



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 22-0395
DATE PAID: 5/29/22
FEE PAID: 310.00
RECEIPT #: 183222

APPLICATION FOR:

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

APPLICANT: Chris & Courtney SenterAGENT: Ronnie MooreTELEPHONE: 352-246-3997MAILING ADDRESS: PO Box 158 Ft White 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: 18 BLOCK: _____ SUBDIVISION: Bluebird Landing (31-7S-17E) PLATTED: 2002PROPERTY ID #: 31-7S-17-10070-118 ZONING: SF I/M OR EQUIVALENT: ☐ Y / ☒ NPROPERTY SIZE: 10.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐]<=2000GPD ☐]>2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☒ N DISTANCE TO SEWER: N/A FTPROPERTY ADDRESS: SW Bluebird Ct Ft White Fl 32038

DIRECTIONS TO PROPERTY: 47 to Ft White turn left on 27 follow to SW CR 138 turn right to Woodlawn Ave turn left to Fox Squirrel PL turn right to Bluebird Ct go straight on lot.

BUILDING INFORMATION

☒ RESIDENTIAL☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	single family	3	2113	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Ronnie MooreDATE: 04/27/22

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----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.

See Attached																																							
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Notes: _____

Site Plan submitted by: Don Mon

M. S. T. C.

Plan Approved X

Not Approved _____

Date 5/6/22

By [Signature]

Columbia CHD

County Health Department

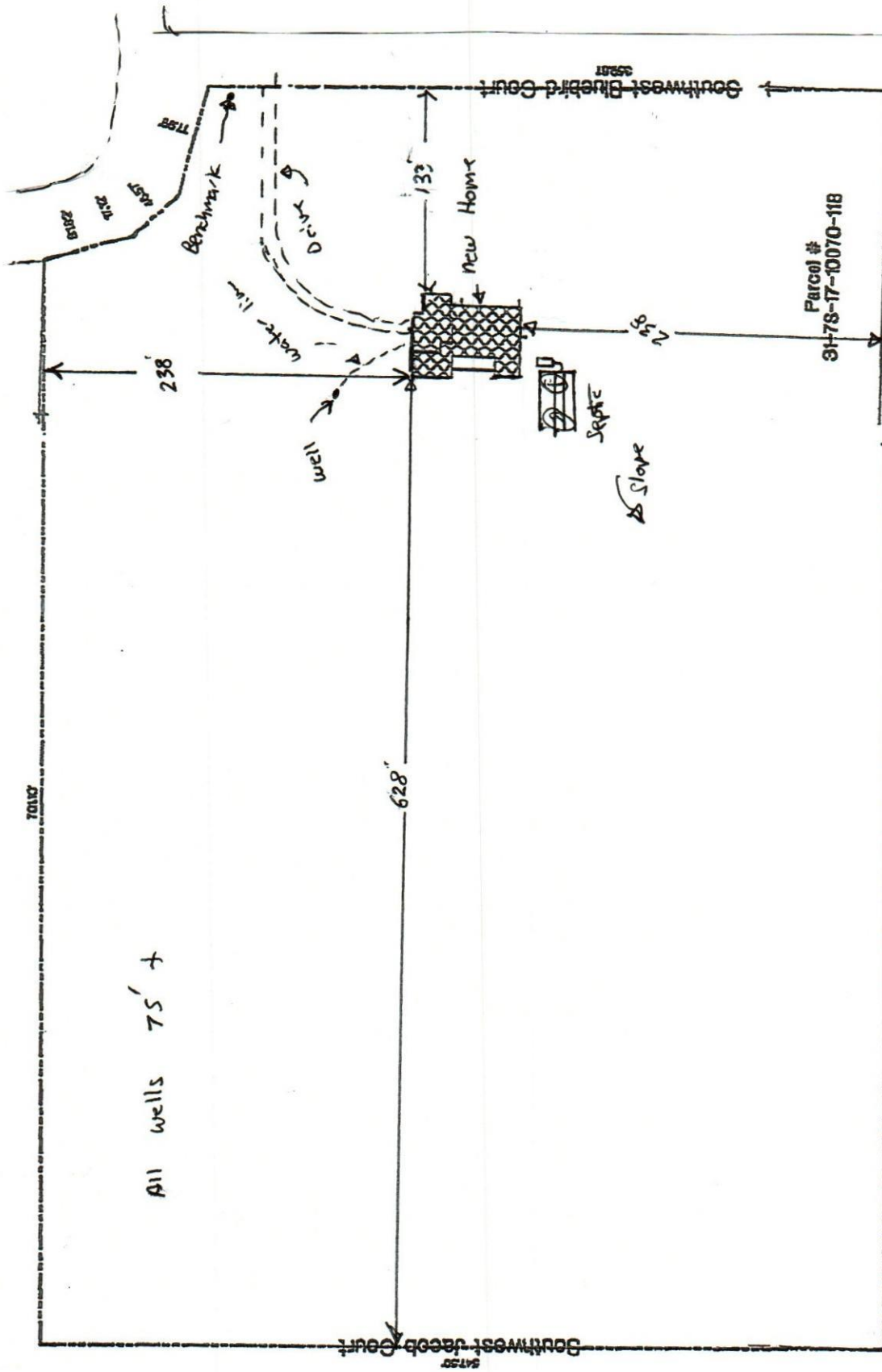
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Permit #

Property ID# 31-78-17-10070-118

Scale 1 inch = 100 feet



M.S.T.C.

Site Plan submitted by Ron Moore

Not Approved

Date

County Health Department

22-0395



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

PERMIT #: 12-SC-2504282
APPLICATION #: AP1832072
DATE PAID: 5/2/22
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR1764087

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: CHRIS**22-0395 SENTER
PROPERTY ADDRESS: SW BLUEBIRD Fort White, FL 32038
LOT: 18 BLOCK: _____ SUBDIVISION: Bluebird Landing
PROPERTY ID #: 10070-1183 [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 [900] GALLONS / GPD Septic 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 []
D [375] 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 in tree NE. of site.
I ELEVATION OF PROPOSED SYSTEM SITE [40.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [70.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] 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.
T
H
E
R

SPECIFICATIONS BY: Ronnie Moore TITLE: Master Contractor
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 05/06/2022 EXPIRATION DATE: 11/06/2023
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC