



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

FW

CR # 24-00841

PERMIT NO. 24-0359
DATE PAID: 4/14/26
FEE PAID: 970.00
RECEIPT #: 2300586

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: KYLE & BRANDI BROWFIELD

EMAIL: info@erkingerhomes.com

AGENT: ERKINGER CONSTRUCTION GROUP

TELEPHONE: (386) 406-0845

MAILING ADDRESS: 248 SE NASSAU STREET

LAKE CITY

FL 32025

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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 07-6S-16-03787-017 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 2.220 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐

DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 218 SW JEWEL CT. FT. WHITE

DIRECTIONS TO PROPERTY: TAKE SR 47 SOUTH PAST I-75. TURN RIGHT ON HERLONG RD. TURN LEFT ON SW TREASURE LN. TURN LEFT ON JEWEL CT. SITE AT END ON LEFT.

RIGHT

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	HOUSE	3	2,206	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 4-13-26



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

PERMIT #: **12-SC-4095231**
APPLICATION #: **AP2300526**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2393727**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: KYLE**26-0359 BROWNFIELD

PROPERTY ADDRESS: 218 SW JEWEL Ct Fort White, FL 32038

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 03787-017

[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 [282] 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 10"oak east of system 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

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

O 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.

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

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

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

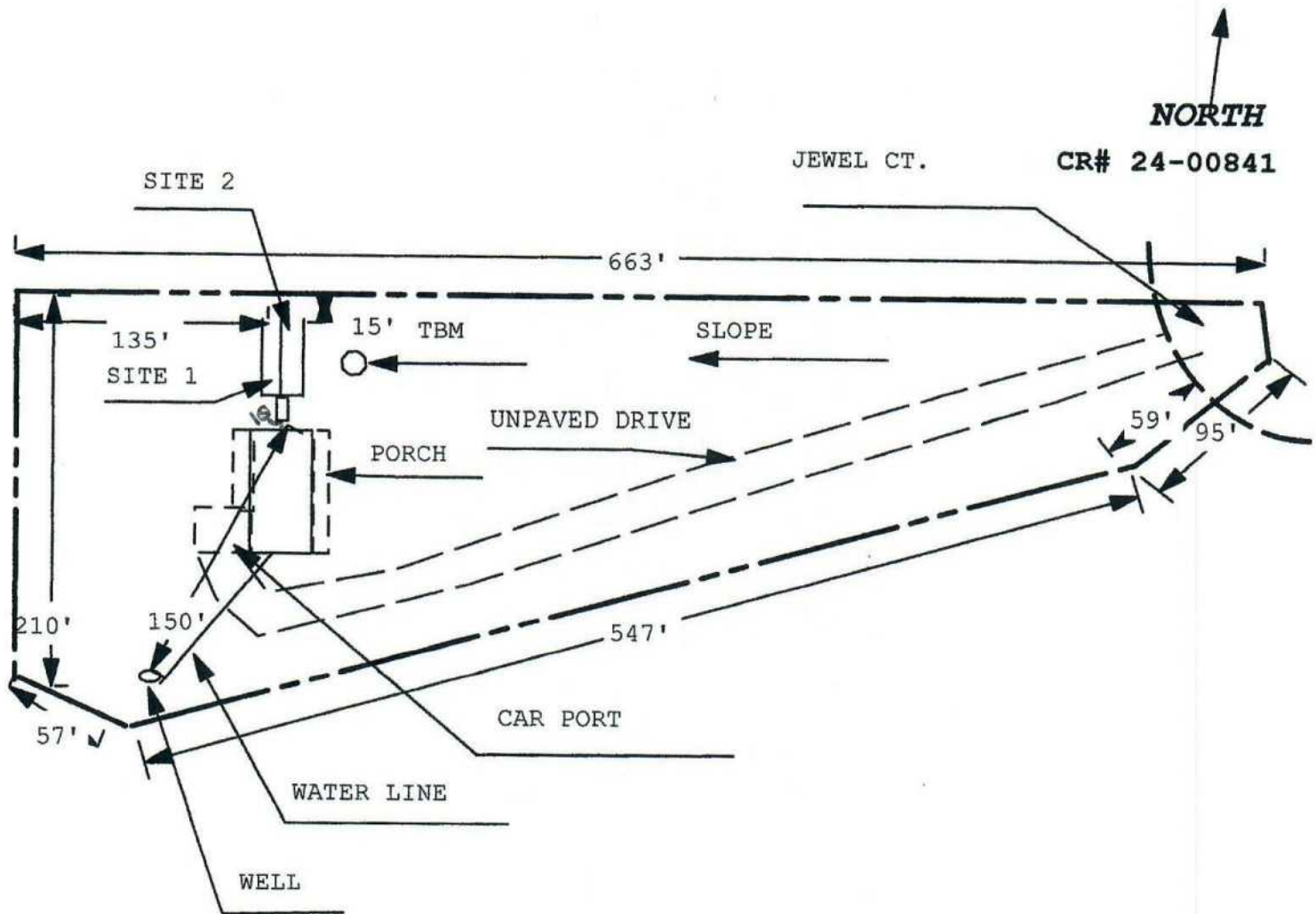
DATE ISSUED: 07/23/2026 EXPIRATION DATE: 01/23/2028

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

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan

Permit Application Number: 24-0359

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



1 INCH = 90 FEET

NO WELLS WITHIN 100'

Site Plan Submitted By Paul R. Rpl 25-0538 Date 2/9/26
Plan Approved ✓ Not Approved ✓ Date 7/23/26

By [Signature] Columbia CPHU

Notes: _____