



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

FW

PERMIT NO. 25,0605  
DATE PAID: 7/28/25  
FEE PAID: 310.00  
RECEIPT #: 2241678

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Dylan and Courtney Witt EMAIL: office.newsomesepic@gmail.com

AGENT: Newsome Well & Septic TELEPHONE: 352-339-9153

MAILING ADDRESS: 12718 NW 77th Terrace, Alachua, FL 32615

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

OSTDS REMEDIATION PLAN? [ Y / ☒ N ]

LOT: NA BLOCK: NA SUBDIVISION: Metes and Bounds PLATTED: \_\_\_\_\_

PROPERTY ID #: 26-5S-17-09398-003 ZONING: Timber I/M OR EQUIVALENT: [ Y / ☒ N ]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / ☒ N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 1274 SE County Road 349

DIRECTIONS TO PROPERTY: US Hwy 441 S left SE CR 349 1.2 mi on right

BUILDING INFORMATION

[X] RESIDENTIAL [ ] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	SFR	4	2,860	
2				
3				
4				

7/24/25  
7/18/25

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_  
SIGNATURE: Kyle Myers DATE: 07/14/2025

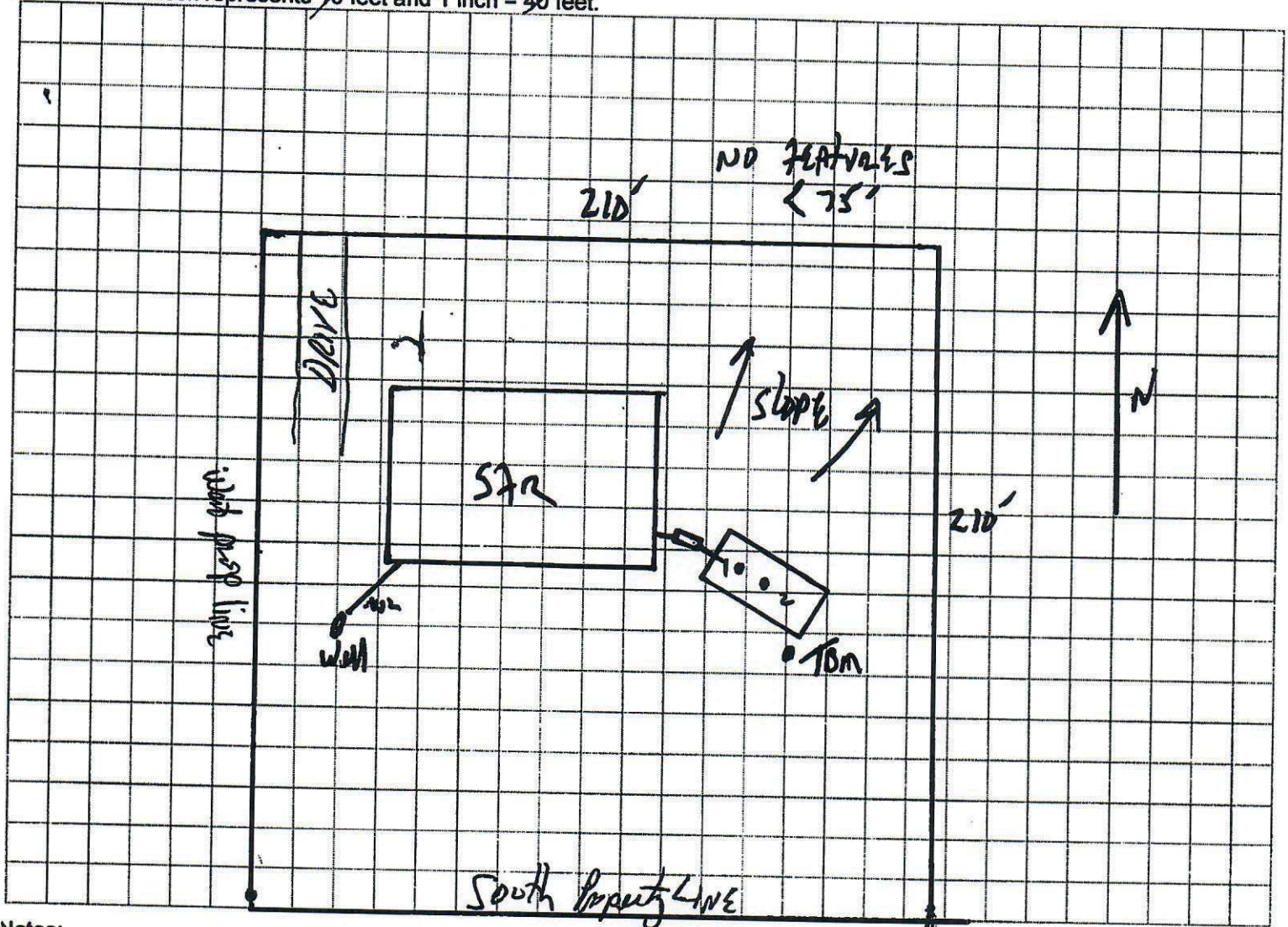


STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0605

PART II - SITEPLAN

Scale: Each block represents <sup>12.5</sup>~~10~~ feet and 1 inch = <sup>50</sup>~~40~~ feet.



Notes: 1 ac out of 10 ac

Site Plan submitted by: Edward Remberger  
Kyle Myers CLHP 23-0108

Plan Approved ☒ Not Approved ☐  
By [Signature] Columbia Date 7/31/25  
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT