

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM PERMIT #: 12-SC-3003339

APPLICATION #: AP2148819

DATE PAID: 10/124

FEE PAID: 10.00

RECEIPT #: DOCUMENT #: PR2168864

CONSTRUCTION PERMIT	FOR: OST	DS New	Marie Committee of the Sander and Marie	
APPLICANT: DAVID*	24-0735 KIRKM	AN	di <u>Gundi yareşa</u> bi kinde e nelê yan	garanti usos
PROPERTY ADDRESS:	SW DRAKE	Fort White, FL 32038		
LOT: PARCEL 12	BLOCK:	SUBDIVIS	ION: Three River Estates	N S SISMERG
PROPERTY ID #: 00	519-112	ota viscone sicova solo warst- sentek	[SECTION, TOWNSHIP, RANGE, PAR [OR TAX ID NUMBER]	CEL NUMBER]
SATISFACTORY PERFO WHICH SERVED AS PERMIT APPLICATION ISSUANCE OF THIS	DRMANCE FOR A BASIS FO  SUCH MO PERMIT DO	64E-6, F.A.C. I ANY SPECIFIC PER OR ISSUANCE OF TH ODIFICATIONS MAY RE	DEPARTMENT APPROVAL OF SYSTEM DO CLOD OF TIME. ANY CHANGE IN IS PERMIT, REQUIRE THE APPLICAN ESULT IN THIS PERMIT BEING MADE E APPLICANT FROM COMPLIANCE WIT	ES NOT GUARANTEE MATERIAL FACTS, T TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND S	PECIFICATIONS	3		
A [ ] GALLO  N [ ] GALLO  K [ ] GALLO  D [ 500 ] SQUAR  R [ ] SQUAR  A TYPE SYSTEM:  I CONFIGURATION:  N  F LOCATION OF BENCE	ONS / GPD  NS GREASE INTO NS DOSING TAND E FEET  [X] STANDAR [X] TRENCH  MARK: Nail w	CAPACITY [  Drainfield SYS  N/A SYS  D [ ] FILLED  [ ] BED [ ]  with pink ribbon in oak E of	CAPACITY  MAXIMUM CAPACITY SINGLE TANK:1250 GAI  GALLONS @[ ]DOSES PER 24 HRS  STEM  [] MOUND []	#Pumps [ ]
E BOTTOM OF DRAINFI	ELD TO BE	[ 55.00 ][ I	NCHES FT ] [ ABOVE BELOW ] BENCHMARK/	REFERENCE POINT
D FILL REQUIRED:	the state of the s		on REQUIRED: [ ] INCHES of 8 persons (2 per bedroom), for a total estimate	ed flow of
SPECIFICATIONS BY:	(Joshua) Ka	ameron Keen	TITLE: CEHP	
APPROVED BY:		THE PARTY OF THE P	rironmental Specialist I	Columbia CHD
DATE ISSUED:	10/07/2024	ans .	EXPIRATION DATE:	04/07/2026
DEP 4015, 06-21-202 Incorporated 62-6.0		previous editions wh	nich may not be used)	Page 1 of 3

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

PERMIT NO. DATE PAID: FEE PAID: RECEIPT #:

## APPLICATION FOR CONSTRUCTION PERMIT APPLICATION FOR: [X] New System ] Existing System [ ] Holding Tank 1 Repair [ ] Innovative ] Abandonment Temporary APPLICANT: David ELEPHONE: 352-356-1333 MAILING ADDRESS: 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 PAY OSTOS REMEDIATION PLAN? [Y/6]] Ce/#12 BLOCK . SUBDIVISION: / hiee PLATTED: PROPERTY ID #: 25-65-15-08519-112 ZONING: I/M OR EQUIVALENT: [ Y /GF] PROPERTY SIZE: |0,14 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <= 2000GPD [ ]>2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / 20] DISTANCE TO SEWER: FT PROPERTY ADDRESS: TOD SW Drake Ft. White DIRECTIONS TO PROPERTY: Take cetal 54 take sw forcel on BUILDING INFORMATION [ 4] RESIDENTIAL [ ] COMMERCIAL Unit Type of Building Commercial/Institutional System Design Establishment No Area Sqft Table I, Chapter 62-6, FAC Bedrooms 1 1600 2 3 [ ] Floor/Equipment Drains

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

1/ Other (Specify)

23-2064

DATE -

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## STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 74-014

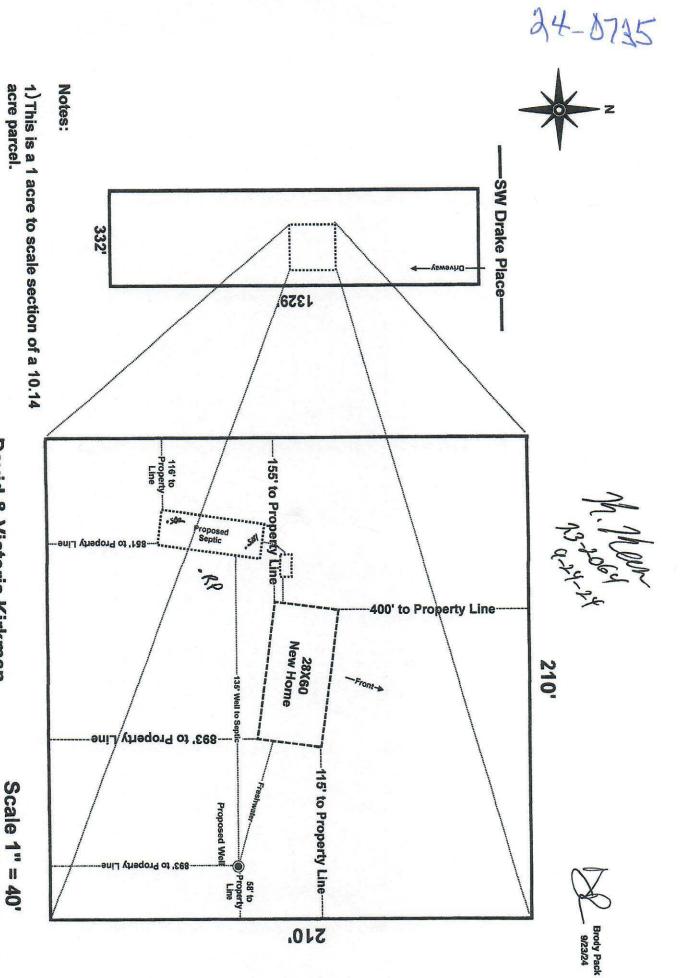
: Each block represe	nts 10 feet and 1 in	ch = 40 feet.		
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Approved	Kara	23.2064		
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Approved		Not Approved		Date_ 1017/24
		- 132	( alyabia	County Health Departs

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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Incorporated: 62-6.004,F.A.C.

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3.) All Measurements are to actual Property Lies 2.) Driveway access on SW Drake Place. Parcel: 25-6S-15-00519-112 David & Victoria Kirkman

Scale 1" = 40' Parcel 12 Three Rivers Estates