



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

PERMIT #: 12-SC-4095081  
APPLICATION #: AP2300440  
DATE PAID:  
FEE PAID:  
RECEIPT #:  
DOCUMENT #: PR2381310

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: THOMAS\*\*26-0354 MENENDEZ  
PROPERTY ADDRESS: 217 SW BLUE JAY CT Fort White, FL 32038  
LOT: 8  
BLOCK:  
SUBDIVISION: Fort White Park  
PROPERTY ID #: 04060-108  
[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  
A [ ] GALLONS / GPD N/A  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [ MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS ]  
K [ ] GALLONS DOSING TANK CAPACITY [ ]  
D [ 282 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM  
A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [ ] TRENCH [ ] BED [ ]  
N  
E LOCATION OF BENCHMARK: Nail in oak  
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  
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.  
H System will be 50% nitrogen reducing ATV 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.

SPECIFICATIONS BY: Rocky Ford TITLE: [ ]

APPROVED BY: Sean P Havens TITLE: Environmental Specialist II  
DATE ISSUED: 04/24/2026  
EXPIRATION DATE: 10/24/2027  
Columbia CHD

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



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

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:  
 New System  
 Existing system  
 Repair  
 Abandonment

Holding Tank  
 Innovative  
 Temporary

APPLICANT: Thomas Mendenhall

AGENT: HRB Construction

EMAIL: \_\_\_\_\_

TELEPHONE: 850-497-2311

MAILING ADDRESS: 5415 SW DORTCH ST FORT WORTH FL 32038

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: 8 BLOCK: NA SUBDIVISION: Fort Worth Park PLATTED: \_\_\_\_\_  
 OSTDS REMEDIATION PLAN?  Y /  N

PROPERTY ID #: 03-15-11-04040-108 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT:  Y /  N

PROPERTY SIZE: .5 ACRES WATER SUPPLY:  PRIVATE PUBLIC  DISTANCE TO SEWER: NA FT

IS SEWER AVAILABLE AS PER 381.0065, FS?  Y /  N

PROPERTY ADDRESS: 217 SW BIRCH WAY FT WORTH

DIRECTIONS TO PROPERTY: 47 SOUTH LEFT ON 27 LEFT ON BIRCH

Ways ct to lot on right

BUILDING INFORMATION

UNIT Type of Establishment No. of Bedrooms Area sqft

1 SFR 3 1100 sqft

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Floor/Equipment Drains  other (Specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: 3/10/2010

Commercial/Institutional System Design Table I, Chapter 62-6, FAC

COMMERCIAL

RESIDENTIAL

PERMIT NO. 26-0354  
 DATE PAID: 4/14/10  
 FEE PAID: 115.00  
 RECEIPT #: 433344

