



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

PERMIT NO. 25-0086
DATE PAID: 2/28/25
FEE PAID: 310.00
RECEIPT #: 2189132

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Robert Webb

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

EMAIL: NFLSEPTICTANK@COMCAST.NET

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 32025

TELEPHONE: 386-755-6372

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: 17 BLOCK: Ph1 SUBDIVISION: FOXWOOD OSTDS REMEDIATION PLAN? ☐ Y / ☐ N]
PLATTED: _____

PROPERTY ID #: 21-08116-03951-117 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N]

PROPERTY SIZE: 5.1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐] <=2000GPD ☐] >2000GPD

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

PROPERTY ADDRESS: 4166 SW Jeanlea Pl, Fort White

DIRECTIONS TO PROPERTY: _____

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>home</u>	<u>3</u>	<u>1923</u>	
2	<u>shop/shop</u>	<u>0</u>	<u>1200</u>	<u>(5x5 restaurant)</u>
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Robert Ford

DATE: 1-27-2025

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

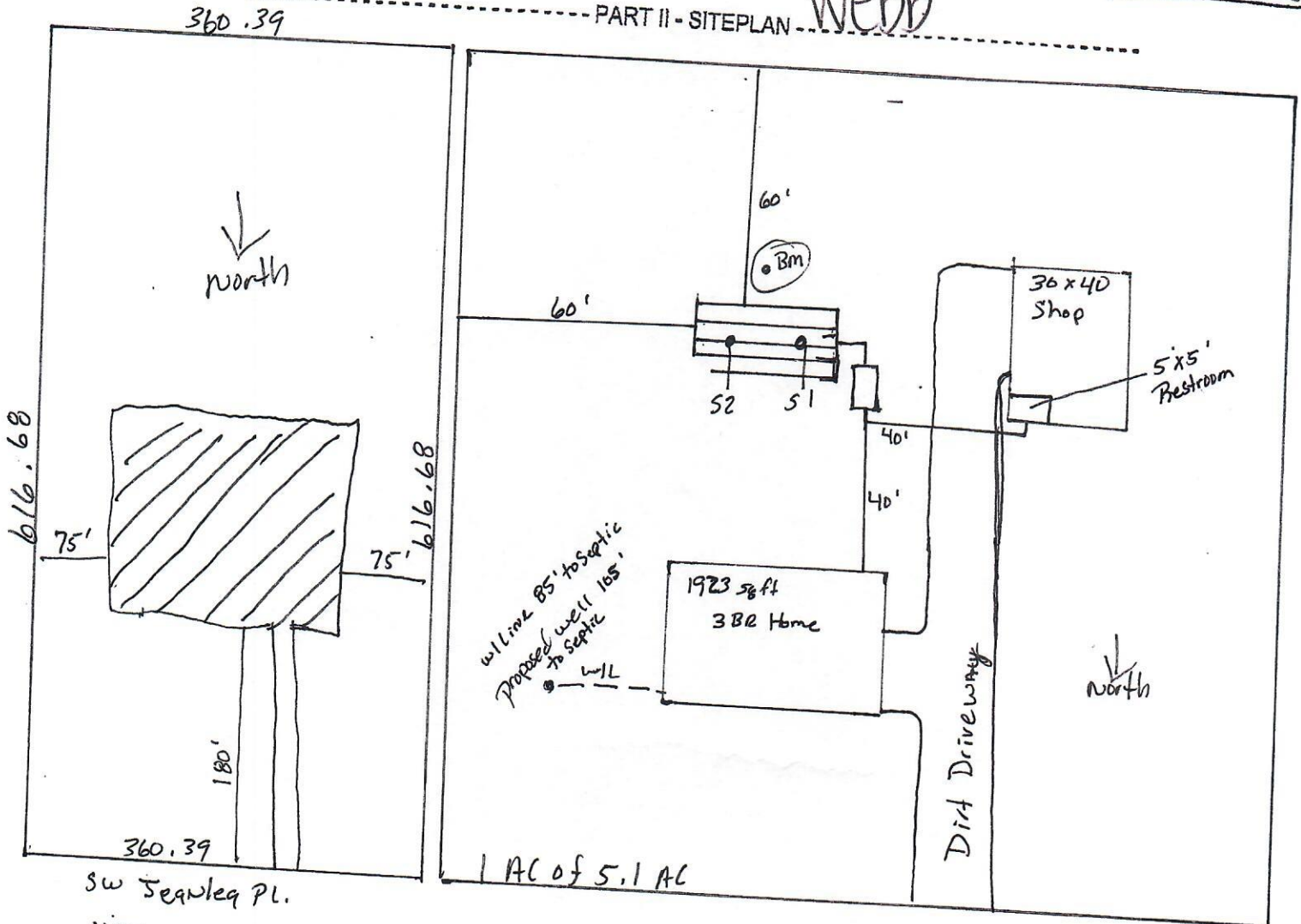
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

1" = 40'

Permit Application Number 25-0086

PART II - SITEPLAN

Webb



Sw Seanleg Pl.

Notes:

Site Plan submitted by: Robert Ford 1-27-2025

Plan Approved ☒

Not Approved ☐

By

[Signature]

Columbia

Date 2/17/25

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

PERMIT #: **12-SC-3065739**
APPLICATION #: **AP2189132**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2220008**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: ROBERT**25-0086 WEBB
PROPERTY ADDRESS: 466 SW JEANLEA PI Fort White, FL 32038
LOT: 17 BLOCK: _____ SUBDIVISION: FOXWOOD PH 1
PROPERTY ID #: 03951-117 [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 [1,050] 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 [500] 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: Pine tree south of site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] ABOVE / [BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [48.00] [INCHES] FT [] ABOVE / [BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [66.00] INCHES

O 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.
T Contractor requested going up one bedroom size for shed bathroom, minimum size required is 900 gallon tank with 375sqft of drainfield.
H Contractor has requested bottom of D/F at 24" below grade with 42" of fine sand for 0.8 loading rate. Leave lime rock on
E site, owner going to use in driveway - RF
R

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor
APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 02/21/2025 EXPIRATION DATE: 08/17/2026

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