

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM PERMIT #: 12-SC-2733273

APPLICATION #: AP1969206

DATE PAID: 6.1.23

FEE PAID: 310.00

RECEIPT #:____

DOCUMENT #: PR1961673

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: KARRI**23-0404 McCLELLAND GRAY	
PROPERTY ADDRESS: 641 SW BUMBLE Fort White, FL 32038	
LOT: 35 & 65 BLOCK: SUBDIVISION: 3 Rivers Est U-8	1.4
PROPERTY ID #: 00714-035 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]	
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GU. SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFICANT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FOR STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	FACTS, FY THE VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [900] GALLONS / GPDSeptic Tank 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	1
D [250] 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: Surveyors BM 31.67 NAVD	
I ELEVATION OF PROPOSED SYSTEM SITE [23.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/REFERENCE PO	INT
E BOTTOM OF DRAINFIELD TO BE [47.00] [INCHES FT] [ABOVE BELOW BENCHMARK/REFERENCE PO	INT
L	
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES	
The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of	
O 200 gpd.	
T	
H ***Bottom of drainfield must not go below 27.7ft NAVD***	1
E	
R	
SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP	
APPROVED BY: Jold TITLE: Environmental Health Director Columbia	CHD
Sallie A Ford DATE ISSUED: 06/22/2023 EXPIRATION DATE: 12/22/2	2024
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)	
Incorporated: 64E-6.003, FAC Page 1	of 3

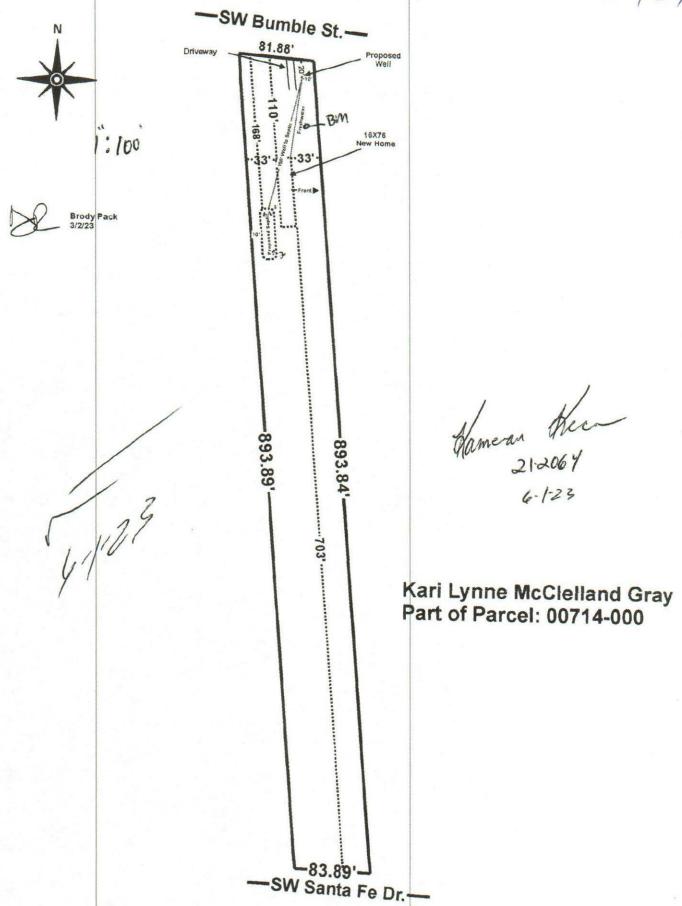




STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO.C DATE PAID: FEE PAID: RECEIPT #:	33-0404 194926 194926
	1006

1100				#: 19692
1000	APPLICATION FOR	CONSTRUCTION	DEDNA	100
APPLICATION :		THOUSE	PERMIT	
[K] New Sy	stem [] Evici			
[] Repair	[] Abanc	ing System	Holding T	ank r
3555	1 · M (1)	onment	I] Temporary	ank [] Innovative
APPLICANT:	Carri Mc Clella	d Cmil		• •
		10. 17/04/	Pa	201 715
AGENT: Tom	my Jones		(40)	386-365-4444)
2/2	1		7	PI EDUCE 200
MAILING ADDRE	ss: 1490 NE	1200 -1 -	1	ELEPHONE: 352-221-4473
	10 /0 L	SUB ST. Trent	On. FL. 326	92
				13
TO BE COMPLET	ED BY APPLICANT OR	ADDI TONNE	=========	YSTEMS MUST BE CONSTRUCTED
APPLICATION L	ICENSED PURSUANT TO	APPLICANT'S AUTHOR	RIZED AGENT. S	VSTEMS MISS
APPLICANT'S R	ESPONSIBILITY TO PRO	WIDE DOCUMENT OR	489.552, FLOR	DA STATUTE
PLATTED (MM/D)	O/YY) IF REQUESTING	CONCIDENTATIO	ON OF THE DATE	YSTEMS MUST BE CONSTRUCTED TO STATUTES. IT IS THE
		OF	STATUTORY GRAN	DEATUED DECEMENTED OR
PROPERTY INFO	RMATION		========	PROVISIONS.
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104:50 BL	OCK: SUBDIV	ISION: Three A	0 -	TATION PLAN? [Y /N)]
	10+35 W. BA	Mile A	LIVETS + ST	11 11 0
PROPERTY ID # .	10-00-00-00711			R EQUIVALENT: [Y / 1]
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DDODDDD			I/M C	R EQUIVALENT: [Y / 60]
PROPERTY SIZE:	1.6 ACRES WATER	SIIDDIV		- ' 6
TC CURRENT		PRIV.	ATE PUBLIC [1<=2000CDD :
IS SEWER AVAIL	ABLE AS PER 381.0065	5. FS2 [V / A .		R EQUIVALENT: [Y / 1]]<=2000GPD []>2000GPD
PROPERTY AND	ss: 641 SW	7 20. [1 / 607]	DIS	TANCE TO SEWER: FT
ADDRES	35: 641 SW	Bumble	ct r	
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/ TONS TO	ROPERTY: Take 4	75 to	11/1/2	
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BUILDING INFORM	ATTON .			
,	[A]	RESIDENTIAL	7 7 701-	
Unit Type of			[] COMMERC	CIAL
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	Bedro	ooms Area Sqft	Table I, Chapte	itutional System Design
1			I, Chapte	er 62-6, FAC
5#	R-MH 2	1,000		
2	2			
		-		
3				
		_		
4				
] Floor/Equi	pment Drains []			
		Other (Specify)		
SIGNATURE:		-		
DED 404			D	ATE: 6-1-23
DEP 4015, 06-21-	2022 (Obsoletes prev 5.004, FAC		Di	ATE: 6-1-23
Incorporated 62-	.004 Fac	rous editions whi	ch may not be	lsed)
	PAC			-564/



STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION APPLICATION FOR CONSTRUCTION PERMIT

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