



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

PERMIT #: 12-SC-4107509
APPLICATION #: AP2308149
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2387304

CONSTRUCTION PERMIT FOR: OSTDS Repair
APPLICANT: KEITH**28-0457 REHBERG
PROPERTY ADDRESS: 20548 S US HWY 441 Lake City, FL 32024
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 09894-002 [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 [900] GALLONS / GPD New Multi-Chambered Septic CAPACITY
A [0] GALLONS / GPD _____ CAPACITY
N [0] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

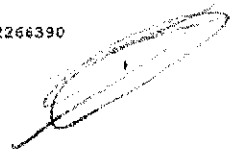
D [375] SQUARE FEET Drainfield SYSTEM
R [0] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

N
F LOCATION OF BENCHMARK: Nail in power pole
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

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.
System to be installed in same footprint as original.

SPECIFICATIONS BY: Roy A Smith TITLE: M. Contractor
APPROVED BY: Sean P Havens TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 06/04/2026 EXPIRATION DATE: 09/02/2026

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
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

FW

PERMIT NO. 26-0457
DATE PAID: 6/1/20
FEE PAID: 185.00
RECEIPT #: 2202149

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Keith Rehberg EMAIL: smithsyphic.enr@ab.com

AGENT: Roy Smith TELEPHONE: 306-95-1429

MAILING ADDRESS: P.O. Box 838 Bud, Fla 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

OSTDS REMEDIATION PLAN? [Y / N]

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 04-75-17-09894-002 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.02 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

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

PROPERTY ADDRESS: 20548 S US Hwy 441

DIRECTIONS TO PROPERTY: Take 441 S TR down East to property

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>Mobile</u>	<u>3</u>	<u>1280</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify)

SIGNATURE: [Signature] DATE: 5-28-20

DEP 4015, 06-21-2020 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

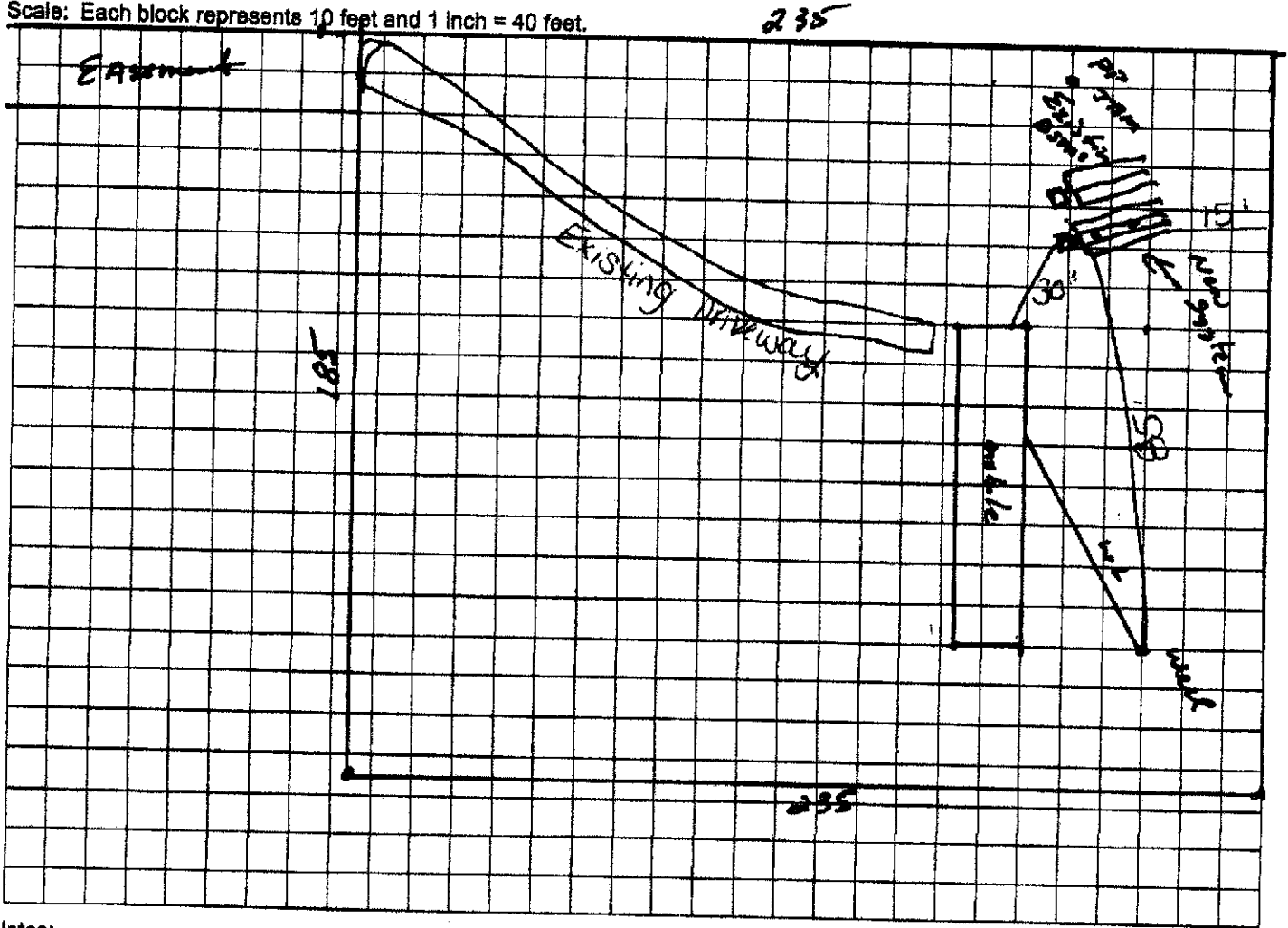
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 26-0457

Rehburg
N
↓

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

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



Notes: _____

Site Plan submitted by: *[Signature]*
Plan Approved Not Approved _____
By: *[Signature]* *Columbin* Date 5-28-26
County Health Department
6/4/26

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

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



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT #. _____

APPLICANT: Kerth Rehberg AGENT: Smith

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 04-75-17-09894-002 [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: [] YES [] NO NET USABLE AREA AVAILABLE: 1.03 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 300 GALLONS PER DAY [TABLE I / OTHER]
AUTHORIZED SEWAGE FLOW: 1500 GALLONS PER DAY (1500 GPD/ACRE OR 2500 GPD/ACRE)
UNOBSTRUCTED AREA AVAILABLE: 71000 SQFT UNOBSTRUCTED AREA REQUIRED: 562.5 SQFT

BENCHMARK/REFERENCE POINT LOCATION: NALIR Power Pole
ELEVATION OF PROPOSED SYSTEM SITE IS 12 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: _____ FT DITCHES/SWALES: _____ FT NORMALLY WET? [] YES [] NO
WELLS: PUBLIC: _____ FT LIMITED USE: 1 FT PRIVATE: 85 FT NON-POTABLE: _____ FT
BUILDING FOUNDATIONS: 30 FT PROPERTY LINES: 15 FT POTABLE WATER LINES: 10 FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES [] NO 10 YEAR FLOODING? [] YES [] NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: _____ FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1 12" Blow

MUNSELL #/COLOR	TEXTURE	DEPTH
<u>10YR 4/2</u>	<u>FS</u>	<u>0 TO 8</u>
<u>10YR 6/4</u>	<u>FS</u>	<u>8 TO 48</u>
<u>10YR 6/3</u>	<u>LS</u>	<u>48 TO 58</u>
<u>10YR 6/4</u>	<u>SCL</u>	<u>58 TO 72</u>
		TO
		TO
		TO
		TO
		TO
		TO
USDA SOIL SERIES: <u>Marron Troup</u>		

SOIL PROFILE INFORMATION SITE 2 10" Blow

MUNSELL #/COLOR	TEXTURE	DEPTH
<u>10YR 4/2</u>	<u>FS</u>	<u>0 TO 6</u>
<u>10YR 6/4</u>	<u>FS</u>	<u>6 TO 50</u>
<u>10YR 6/3</u>	<u>FS</u>	<u>50 TO 60</u>
<u>10YR 6/4</u>	<u>SCL</u>	<u>60 TO 72</u>
		TO
		TO
		TO
		TO
		TO
		TO
USDA SOIL SERIES: <u>Marron Troup</u>		

OBSERVED WATER TABLE: INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED] / APPARENT] ESTIMATED WET SEASON WATER TABLE ELEVATION: 72 INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: [] YES [] NO WSWT Indicator: [] YES [] NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: .8 FS DEPTH OF EXCAVATION: _____ INCHES
DRAINFIELD CONFIGURATION: [] TRENCH [] BED [] OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: [Signature] DATE: 5-28-26



STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
 EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: Keith Rehberg
 CONTRACTOR / AGENT: Smier 04-75-17
 LOT: _____ BLOCK: _____ SUBDIV: _____ ID#: 09894-002

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

EXISTING TANK INFORMATION 4x4x8 (to be Abandoned)

[900]	GALLONS SEPTIC TANK/GPD ATU	LEGEND: _____	MATERIAL: _____	BAFFLED: [Y / <u>N</u>]
[]	GALLONS SEPTIC TANK/GPD ATU	LEGEND: _____	MATERIAL: _____	BAFFLED: [Y / N]
[]	GALLONS GREASE INTERCEPTOR	LEGEND: _____	MATERIAL: _____	
[]	GALLONS DOSING TANK	LEGEND: _____	MATERIAL: _____	# PUMPS: []

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON 5/24/26 BY JK Smier, HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [~~DIMENSIONS~~ / FILLING / LEGEND], ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, AND HAVE A [SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR: [Signature] BUSINESS NAME: _____ DATE: 5-24-26

EXISTING DRAINFIELD INFORMATION

[336] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [3] DIMENSIONS: 3 x 37

[] SQUARE FEET _____ SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ x _____

TYPE OF SYSTEM: [] STANDARD [] FILLED [] MOUND [] _____

CONFIGURATION: [] TRENCH [] BED [] _____

DESIGN: [] HEADER [] D-BOX [] GRAVITY SYSTEM [] DOSED SYSTEM

ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO NATURAL GRADE 30 INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[?] SYSTEM INSTALLATION DATE TYPE OF WASTE [] DOMESTIC [] COMMERCIAL

[300] GPD ESTIMATED SEWAGE FLOW BASED ON [] METERED WATER [] TABLE I, 62-6, FAC

SITE [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING

CONDITIONS: [] SLOPING PROPERTY [] _____

NATURE OF FAILURE: [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE

[] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE [] _____

FAILURE SYMPTOM: [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD

[] PLUMBING BACKUP [] _____

REMARKS/ADDITIONAL CRITERIA Replace Tank & Drain Field.

SUBMITTED BY: [Signature] TITLE/LICENSE: _____ DATE: 5-24-26