



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM



E-MAILED

PERMIT #: 12-SC-3186607

APPLICATION #: AP2246805

DATE PAID: _____

FEE PAID: _____

RECEIPT #: _____

DOCUMENT #: PR2321518

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: TERRY**25-0696 CHASTAIN

PROPERTY ADDRESS: SW CENTRAL TER. Fort White, FL 32038

LOT: 1 BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 00935-001 [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 [500] GALLONS / GPD Aerobic Treatment Unit 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 [375] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []

I CONFIGURATION: [X] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail with red ribbon in tree W of site

I ELEVATION OF PROPOSED SYSTEM SITE [0.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [30.00] [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 400 gpd.
T NOTE: Significant slope in property. Soil profile Site 1: 12" BBM Site 2: 0" BBM
H System will be 50% nitrogen reducing ATU 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.
R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 09/10/2025 EXPIRATION DATE: 03/10/2027

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

KIK



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

PERMIT NO. 25-0696
DATE PAID: 9/3/25
FEE PAID: \$312.00
RECEIPT #: 2246805

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Terry Chastain EMAIL: _____
AGENT: Keen Permitting LLC TELEPHONE: 352-356-1333
MAILING ADDRESS: 474 NE 628th ST. Old Town, FL 32680

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT: SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (a) 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? /

LOT: 1 BLOCK: _____ SUBDIVISION: Three Rivers Est. Unit 17 PLATTED: _____

PROPERTY ID #: 00-10-00-00935-001 ZONING: _____ I/M OR EQUIVALENT: /

PROPERTY SIZE: .92 ACRES WATER SUPPLY: PRIVATE PUBLIC <2000GPD >2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? / DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: SW Central ter. Fort White 32038

DIRECTIONS TO PROPERTY: 49 to 27, TL, TR on Riverside, TL on Utah, TR on Central, property on R.

BUILDING INFORMATION

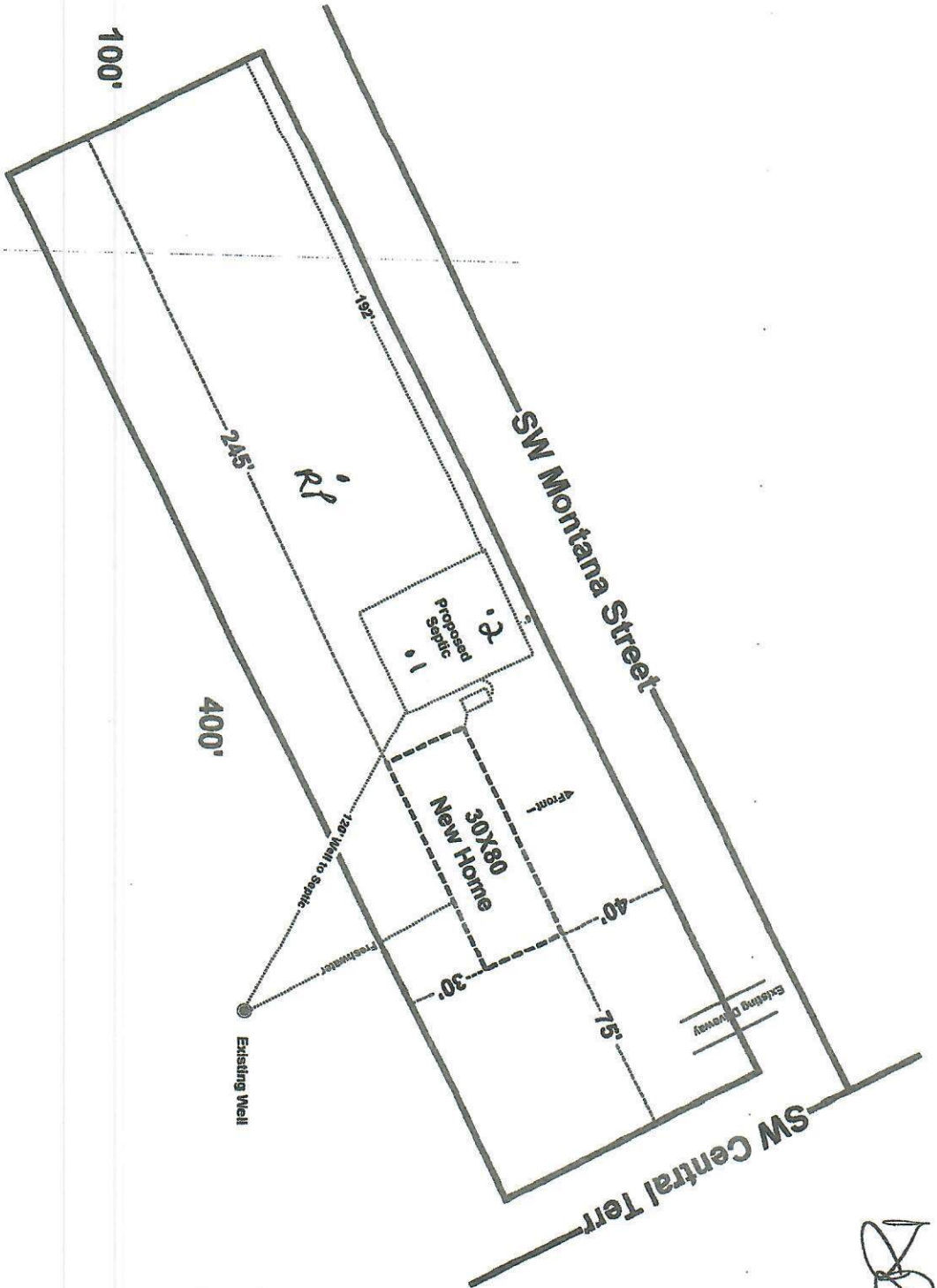
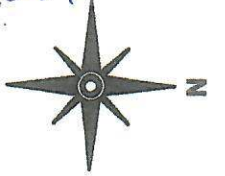
RESIDENTIAL COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	SFR. MH	3	2400	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Homean Ouel 23 2014 DATE: 9-2-25

25-0694



Terry & Lisa Chastain
TBD SW Montana Street Ft White, FL
Parcel: 00-00-00-00935-001

Scale 1" = 60'
Three Rivers Estates Unit 17
Lot 1

Brody Pack
8/27/25

James Dean
9-2-25

Colman Bice
 9/10/25