



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

FW

CR # 10-8947

PERMIT NO. 22-0522  
DATE PAID: 6/8/22  
FEE PAID: 310.00  
RECEIPT #: 1850247

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: STEPHANY MILLS

AGENT: HOWARDS SEPTIC / PAUL LLOYD

TELEPHONE: (386) 935-1518

MAILING ADDRESS: P.O BOX 180

BRANFORD    FL    32008

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: 44    BLOCK: N/A    SUBDIVISION: 3 Rivers U 20    PLATTED:

PROPERTY ID #: 00-00-00-01265-044    ZONING: RES    I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 0.910 ACRES    WATER SUPPLY: ☒ PRIVATE    PUBLIC: ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐    DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: NEWARK ROAD

DIRECTIONS TO PROPERTY: **TAKE STATE ROAD 47 SOUTH TO FORT WHITE. TURN RIGHT ON STATE ROAD 27. TURN LEFT ON ICHTUCKNEE BOULEVARD. TURN LEFT ON UTAH ROAD. TURN RIGHT ON NEWARK ROAD. SITE IS SECCND ON RIGHT PAST ILLINOIS.**

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
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1	<u>CAMPER DNMH</u>	<u>3</u>	<u>255</u>	<u>1248</u>
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2

3

4

☐ Floor/Equipment Drains ☐ Other (Specify)

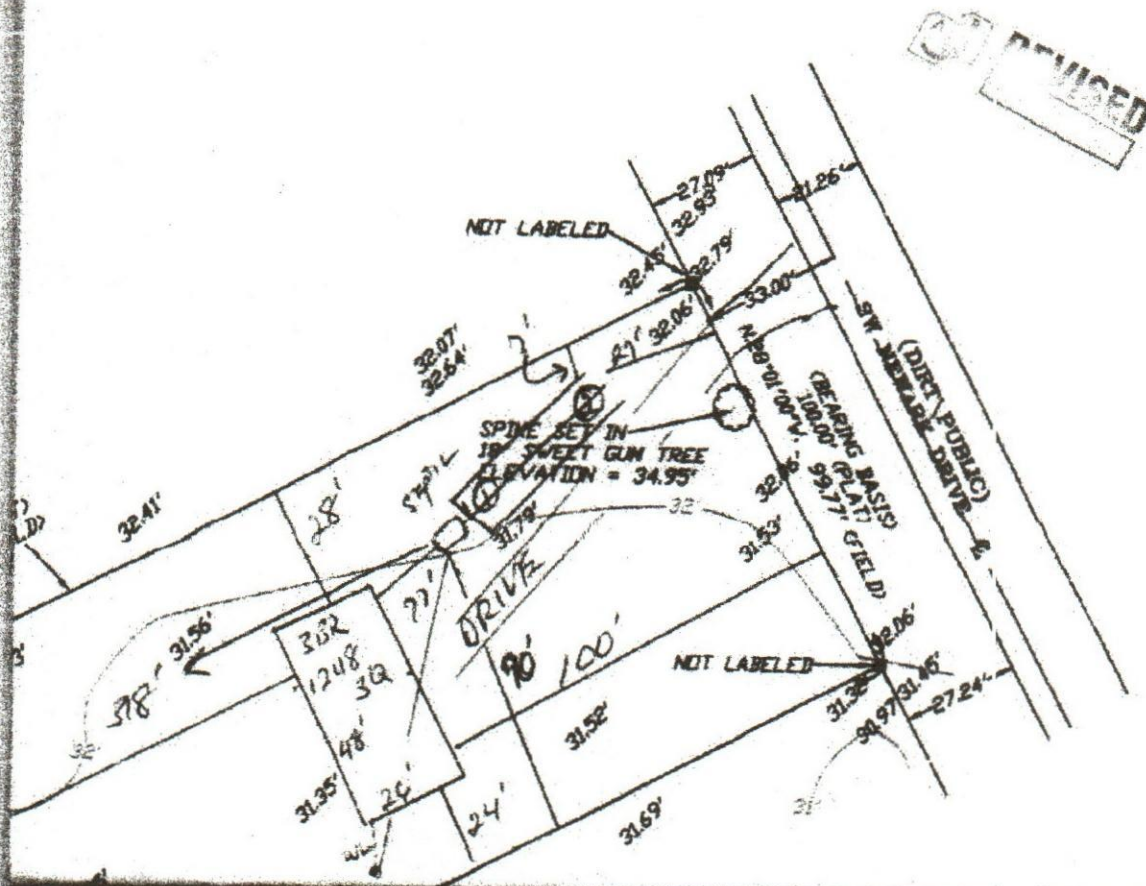
SIGNATURE: Paul Lloyd    DATE: 6/2/22



22-0522

A BOUNDARY SURVEY IN SECTION 25, TOWNSHIP 6 SOUTH,  
RANGE 15 EAST, COLUMBIA COUNTY, FLORIDA.

IN  
FREE RIVE  
ED IN PLA



NOTES:  
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ELEVATIONS

APPROVED

Sallie Ford  
H Director 11.8.22

Arthur H. Ford 11/8/22



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

PERMIT #: 12-SC-2526517  
APPLICATION #: AP1850247  
DATE PAID: 6-8-22  
FEE PAID: 710.00  
RECEIPT #: 1850247  
DOCUMENT #: PR1792096

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: STEPHANIE\*\*22-0522 MILLS  
PROPERTY ADDRESS: NEWARK Fort White, FL 32038  
LOT: 44 BLOCK:  SUBDIVISION: 3 Rivers Est U-20  
PROPERTY ID #: 01265-044 [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 12" ample tree north of system site

I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 54.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

L  
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

O The system is sized for 1 bedrooms with a maximum occupancy of 2 persons (2 per bedroom), for a total estimated flow of 200 gpd.  
T  
H  
E  
R

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

APPROVED BY: Sallie A Ford TITLE: Environmental Health Director Columbia CHD

DATE ISSUED: 11/08/2022 EXPIRATION DATE: 05/08/2023

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC