT

PROPERTY ADDRESS: Sw Thorne Lane

DIRECTIONS TO PROPERTY: Lt on nw main blvd, Lt on Sw Hwy 27, Rt on Sw Bridlewood Rd, Lt Sw Woodland Ave, Lt on Sw Thorne Ln, Property on Rt

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>SF</u>	<u>3</u>	<u>1,706</u>	
2				
3				
4				

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

SIGNATURE: [Signature] DATE: 1-20-20



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

PERMIT #: 12-SC-4073340
APPLICATION #: AP2286425
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2370283

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: RYAN**26-0098 CHITTUM
PROPERTY ADDRESS: SW THORNE Ln Fort White, FL 32038
LOT: 51 BLOCK: _____ SUBDIVISION: Santa Fe River Plantation
PROPERTY ID #: 10058-641 [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 New Multi-Chambered Septic 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 [375] 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: Nail in tree SE of site

I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42.00] [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 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

SPECIFICATIONS BY: Roy A Smith TITLE: M. Contractor

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

DATE ISSUED: 02/05/2026 EXPIRATION DATE: 08/05/2027

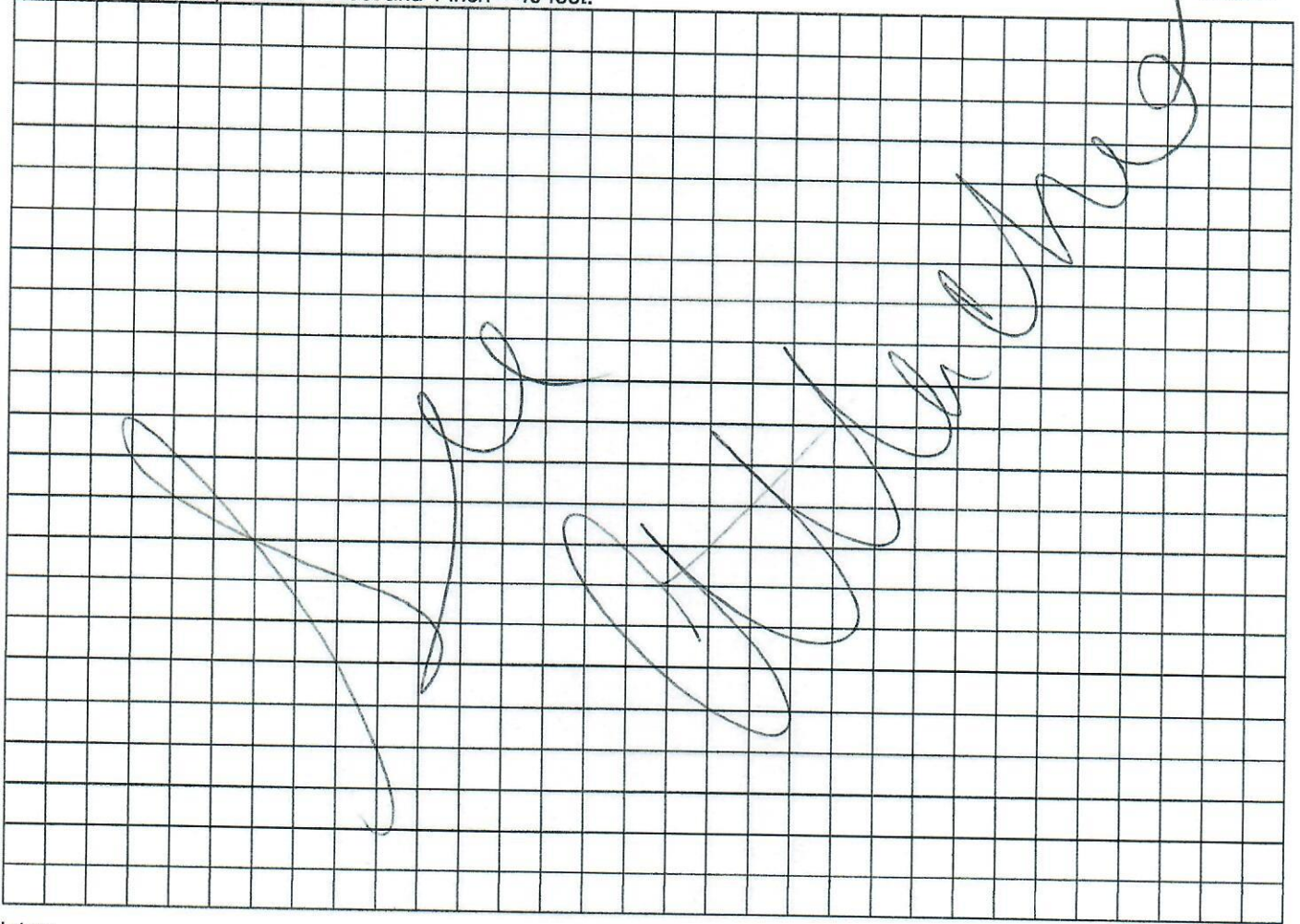
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 26-0098

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

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



Notes: _____

Site Plan submitted by: *[Signature]*

Plan Approved Not Approved _____ Date 2/5/26

By *[Signature]* *Columbia* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

26-0098

SMITHS SEPTIC

INSTALLS - REPAIRS - PUMPING
PORTABLE TOILETS

P.O. Box 838, Bell, FL 32619
(386) 935-1429 smithseptic@outlook.com



SITE PLAN
New Septic System
Address: TBD SW Thorne Lane
Parcel ID: 30-7S-17-10058-641
Owner: Chittum
1" = 60'

