

# FW

550 1166 10/19/19



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

PERMIT NO: 21-0533  
DATE PAID: 4/15/21  
FEE PAID: 425.00  
RECEIPT #: 1281012

APPLICATION FOR:

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

APPLICANT: Thomas + Christina Thueson

AGENT: Sonya North - Provision Permitting TELEPHONE: 407-718-7631

MAILING ADDRESS: 8449 SE 90th St Newberry, FL 32669

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: 1 BLOCK: \_\_\_\_\_ SUBDIVISION: Tustenugee Ridge PLATTED: \_\_\_\_\_

PROPERTY ID #: 07-65-17-09621-214 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ Y / ☐ N

✓ PROPERTY SIZE: 10.02 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 765 SW Sassafras St Fort White, FL

DIRECTIONS TO PROPERTY: R on Baya, L after McDonalds, slight R on FL 47 S, CR 242, to Tustenugee, R on Tustenugee, R on Sassafras, property on R (corner of Sassafras + squirrel ct)

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	<u>On Frame modular</u>	<u>3</u>	<u>1840</u>	
2				
3				
4				

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

SIGNATURE: Sonya North DATE: 4/7/2021

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W4

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

PERMIT #: 12-SC-2312536  
APPLICATION #: AP1681012  
DATE PAID: 6/15/21  
FEE PAID: 425.00  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1582397

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: THOMAS\*\*21-0533 THUESON  
PROPERTY ADDRESS: 765 SW SASSAFRAS Fort White, FL 32038  
LOT: 1 BLOCK: \_\_\_\_\_ SUBDIVISION: Tustenuggee Ridge  
PROPERTY ID #: 09621-214 [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 [ ]

F LOCATION OF BENCHMARK: Nail in oak W. of site.

I ELEVATION OF PROPOSED SYSTEM SITE [ 28.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 58.00 ] [ 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: 06/22/2021 EXPIRATION DATE: 12/22/2022

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC

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### NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN A-02, Tallahassee, Florida 32399. The Agency Clerk's facsimile number is 850-413-8743.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.



Permit Application Number 21-0523

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

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are approximately 20 columns and 20 rows of squares across the entire page. The paper is white, and the grid lines are evenly spaced and extend to the edges of the drawing area.

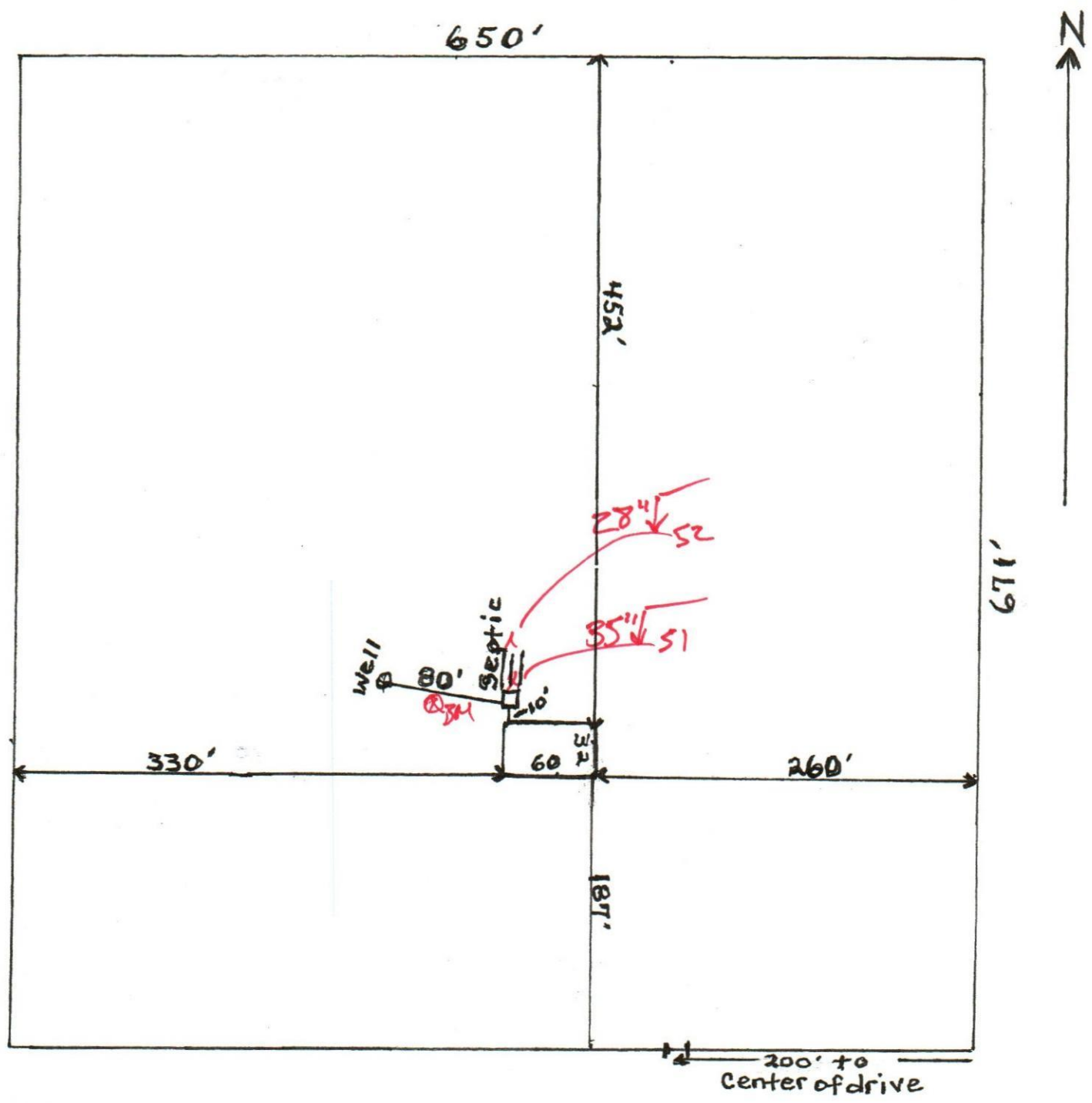
Site Plan submitted by: Sony North  
Plan Approved X Not Approved \_\_\_\_\_ Date 6/7/2021  
By [Signature] Columbus County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



2L-0533

1" = 100'



SW SAGGAFRAS ST

Thueson





## Mobley, Sally J

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**From:** Sonya North <provisionpermitting@gmail.com>  
**Sent:** Thursday, September 30, 2021 2:30 PM  
**To:** Mobley, Sally J  
**Cc:** Ford, Sallie  
**Subject:** 765 SW SASSAFRAS ST FORT WHITE, FL 32038"

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon, looking for update on **765 SW SASSAFRAS ST FORT WHITE, FL 32038"**

21-2533

Please and thank you

Sonya  
863-517-5701

