

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

PERMIT NO. 24-12-31
DATE PAID:
FEE PAID:
RECEIPT #: 218-23

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APPLICATION FOR CONSTRUCTION PERMIT
PPLICATION FOR: New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
PPLICANT: Reld& Susan Kellner EMAIL: Olandboth Strice
APPLICANT: Reld& Susan Kellner include gmail. Construction include gmail. Construction include gmail. Construction
MAILING ADDRESS: 546 SW DORTCHST, Ft. White, FL. 32038
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: 1-3 BLOCK: C SUBDIVISION: ICho tucknee Pine SLATTED:
PROPERTY ID #: 10-108-110-03832-109 ONING: I/M OR EQUIVALENT: [Y / N]
PROPERTY SIZE: 17.3 ACRES WATER SUPPLY: [L PRIVATE PUBLIC [] <= 2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /(N) DISTANCE TO SEWER: N
PROPERTY ADDRESS: SW Montague in, Ft. White, FL.
right on Centerville Ave, night on SW
right on Centerville Ave, night on SW
Montague In.
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC
1 Addition 3 3337 2 story total
2
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: Millie Schaf II. DATE: 12-9-24

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

Incorporated 62-6.004, FAC



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

PERMIT #: 12-SC-3055014

APPLICATION #: AP2182387

DATE PAID: 12/17/24

FEE PAID: 310.00

RECEIPT #:____

DOCUMENT #: PR2201121

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: REED**24-0913 KELLNER	
PROPERTY ADDRESS: SW MONTAGUE Ln Fort White, FL 32038	arce-ro
LOT: 1-3 BLOCK: C SUBDIVISION: Ichetucknee Pines Unrec	w 2 efulling
PROPERTY ID #: 03832-109 [SECTION, TOWNSHIP, RANGE, PAR [OR TAX ID NUMBER]	CEL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDA 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	ES NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [1,200] GALLONS / GPD Septic CAPACITY	
A [] GALLONS / GPD N/A CAPACITY	
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GAL	LONS]
K [] GALLONS DOSING TANK CAPACITY []GALLONS @[]DOSES PER 24 HRS	#Pumps []
D [708] SQUARE FEETSYSTEM	
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 oak E of site	
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/R	PEEDENCE DOINE
E BOTTOM OF DRAINFIELD TO BE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/R	EFERENCE POINT
L	
D FILL REQUIRED: [6.00] INCHES EXCAVATION REQUIRED: [] INCHES	
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimate 460 gpd.	ed flow of
T	
н	
E	
R	
SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor	
APPROVED BY: TITLE: Environmental Specialist I	Columbia CHD
DATE ISSUED: 12/20/2024 EXPIRATION DATE:	06/20/2026
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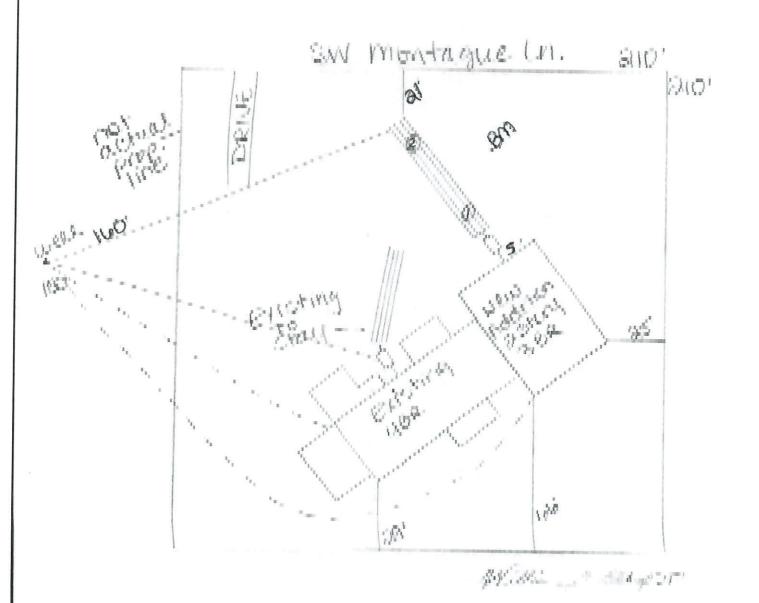
KIL

M

34-0913 Kellner lin=40ft. 12-9-24



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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

Kellr	1EV	PART II - SITEPLAN	• • • • • • • • • • • • • • • • • • • •	
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an submitted by:	Willie	Bulg IF.	<u>m</u>	aster contrac
pproved/		Not Approved		
ES2			Edumbia	Date 12/20/24

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.