



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 25-0388
DATE PAID: 4/24/25
FEE PAID: 318.00
RECEIPT #: 2207221

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Steven Braden EMAIL: braden.sm@protonmail.com

AGENT: Sams Mobile Home Service LLC TELEPHONE: (352) 445-4098

MAILING ADDRESS: P.O. BOX 762 Crystal River FL 34423

EMAIL: samsmobilehome service@gmail.com

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 #: 04-75-16-04131-005 ZONING: Ø I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: Ø FT

PROPERTY ADDRESS: 715 Ø SW Mount Hope Dr. Fort White FL 32038

DIRECTIONS TO PROPERTY: Neighbor address 601 SW * (L) NW Main Blvd

Use right lanes to turn slightly right onto FL-475 / (R) SW Mt Hope Dr. / Property on (R)
* Client # (909) 268-5518 *

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>MH</u>	<u>4</u>	<u>2504</u>	<u>(2)</u>
2				
3				
4				

☒ Floor/Equipment Drains ☒ Other (Specify) _____

SIGNATURE: Monica Meafie DATE: 2/25/25

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

Incorporated 62-6.004, FAC



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

PERMIT #: **12-SC-3105676**

APPLICATION #: **AP2207321**

DATE PAID: _____

FEE PAID: _____

RECEIPT #: _____

DOCUMENT #: **PR2264238**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: STEVEN**25-0388 BRADEN

PROPERTY ADDRESS: 125 SW MOUNT HOPE Fort White, FL 32038

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 04131-005

[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 [1,050] 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 [500] 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 12" oak NE at tree line

I ELEVATION OF PROPOSED SYSTEM SITE [82.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [112.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

L

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

O The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.

T

H

E

R

SPECIFICATIONS BY: Rolland Shrewsbury, RS

TITLE: OSTDS Private Inspector / Private Site

APPROVED BY: _____

Sean P Havehs

TITLE: Environmental Specialist I

Columbia

CHD

DATE ISSUED: 05/12/2025

EXPIRATION DATE: 11/12/2026

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

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KIC

Actual Property line



Columbo
5/9/25

owner Braden, Steven
4098 SIGNATURE Moneca M. Braden
12/17/24