

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

PERMIT #: 12-SC-2784779

APPLICATION #: AP1999648

DATE PAID: 9/15/25

FEE PAID: 310 00

RECEIPT #:___

DOCUMENT #: PR1999164

CONSTRUCTION PERMIT		New	-	
APPLICANT: BRIAN* PROPERTY ADDRESS:		Fort White, FL 32038		
LOT:		SUBDIVISION:		
PROPERTY ID #: 03		A STATE OF THE STA	[SECTION, TOWNSHIP, RANGE, PARC [OR TAX ID NUMBER]	EL NUMBER]
381.0065, F.S., A SATISFACTORY PERFO WHICH SERVED AS PERMIT APPLICATION ISSUANCE OF THIS	AND CHAPTER 64: DRMANCE FOR AN A BASIS FOR I. SUCH MODIE PERMIT DOES	E-6, F.A.C. DEPA NY SPECIFIC PERIOD ISSUANCE OF THIS FICATIONS MAY RESUI	RTMENT APPROVAL OF SYSTEM DOES OF TIME. ANY CHANGE IN PERMIT, REQUIRE THE APPLICANT IT IN THIS PERMIT BEING MADE APPLICANT FROM COMPLIANCE WITH	MATERIAL FACTS TO MODIFY THE
SYSTEM DESIGN AND S	PECIFICATIONS			
r [900] GALL	ONS / GPD	Septic Tank	CAPACITY	
A [] GALL			CAPACITY	
		The state of the s	MUM CAPACITY SINGLE TANK:1250 GALI GALLONS @[]DOSES PER 24 HRS	
TYPE SYSTEM:	[X] STANDARD [X] TRENCH	[] BED []] MOUND []	
ELEVATION OF PROF	OSED SYSTEM SITE	[15.50] [INCHE	ES FT] [ABOVE BELOW BENCHMARK/RE	
PTII DECIITOED.	LOOU THOUSE	DUCALITATION D	EQUIRED: [0.00] INCHES	
			persons (2 per bedroom), for a total estimated	d flow of
R	4			=
SPECIFICATIONS BY:	(Joshua) Kamer	on Keen	TITLE: CEHP	
APPROVED BY	Dustin W Jones	TITLE: Enviro	nmental Specialist II	Columbia CHD
DATE ISSUED:	09/18/2023)	EXPIRATION DATE:	03/18/2025
DEP 4015, 06-21-202 Incorporated 62-6.0		vious editions which	may not be used)	Page 1 of 3

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

PERMIT NO. DATE PAID: FEE PAID: RECEIPT #:

APPLICATION FOR CONSTRUCTION E	REPLICATION	FOR	CONSTRUCTION	PERMIT
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[] Repair []	Existing System [Abandonment [Holding Tank Temporary	[] Innovative
APPLICANT: Brian My	45	EMA	
AGENT: Kameron Keen			PHONE: 352-356-1333
MAILING ADDRESS: 474	NF 628th at Old	To F/ 2	TUNE: 350-056-1333
		TOWN, FL 3	2680
TO BE COMPLETED BY APPLICA BY A PERSON LICENSED PURSO APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQU	ANT OR APPLICANT'S AUTHOR JANT TO 489.105(3)(m) OR TO PROVIDE DOCUMENTATIO JESTING CONSIDERATION OF	489.552, FLORIDA N OF THE DATE THE STATUTORY GRANDFA	STATUTES. IT IS THE
PROPERTY INFORMATION			DIATION PLAN? [Y / 6
LOT:BLOCK:	SUBDIVISION:		PLATTED:
PROPERTY ID #: 26-55-16			
PROPERTY SIZE: 16 ACRES			
		TOPPIC []	=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER	381 0065 882 1 2 / 2		
PROPERTY ADDRESS: 211	381.0065, FS? [Y / D] SW Glider Way	FORT White	32038
PROPERTY ADDRESS: 211	381.0065, FS? [Y / D] SW Glider Way	FORT White	32038
PROPERTY ADDRESS: 211 DIRECTIONS TO PROPERTY:	381.0065, FS? [Y / Ø] SW Glider Way Take 47 S, TL	Fort White on Watson,	32038 TL en Glider,
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PROPERTY ADDRESS: 211 DIRECTIONS TO PROPERTY:	381.0065, FS? [Y/0] SW Glider Way Take 47 S, TU [A] RESIDENTIAL No. of Building	Fort White on Watson, [] COMMERCIA Commercial/Institution	32038 The Glider,
PROPERTY ADDRESS: 211 DIRECTIONS TO PROPERTY:	SW Glider Way Take 47 S, TU [A] RESIDENTIAL No. of Building Bedrooms Area Sqft	DISTANTANTANTANTANTANTANTANTANTANTANTANTANT	32038 The Glider,
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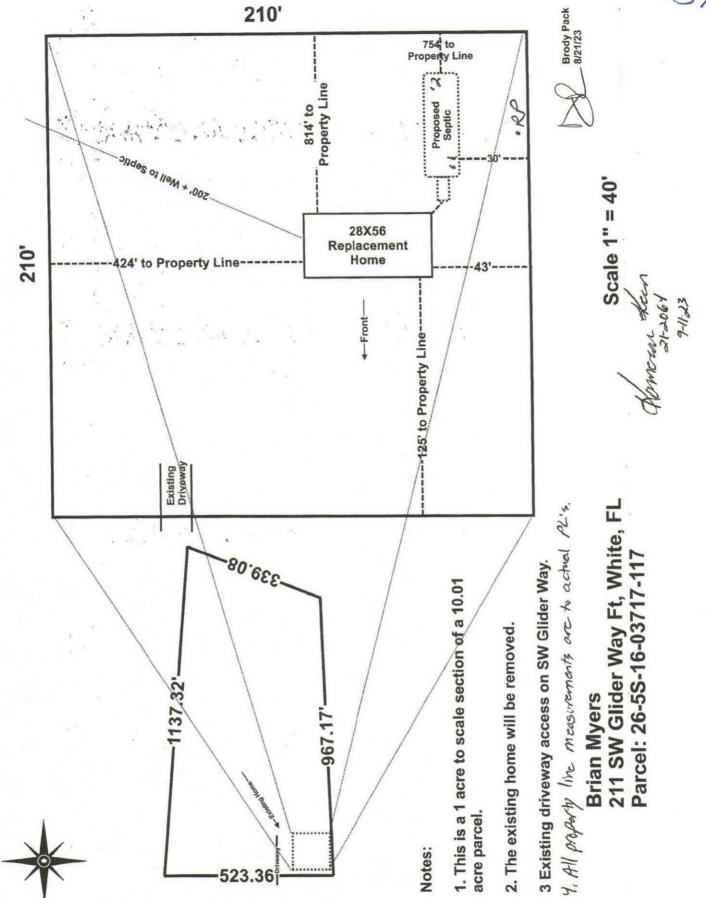
STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION APPLICATION FOR CONSTRUCTION PERMIT

PPUCKTON CONSTRUCTION FRANCE

Permit Application Number PART II - SITEPLAN -----Scale: Each block represents 10 feet and 1 inch = 40 feet Notes: Site Plan submitted by A. A. Cor Plan Approved_ Not Approved_ Date_ County Health Department ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-5:004,F.A.C.

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SW Glider Way