



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

PERMIT NO. 23-0398  
DATE PAID: 5-30-23  
FEE PAID: 310.00  
RECEIPT #: AP1968798

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System  
☐ Repair

☐ Existing System  
☐ Abandonment

☐ Holding Tank  
☐ Temporary

☐ Innovative

APPLICANT: David Hager

AGENT: Jason Brent Walnwright

EMAIL: \_\_\_\_\_

MAILING ADDRESS: 12426 NW US Hwy-441 Alachua, FL 32615

TELEPHONE: 386-418-0424

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: 28 BLOCK: \_\_\_\_\_

Unit 8

SUBDIVISION: Three Rivers Estates

OSTDS REMEDIATION PLAN? ☒ YES ☐ NO

PROPERTY ID #: 00-00-00-00695-000

ZONING: \_\_\_\_\_

PLATTED: 1958

PROPERTY SIZE: .82 ACRES WATER SUPPLY: ☒ PRIVATE ☐ PUBLIC ☐ I/M OR EQUIVALENT: ☐ YES ☒ NO

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ YES ☒ NO

PROPERTY ADDRESS: 530 SW Bumble St. Fort White FL 32038

DISTANCE TO SEWER: \_\_\_\_\_ FT

DIRECTIONS TO PROPERTY: FL-247 S, @ Sand Hill Rd, @ Hwy 27 S, @ Sw River, @ Ave, @ Bumble St. Parcel on @

BUILDING INFORMATION

☒ RESIDENTIAL

☐ COMMERCIAL

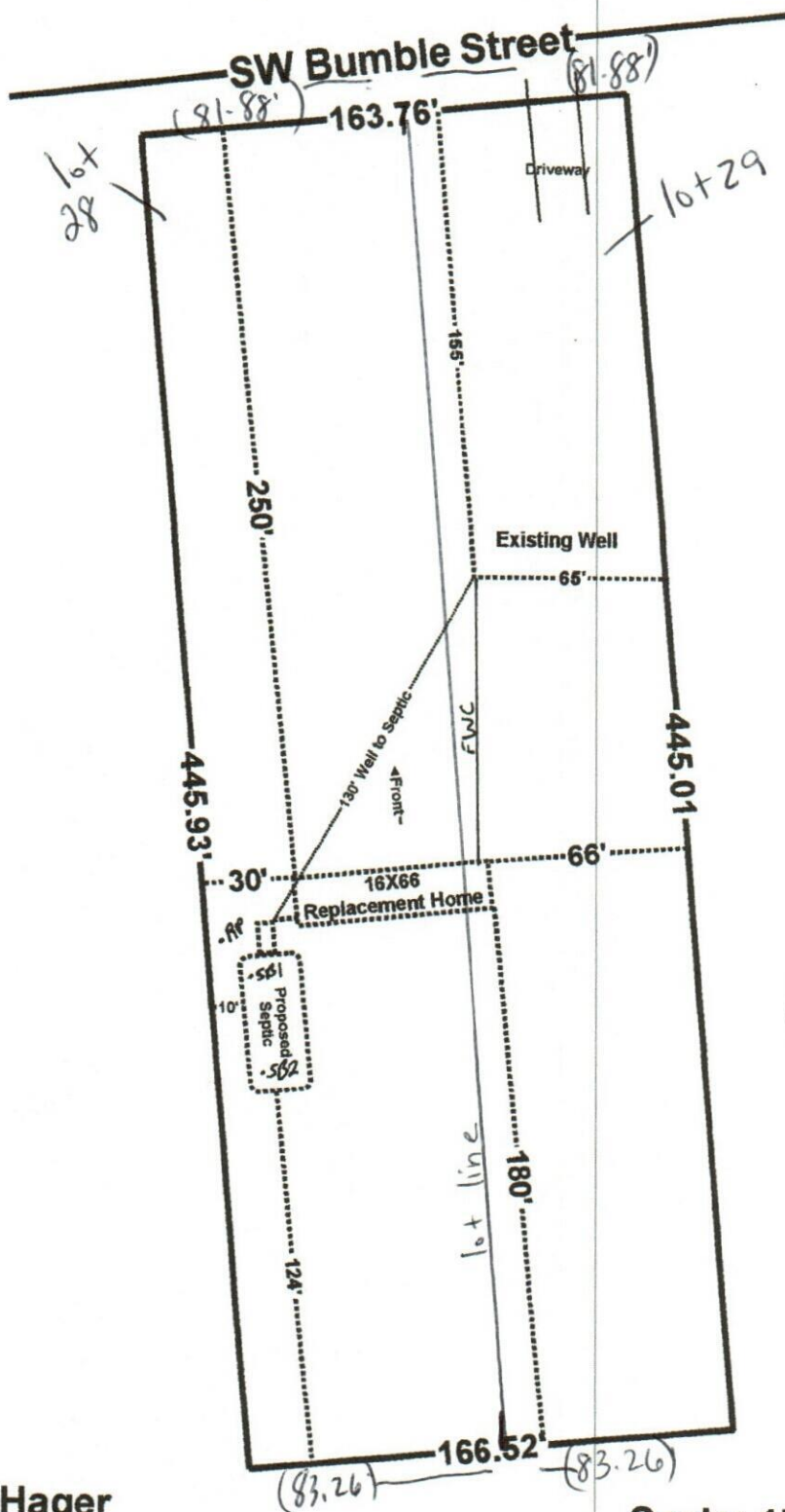
Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	SFR-MH	2	979	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: 5-30-23

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



Hammer Ken  
21-2064

5-30-23

**Scale: 1" = 60'**  
**Lots 28 & 29**  
**Three Rivers Estates**





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

PERMIT #: **12-SC-2712528**  
APPLICATION #: **AP1968798**  
DATE PAID: **5.30.23**  
FEE PAID: **310.00**  
RECEIPT #:  
DOCUMENT #: **PR1984767**

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: David\*\*23-0398 Hager  
PROPERTY ADDRESS: 530 SW Bumble St Fort White, FL 32038  
LOT: 28 BLOCK: SUBDIVISION: Three River Estates  
PROPERTY ID #: 00695-000 [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 [ 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 [ 250 ] 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 with pink ribbon in oak W of site

I ELEVATION OF PROPOSED SYSTEM SITE [ 10.00 ] [ INCHES ] FT [ ] ABOVE / [ ] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 40.00 ] [ INCHES ] FT [ ] ABOVE / [ ] BELOW BENCHMARK/REFERENCE POINT

L

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

O The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 200 gpd.  
T  
H  
E  
R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

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

DATE ISSUED: 08/21/2023 EXPIRATION DATE: 02/21/2025

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

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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

23-0398

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

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

Date 5-10-23

By

Sally Ford E.H. Director Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT