



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

FW

PERMIT NO. 21-0864
DATE PAID: 10/20/21
FEE PAID: 318.00
RECEIPT #: 1758440

APPLICATION FOR:

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

APPLICANT: David & Deidere Kutner

AGENT: Florida Soil and Environmental Services - Jared Sweat

TELEPHONE: 352-317-0704

MAILING ADDRESS: P.O. Box 1925, Alachua, FL 32616

email: floridasoilandenvserv@hotmail.com

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: 3 BLOCK: N/A SUBDIVISION: Sedgefield Phase IV PLATTED: 2/9/2006

PROPERTY ID #: 03-6S-16-03767-403 ZONING: A-1 I/M OR EQUIVALENT: ☐ No ☒

PROPERTY SIZE: 5.00 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☒ DISTANCE TO SEWER: 100+ FT

PROPERTY ADDRESS: 449 SW Rolling Meadow Glen, Fort White 32038

DIRECTIONS TO PROPERTY: Head west on Franklin Street, turn left onto NW Main Blvd/US 41. Head south for just over 1.5 miles, merge right onto SR 47. Follow southwest for 13 miles to SW Rolling Meadows Glen. Turn left and follow east to 2nd to last lot on left side before cul-de-sac

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 residence	3	2,552	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 10/18/2021



STATE OF FLORIDA
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SYSTEM

PERMIT #: 12-SC-2411814
APPLICATION #: AP1758440
DATE PAID: 01/20/21
FEE PAID: 310
RECEIPT #: _____
DOCUMENT #: PR1675617

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: DAVID**21-0864 KUTNER
PROPERTY ADDRESS: 449 SW ROLLING MEADOW Fort White, FL 32038
LOT: 3 BLOCK: _____ SUBDIVISION: SEDFIELD PH 4
PROPERTY ID #: 03767-403 [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 [1,050] 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 [500] 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: top of masonry nail with pink flagging on base of cherry tree near adjacent property (511)
I ELEVATION OF PROPOSED SYSTEM SITE [2.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [19.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [1.00] 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 400 gpd.
T
H
E
R
*** Gas easement near system. Call for locate.**

SPECIFICATIONS BY: Jared Sweet TITLE: CEHD (21-1975)
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 10/25/2021 EXPIRATION DATE: 04/25/2023
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

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DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-0864

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

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

See
Attached

Notes: _____

Site Plan submitted by: [Signature]

Agent: ☒ X

Owner: _____

Date: 10/19/2021

Plan Approved ☒ X

Not Approved _____

Date 10/25/21

By [Signature]

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

051123 / 30 well > 50'

051123 / 30

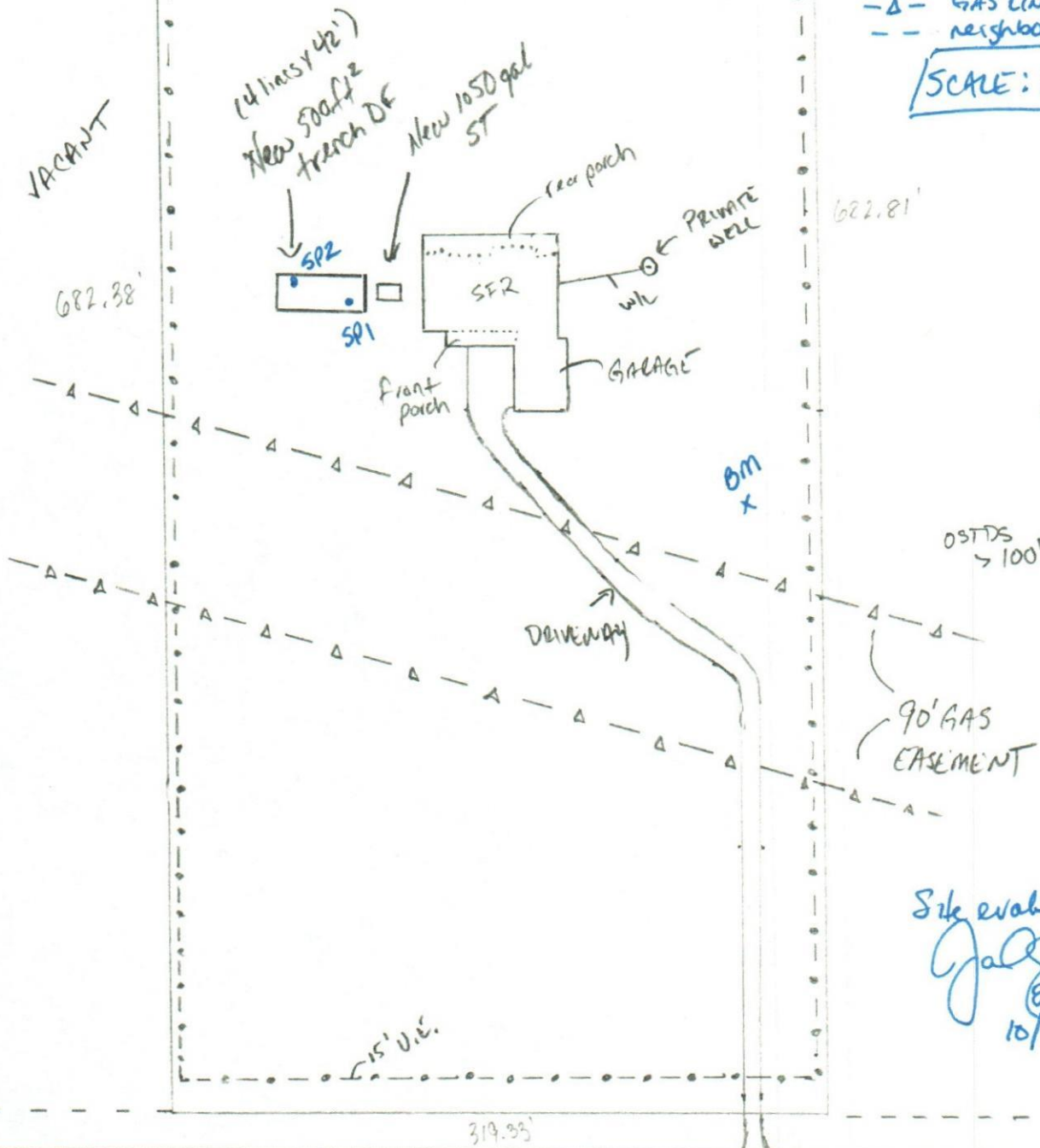
well > 30

21-0824

LEGEND

- / U.E. utility easement
- ⊙ private well
- w/l waterline
- SP1 soil profile #
- xbm benchmark
- Δ- GAS LINE EASEMENT
- - - neighbor property boundary

SCALE: 1" = 80'



PRIVATE well (FAUX ROCK)

OSTTS > 100'

Site evaluated by:

[Signature]
01-1975
10/18/2021

SW ROLLING MEADOWS GLEN