

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

PERMIT #: 12-SC-2246044

APPLICATION #: AP1634075

DATE PAID: 3/1/2021

FEE PAID: 3/000

RECEIPT #: 12-PW -4695490

DOCUMENT #: PR1518021

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: ANN**21-0202 DRACE	
PROPERTY ADDRESS: 534 RIVER OAK Fort White, FL 32038	
LOT: BLOCK: SUBDIVISION:	
PROPERTY ID #: 04137-005 [SECTION, TOWNSHIP, RANGE, PARCE [OR TAX ID NUMBER]	EL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDAR 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [1,050] GALLONS / GPD New Septic CAPACITY A [] GALLONS / GPD N/A CAPACITY N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALL K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS	
D [500] SQUARE FEET New 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 in oak W of site	
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RE E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RE L	
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated 400 gpd.	
E	
R	
SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor	
APPROVED BY: TITLE: Environmental Specialist II	Columbia CHD
DATE ISSUED: 03/02/2021 EXPIRATION DATE:	09/02/2022
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 HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 21-2123 DATE PAID: 31-212 FEE PAID: 310.00 RECEIPT #: 1 4834075

APPLICATION FOR: [X] New System [[] Repair [Existing Sys Abandonment	[]	Holding Tank Temporary	[] Innovative	
APPLICANT: Ann Drace					
AGENT: ROCKY FORD, A & B	CONSTRUCTION		TELE	PHONE: 386-497-2311	
MAILING ADDRESS: 546 SW	Dortch Street,	FT. WHITE, FL,	32038		
TO BE COMPLETED BY APPLI BY A PERSON LICENSED PUR APPLICANT'S RESPONSIBILI PLATTED (MM/DD/YY) IF RE	CANT OR APPLICA SUANT TO 489.10 TY TO PROVIDE I QUESTING CONSI	ANT'S AUTHORIZED 05(3)(m) OR 489 DOCUMENTATION OF DERATION OF STATE	D AGENT. SYSTE .552, FLORIDA S F THE DATE THE FUTORY GRANDFAT	TATUTES. IT IS THE LOT WAS CREATED OR THER PROVISIONS.	
PROPERTY INFORMATION					
LOT: NA BLOCK: NA	SUB: NA			PLATTED:	
PROPERTY ID #: 05-7s-16	-04137-005	ZONING:	I/M OR	EQUIVALENT: [Y /N]	
PROPERTY SIZE: 50 AC	RES WATER SUP	PLY: [X] PRIVA	TE PUBLIC []	<=2000GPD []>2000GPD	
IS SEWER AVAILABLE AS PE	R 381.0065, FS	? [Y / (N)]	DISTAN	CE TO SEWER: NA FT	
PROPERTY ADDRESS: 534 R	iver Oak Ct, 1	Fort White, Fl			
FU-478, TR 67	HO W. R	NW mai ight-of-1 V River (way St,	Slight right on The Will	3
BUILDING INFORMATION		IDENTIAL			
Unit Type of No Establishment	No. of		mmercial/Instit	utional System Design	
SF Residential	4_	2273			
3					
[] Floor/Equipment Dr	ains [] Ot	ther (Specify)			
SIGNATURE: Willi	in D. Biolog	开		PATE: 2/26/2021	

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number Scale: 1 inch = 40 feet. 1030 40 1 acre of 50 BRIVE Notes Willia Site Plan submitted by 3/2/21 Date 2-26-21 Plan Approved Not Approved (olumbin By County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT