



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

PERMIT NO. 23-0521
DATE PAID: 8/14/23
FEE PAID: 310.06
RECEIPT #: 1983280

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: James & Sarah Gee (Bo Royals) EMAIL: _____

AGENT: Tommy Jones

MAILING ADDRESS: 1490 NE 130th St. Trenton, FL. 32693 TELEPHONE: 352-221-4473

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: 11 BLOCK: _____ SUBDIVISION: Three Rivers Est. Unit 20 PLATTED: _____

PROPERTY ID #: 00-00-00-01242-000 ZONING: _____ I/M OR EQUIVALENT: ☒

PROPERTY SIZE: .9 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ YES ☐ NO DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: SW Central Terr. Fort White, 32038
DIRECTIONS TO PROPERTY: Take 495, TL on 27, TR on Riverside,
TL on Utah, TR on Newark, TR on Illinois, TL on
Central to property on L.

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 | | | | |
| 2 | <u>SFR-MH</u> | <u>5</u> | <u>2128</u> | |
| 3 | | | | |
| 4 | | | | |

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 7-17-23

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

REVISED
8/14/23 E.H.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

23-0521

----- PART II - SITE PLAN -----

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

Site plan grid area with handwritten text: See Attached

Notes:

Site Plan submitted by:

H. Dean 21-2064

Plan Approved

Not Approved

By

[Signature]

[Signature]

Date 7-17-23

County Health Department

8/15/23

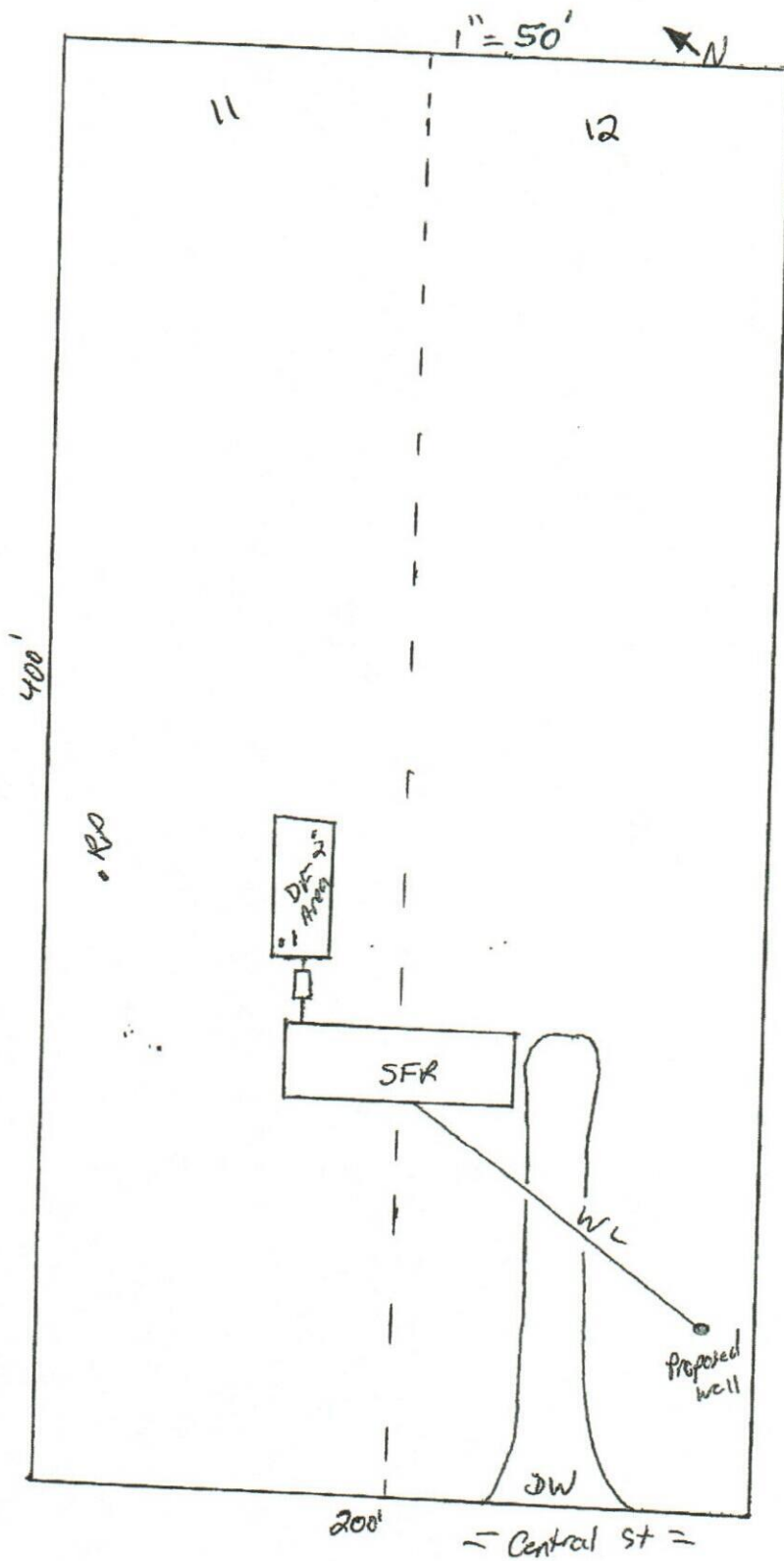
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 08-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-6.804, P.A.C.

James & Sarah Grace
Lot 11 3 Rivers Est.

23-0521



James & Sarah Grace
21-2064
7-17-23

7-17-23

REVISOR
8/11/23 EN



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

PERMIT #: **12-SC-2764988**
APPLICATION #: **AP1983282**
DATE PAID: **8/19/23**
FEE PAID: **3/10-05**
RECEIPT #:
DOCUMENT #: **PR1983808**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JAMES**23-0521 GEE
PROPERTY ADDRESS: SW CENTRAL Fort White, FL 32038
LOT: 11&12 BLOCK: SUBDIVISION:
PROPERTY ID #: 01242-000 [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 [560] 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 [432] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail with pink ribbon in tree near site.

I ELEVATION OF PROPOSED SYSTEM SITE [49.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [49.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [18.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O The system is sized for 5 bedrooms with a maximum occupancy of 10 persons (2 per bedroom), for a total estimated flow of 460 gpd.
T ***System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
H Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting/fee also required.
E -Operating permit fee and application / 2yr signed maintenance entity contract agreement w/ owner required prior to final
R approval.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

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

DATE ISSUED: 08/15/2023 EXPIRATION DATE: 02/15/2025

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