



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

PERMIT #: 12-SC-4042840  
APPLICATION #: AP2274191  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2347756

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: SAMANTHA\*\*25-0836 NORMAN  
PROPERTY ADDRESS: 316 SW HORNET Ct Fort White, FL 32038  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]  
PROPERTY ID #: 04213-001 [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 [ 1,200 ] GALLONS / GPD New Multi-Chambered Septic 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 [ 575 ] 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 red ribbon in tree N of site

I ELEVATION OF PROPOSED SYSTEM SITE [ 1.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 31.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

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

O  
T  
H  
E  
R  
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.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

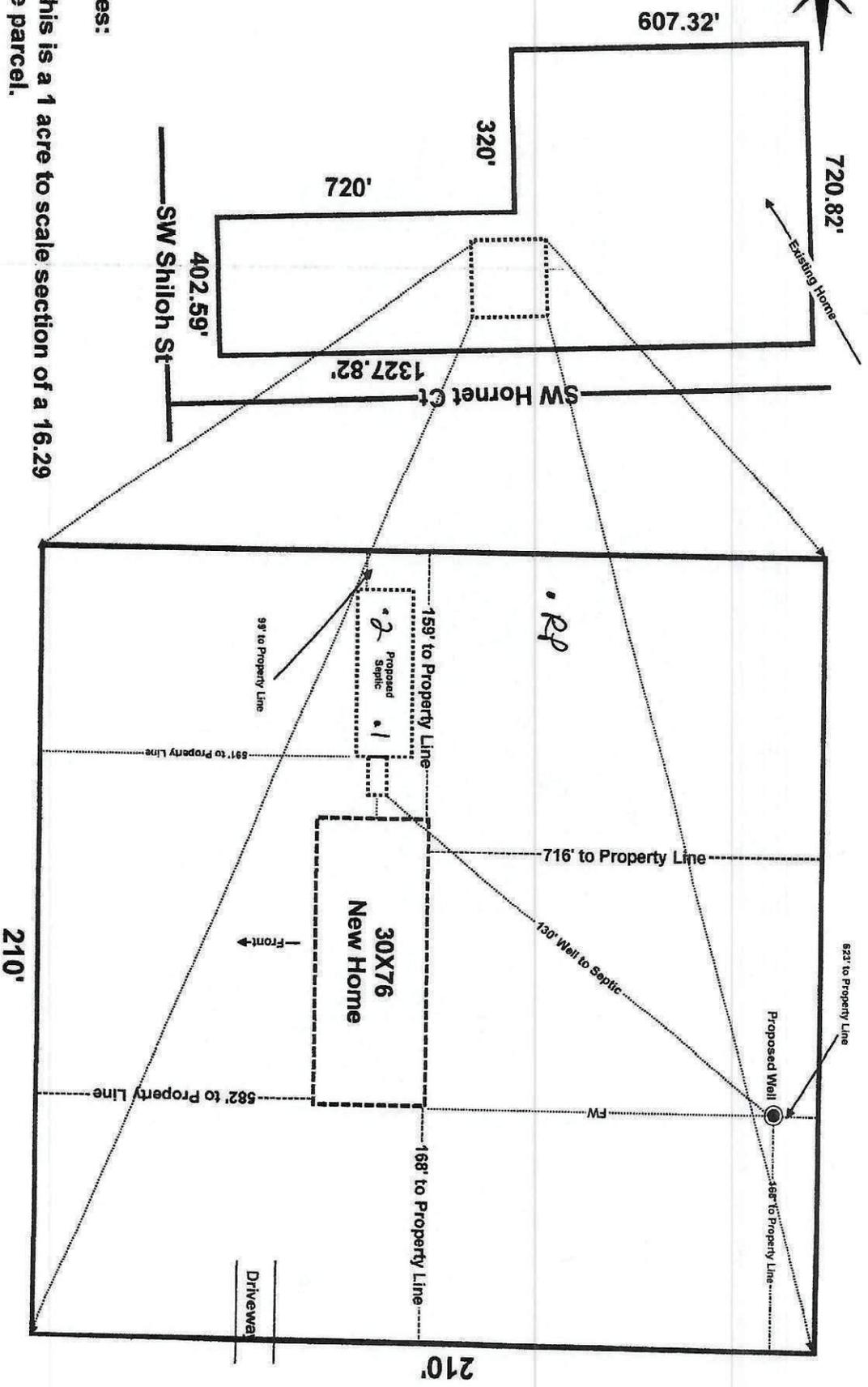
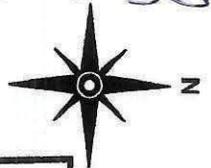
APPROVED BY:  TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 10/29/2025 EXPIRATION DATE: 04/29/2027

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

*Handwritten initials*

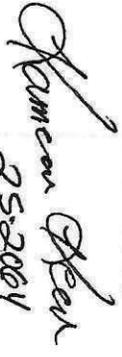
25-0834



**Notes:**

1. This is a 1 acre to scale section of a 16.29 acre parcel.
2. Driveway access on SW Hornet Ct.

  
 Brody Paack  
 10/21/25

  
 Samantha Norman  
 25-2001  
 10-22-25

**Garrett & Samantha Norman**  
 316 SW Hornet Ct Ft White, FL  
 Parcel: 14-7S-16-04213-001

Scale 1" = 40'

FW



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

PERMIT NO. 25-2836  
DATE PAID: 10/22/25  
FEE PAID: 310.00  
RECEIPT #: 2274191

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System       Existing System       Holding Tank       Innovative
- Repair             Abandonment         Temporary

APPLICANT: Samantha Norman      EMAIL: \_\_\_\_\_

AGENT: Keen Permitting LLC      TELEPHONE: 352-356-1333

MAILING ADDRESS: 474 NE 628th ST. Old Town, FL. 32680  
- keenpermitting@gmail.com

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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 14-75-16-04213-001 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT:  Y /  N

PROPERTY SIZE: 16.29 ACRES WATER SUPPLY:  PRIVATE PUBLIC  <=2000GPD  >2000GPD

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

PROPERTY ADDRESS: 316 SW Horret Ct. Ft. White 32038

DIRECTIONS TO PROPERTY: Take 47 to Ft. White, take 27 S, TR on Shiloh, TR on Horret, 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	<u>SFR-MH</u>	<u>5</u>	<u>2280</u>	
2				
3				
4				

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

SIGNATURE: Samantha Norman      25-2064      DATE: 10.22.25



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

PERMIT #: 12-SC-4042842  
APPLICATION #: AP2274193  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2347867

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: MICHAEL\*\*25-0837 NEU  
PROPERTY ADDRESS: 481 SW WHISPER Dr High Springs, FL 32643  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 03832-243 [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 New Multi-Chambered Septic 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 [ 462 ] 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 red ribbon in oak near site

I ELEVATION OF PROPOSED SYSTEM SITE [ 28.00 ] [ INCHES ] FT [ ] ABOVE / [ ] BELOW BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 46.00 ] [ INCHES ] FT [ ] ABOVE / [ ] BELOW BENCHMARK/REFERENCE POINT

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

O  
T  
H  
E  
R  
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.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

APPROVED BY:  TITLE: Environmental Specialist I Columbia CHD

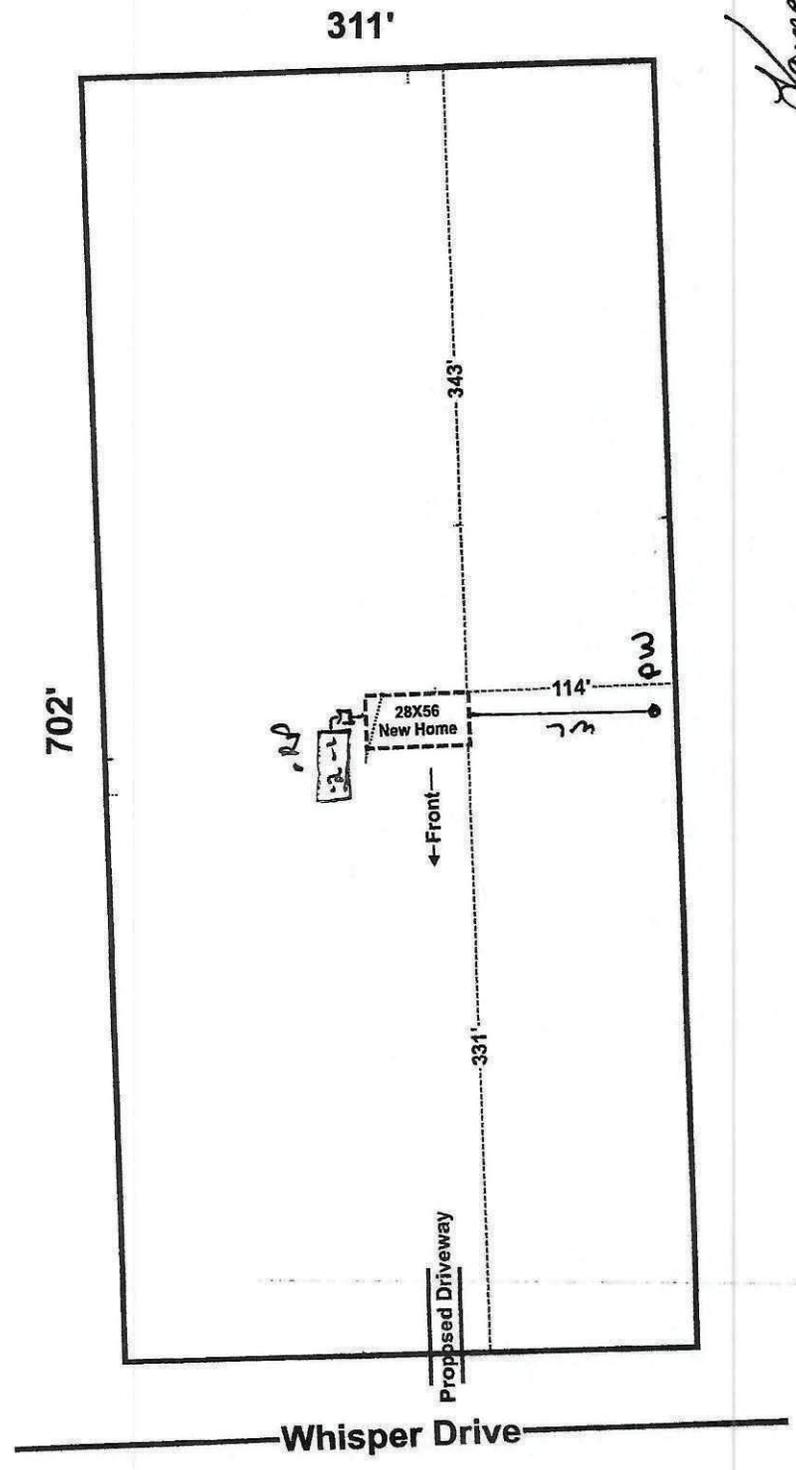
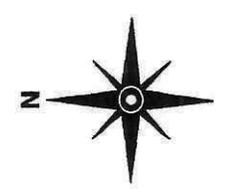
DATE ISSUED: 10/29/2025 EXPIRATION DATE: 04/29/2027

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)  
Incorporated 62-6.004, FAC Page 1 of 3

K/K

Brody Pack  
10/22/25

25-0837



*Michael Neu*  
25-2064  
10-22-25

Michael Neu  
481 SW Whisper Dr. Ft White, FL  
Parcel: 16-6S-16-03832-243  
Scale 1" = 100'

Columbiana 10/22/25

FW



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

PERMIT NO. 25-0837  
DATE PAID: 10/23/25  
FEE PAID: 318.00  
RECEIPT #: 2274148

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System       Existing System       Holding Tank       Innovative
- Repair             Abandonment         Temporary

APPLICANT: Michael New      EMAIL: \_\_\_\_\_  
 AGENT: Keen Permitting LLC      TELEPHONE: 352-356-1333  
 MAILING ADDRESS: 474 NE 628th ST. Old Town, FL. 32680

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 /  ]

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 1668<sup>16</sup>03832-243 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y /  ]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [  ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 481 SW whisper DR Fort White 32643

DIRECTIONS TO PROPERTY: Take 47 S, TR on Elim Church, TR on Henderson, TR on whisper, property on R.

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	<u>SFR-MH</u>	<u>3</u>	<u>1493</u>	
2				
3				
4				

[ ] Floor/Equipment Drains      [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: American Steel      25-2064      DATE: 10-22-25