

FW

SSO 254 306 796



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

PERMIT NO: 23-0641  
DATE PAID: 7/11/23  
FEE PAID: 155.23  
RECEIPT #: 1928554

## APPLICATION FOR CONSTRUCTION PERMIT

## APPLICATION FOR:

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

APPLICANT: Daniel Dukes

EMAIL: will@pricententerprisc.com

AGENT: Cole Price

TELEPHONE: 33609634098

MAILING ADDRESS: 9020 SW 57th Tr. LK Butler FL 32054  
Agent 3360 150th Pl Lake City FL 32024

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? ☒ Y ☐ N

LOT: 60 Unit 19 BLOCK: 19 SUBDIVISION: Three River Estates PLATTED: YES

PROPERTY ID #: 00-00-00-01192-000 ZONING: I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 0.918 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☐ N DISTANCE TO SEWER: 10 FT

PROPERTY ADDRESS: TBD SW Central Ter Ft White FL 32038

DIRECTIONS TO PROPERTY: US 90 West to 2475 to Central Blue  
Neighboring Address 854 SW Central Terrace

## 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 PW Mobile Home 3 1560

2

3

4

Zone X

☒ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Cole Price

DATE: 9/4/23

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

Transmitted 62-6 004. FAC

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

PERMIT #: **12-SC-2783046**  
APPLICATION #: **AP1998556**  
DATE PAID: **9/11/23**  
FEE PAID: **425.00**  
RECEIPT #:  
DOCUMENT #: **PR1999000**

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: DANIEL\*\*23-0641 DUKES  
PROPERTY ADDRESS: SW CENTRAL Fort White, FL 32038  
LOT: 60 BLOCK: SUBDIVISION: 3 Rivers Est U-19  
PROPERTY ID #: 01192-000 [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 [ 400 ] GALLONS / GPD Aerobic Unit Treatment 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 [ 282 ] 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 w/ green tape.

I ELEVATION OF PROPOSED SYSTEM SITE [ 39.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 69.00 ] [ 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 \*\*\*System will be 50% minimum nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table  
H separation. Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating  
E permitting/fee also required.  
R -Operating permit fee and application / 2yr signed maintenance entity contract agreement w/ owner required prior to final approval.

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

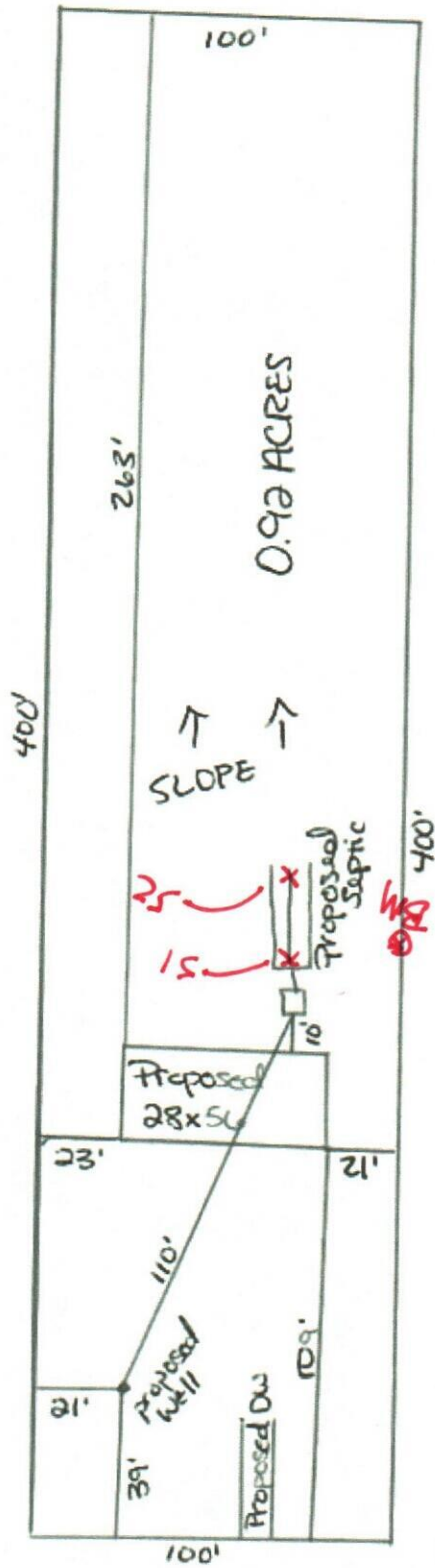
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 09/18/2023 EXPIRATION DATE: 03/18/2025

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

Incorporated 62-6.004, FAC

5



SW Central Terrace

Parcel #

00-00-00-01192-000

Daniel Dukez  
 TBD SW Central Ter  
 Ft White FL 32038

↑ N  
 Scale  
 1"=40'

Site Plan

Edgar River  
 9/16/23

23-0641



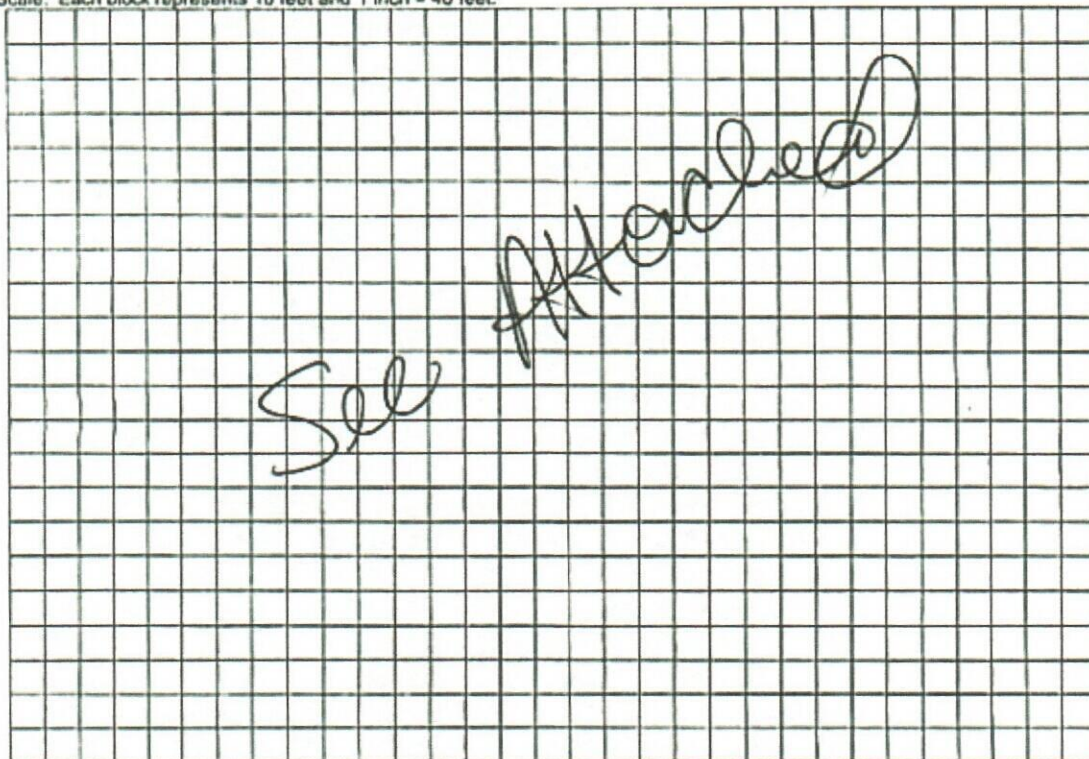
STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

23-0441

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

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



Notes:

Site Plan submitted by:

*[Signature]*

9/6/23

Plan Approved

Not Approved

Date

9/18/23

By

*[Signature]* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

Incorporated: 62-6.004, F.A.C.

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