

SSO 190 103 633

FW



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 21-050
DATE PAID: 4/22/21
FEE PAID: 425.00
RECEIPT #: LA 82560

APPLICATION FOR:

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

APPLICANT:

Steve Stuart

AGENT:

Hall ~~services~~ Setup Services LLC

TELEPHONE: 850-572-1613

MAILING ADDRESS:

1921 NE ~~10th~~ 26th Street Ocala, FL 34470

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: 10 BLOCK: unit 19 SUBDIVISION: S-23 Tw-6S Rg-15 * Three Rivers Estates PLATTED: _____

PROPERTY ID #: 00-00-00-01162-000 ZONING: VACRES I/M OR EQUIVALENT: [Y / N]

* PROPERTY SIZE: .918 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N]

DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: TBD 361 SW Central Terr Fort White FL

DIRECTIONS TO PROPERTY: Go 75 To Hwy 27 go west to
SW Riverside Ave (TL) (TR) SW Utah (TL) SW Central
property down on Left

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Place Mobile Home	3 1/2	1344	Zone x
2				NO PFA
3				
4				

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

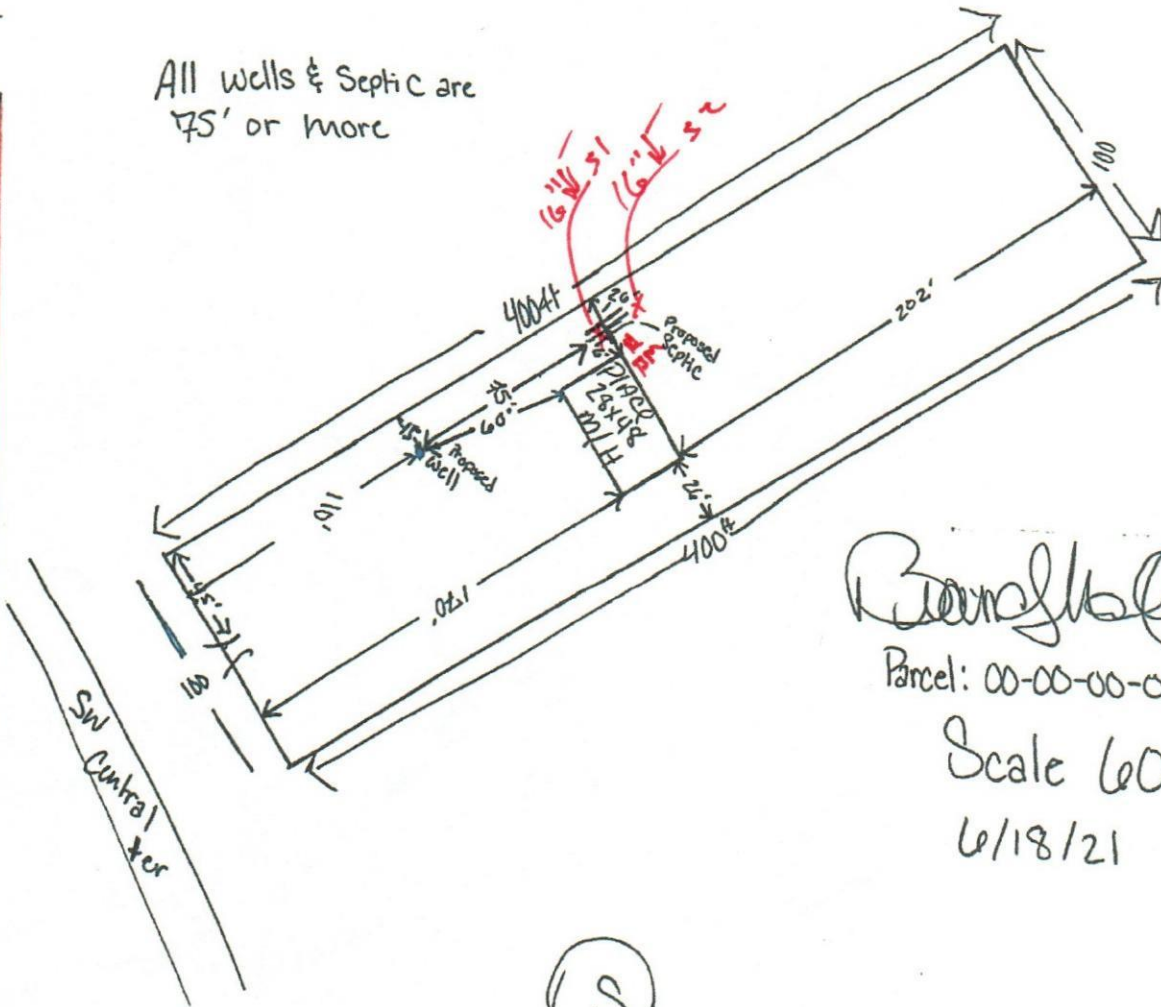
SIGNATURE:

DATE: 6-1-2021

21-0560

(N)

All wells & Septic are
75' or more



[Signature]

Parcel: 00-00-00-01162-00

Scale 60

6/18/21

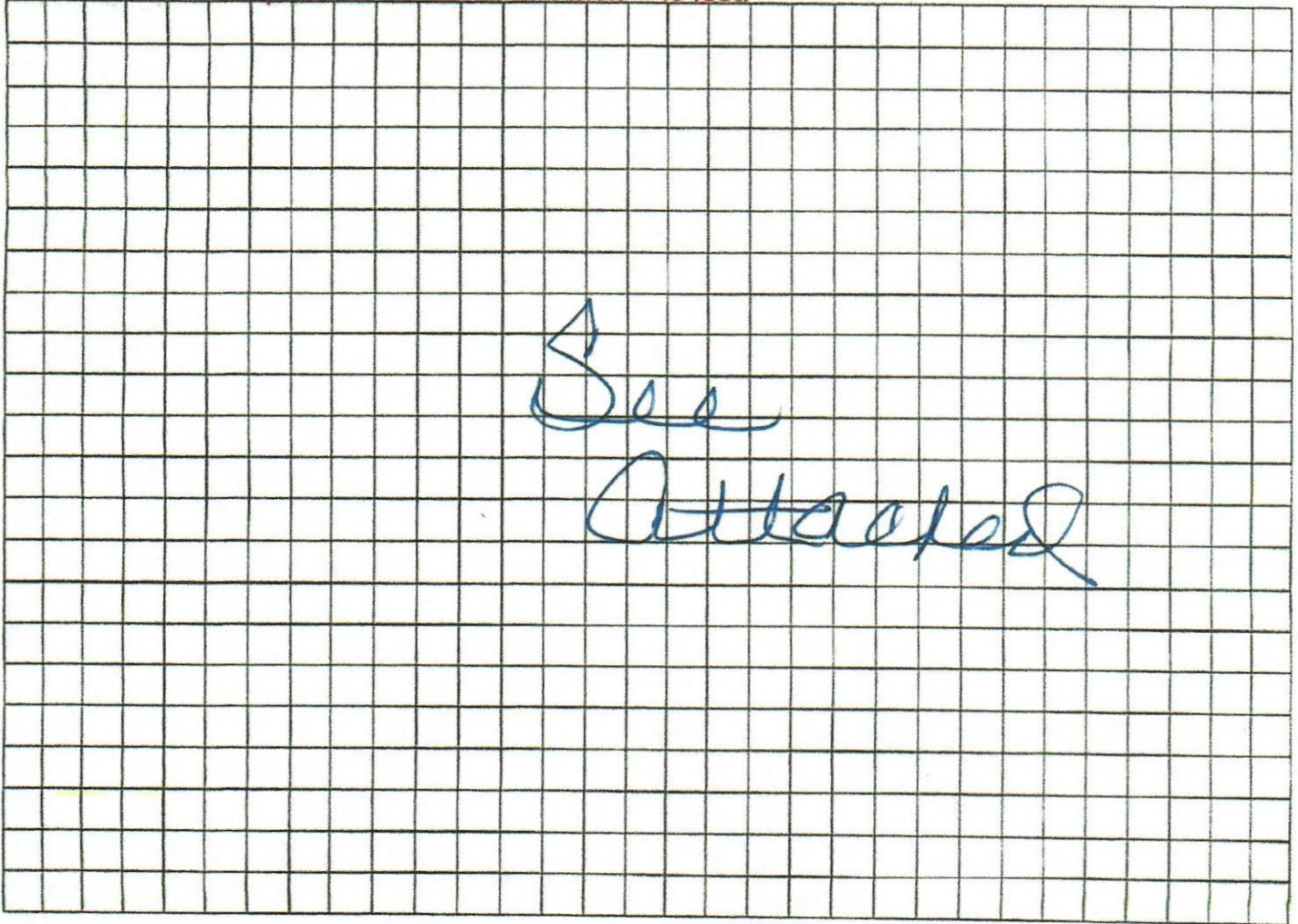
(S)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0568

----- PART II - SITEPLAN -----

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



See Attached

Notes: _____

* Site Plan submitted by: Brandy Hall TITLE Columbia * DATE: 6/21/21
Plan Approved ☒ Not Approved ☐ Date 7/14/21
By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT #: **12-SC-2314762**
APPLICATION #: **AP1682560**
DATE PAID: **6-22-21**
FEE PAID: **425.00**
RECEIPT #: **1682560**
DOCUMENT #: **PR1596476**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: STEVE**21-0560 STUART
PROPERTY ADDRESS: SW CENTRAL Fort White, FL 32038
LOT: _____ BLOCK: _____ SUBDIVISION: 3 Rivers Est U-19
PROPERTY ID #: 01162-000 [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 tree right of site.

I ELEVATION OF PROPOSED SYSTEM SITE [16.00] [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: [0.00] 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
H
E
R

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

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

DATE ISSUED: 07/14/2021 EXPIRATION DATE: 01/14/2023

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

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