SSO 193402232

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

PERMIT NO. 24-0531
DATE PAID: 6/26/24
FEE PAID: 200.00
RECEIPT #: 2100041
4/28 255.00
(original never finished)

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[ ] New System   [X] Existing System   [ ] Holding Tank   [ ] Innovative
[ ] Repair   [ ] Abandonment   [ ] Temporary   [ ] _____

APPLICANT: James M Julian   EMAIL: provisionpermitting@gmail.com

AGENT: Sonya North 863-517-5701   TELEPHONE: 305.979.8994

MAILING ADDRESS: 852 SW Chiefland Ln Fort White Fl

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.

OSTDS REMEDIATION PLAN? [Y / N]

PROPERTY INFORMATION

LOT: 55 BLOCK: _____ SUBDIVISION: Appalachie Trace Unr PLATTED: _____

PROPERTY ID #: 02-6S-16-03766-155 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.01 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 852 SW Chiefland Ln Fort White

DIRECTIONS TO PROPERTY: R on 47S, L on SW Herlong St, L on SW Roanoke Terrace, R on SW Chiefland Ln, property on R (locked gate)

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	Mobile home	3	1185	
2				
3				
4				

[ ] Floor/Equipment Drains   [ ] Other (Specify) _____

SIGNATURE: Sonya North   DATE: _____

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)   Page 1 of 4
Incorporated 62-6.004, FAC

Permit Application Number __24-0531__

- PART II - SITEPLAN -

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

See Attached
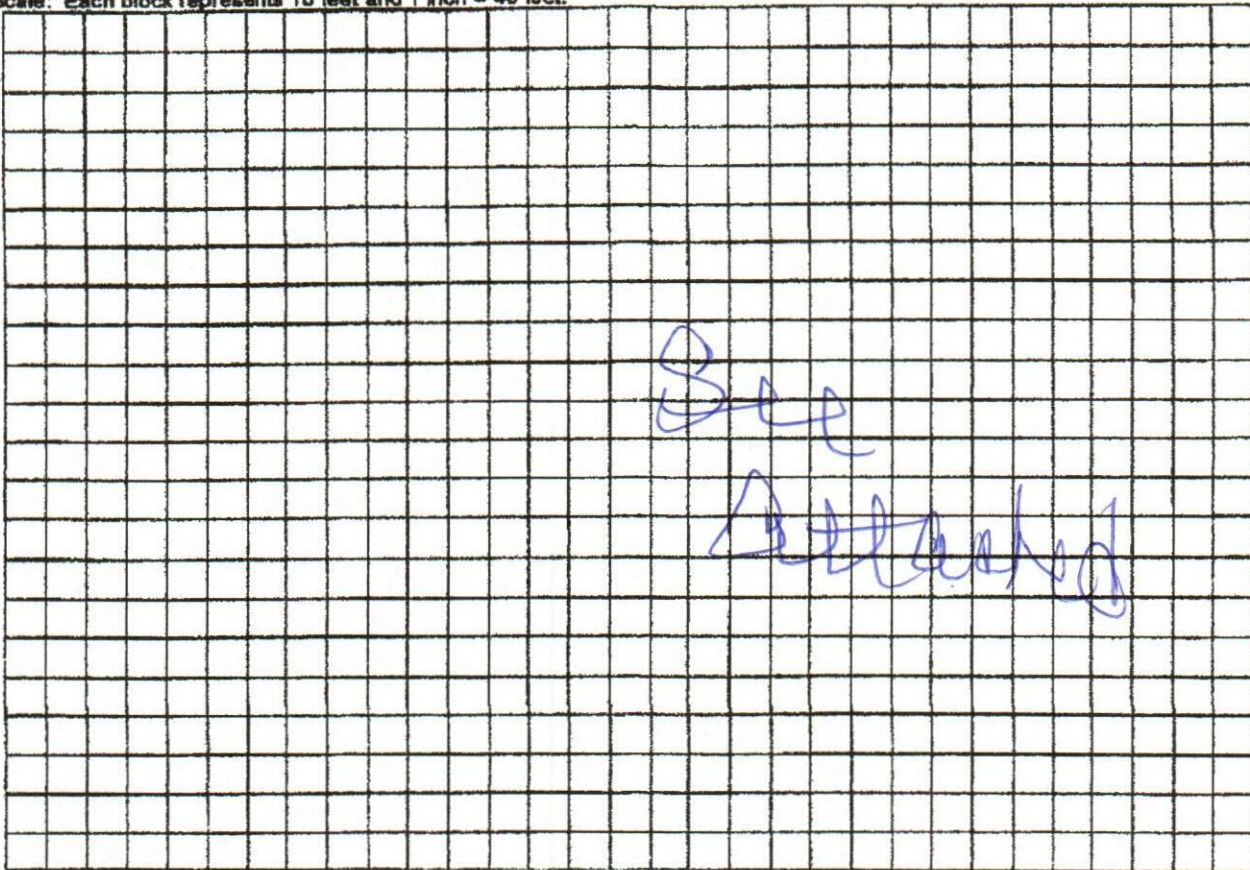
Notes: _____

Site Plan submitted by: _Sonia Nova_

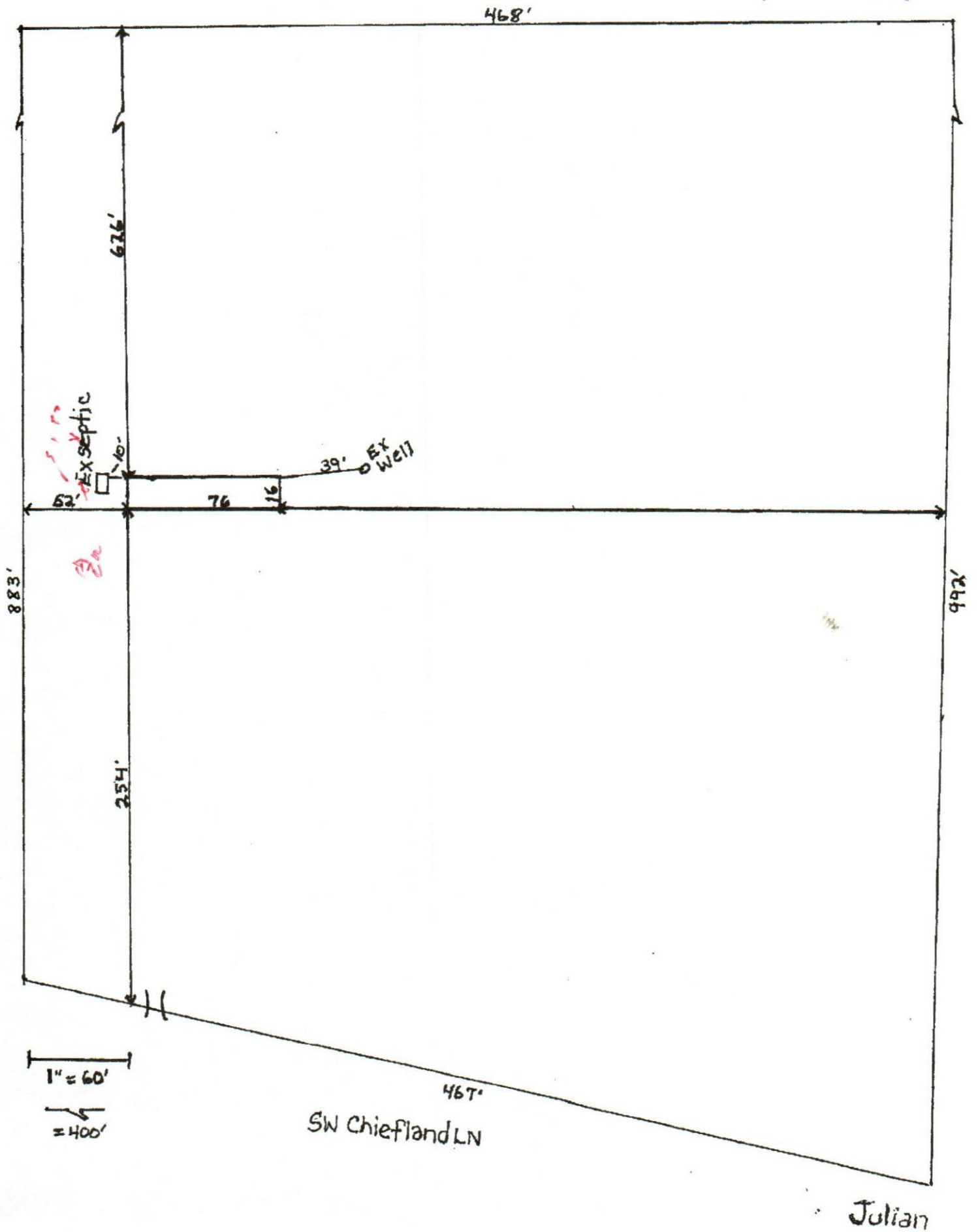Plan Approved _____   Not Approved _____   Date _7/22/24_

By _____   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.

24-0521

468'

676'

883'

Ex Septic

S.R.
10'

39' o EX
Well

52'   76   16

2

254'

992'

1" = 60'

= 400'

467'

SW Chiefland LN

Julian

PERMIT #: **12-SC-2934477**
APPLICATION #: AP2100041
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2125888**

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

CONSTRUCTION PERMIT FOR: OSTDS Existing New

APPLICANT: JAMES**24-0531 JULIAN

PROPERTY ADDRESS: 852 SW CHIEFLAND   Fort White, FL 32038

LOT: 55   BLOCK: _____   SUBDIVISION: Appalachee Trace

PROPERTY ID #: 03766-155   [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 [375] 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 in oak
I ELEVATION OF PROPOSED SYSTEM SITE   [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE   [37.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [5.00] INCHES   EXCAVATION REQUIRED: [0.00] INCHES

O
T   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.
H
E   ****!!!**** will need to add an additional 12sqft to bring system up to code
R

SPECIFICATIONS BY: Dustin W Jones   TITLE: Environmental Specialist II

APPROVED BY: _____   TITLE: Environmental Specialist II   Columbia   CHD
Dustin W Jones

DATE ISSUED: 07/22/2024   EXPIRATION DATE: 01/22/2026