



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

PERMIT #: **12-SC-2808303**
APPLICATION #: **AP2008034**
DATE PAID: **10/27/23**
FEE PAID: **315.00**
RECEIPT #:
DOCUMENT #: **PR2016902**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JAMES**23-0750 BUCHANAN
PROPERTY ADDRESS: 417 SW BUMBLE Fort White, FL 32038
LOT: 21 BLOCK: SUBDIVISION: 3 Rivers Est U-8
PROPERTY ID #: 00690-000 [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: Surveyors BM= 34.36 NAVD
I ELEVATION OF PROPOSED SYSTEM SITE [21.50] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [51.50] [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.-Operating permit fee and application / 2yr signed maintenance entity contract agreement w/
R owner required prior to final approval.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 10/31/2023 EXPIRATION DATE: 04/30/2025
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0750

..... PART II - SITEPLAN

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

See
Attached

Notes: _____

Site Plan submitted by H. Khan

Plan Approved X

Not Approved

By [Signature]

Date 10/31/23

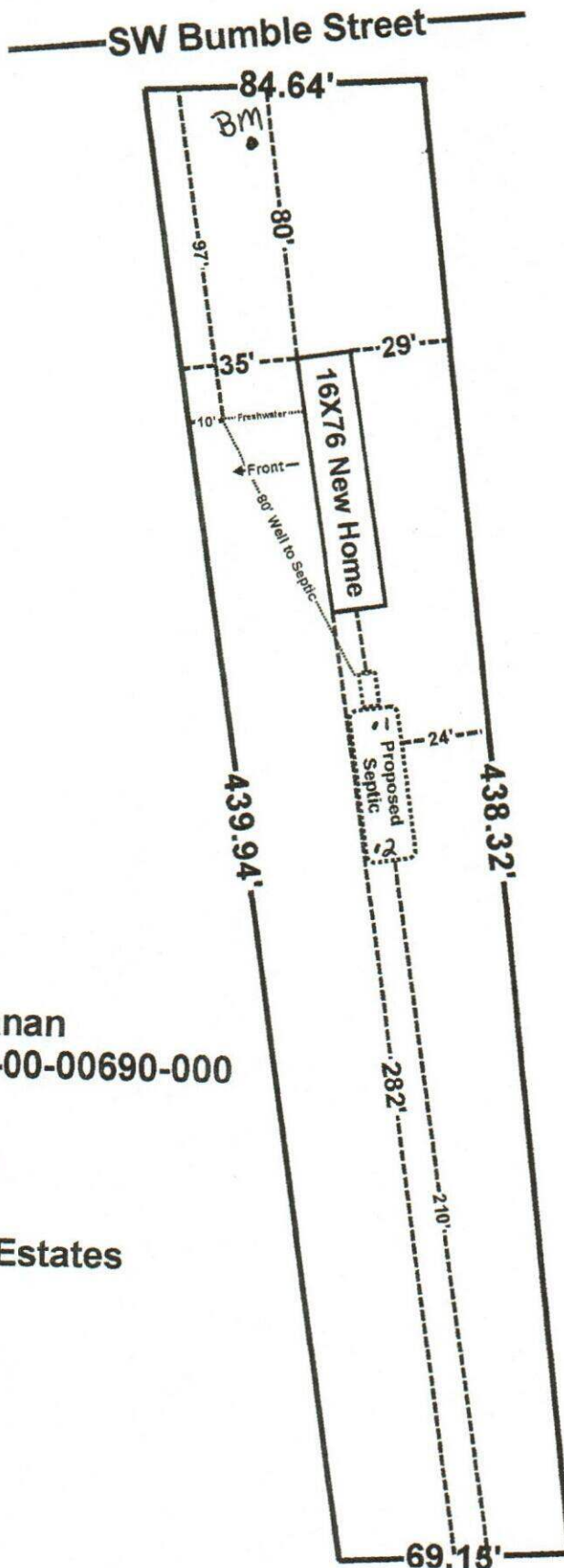
County Health Department

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.

23-0750



Brody Pack
8/22/23

James Keen
23-2064
10-25-23

James Buchanan
Parcel: 00-00-00-00690-000

Scale 1" = 50'
Lot 21 Unit 8
Three Rivers Estates



FW

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

PERMIT NO. 23-0750
DATE PAID: 10/27/23
FEE PAID: 310.00
RECEIPT #: 2208034

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: James Buchanan

AGENT: Kameron Keen

EMAIL: _____

MAILING ADDRESS: 474 NE 628th St. Old Town, FL 32680

TELEPHONE: 352-356-1333

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: 21 BLOCK: _____ SUBDIVISION: Three Rivers Est. Unit 8 OSTDS REMEDIATION PLAN? ☒ Y / ☐ N] PLATTED: _____

PROPERTY ID #: 00-00-00-00690-000 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☒ N]

PROPERTY SIZE: .76 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐] <=2000GPD ☐] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☒ N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 417 SW Bumble St. Fort White, 32038

DIRECTIONS TO PROPERTY: Take 247 S, TL on 137, TL on 27, TR into 3 Rivers, TL on Utah, TR on Newark, TR on Illinois, TL on Central, TR on Bumble to property on R.

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	<u>SFR-MH</u>	<u>3</u>	<u>1127</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Kameron Keen 21-2064 DATE: 10-25-23

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC