



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

FW

PERMIT NO.

DATE PAID:

FEE PAID:

RECEIPT #:

24-0162
219/24
318.60
2045952

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Edward & Sherry Ramsey EMAIL: rockyford@windsream.net
AGENT: A&B Construction TELEPHONE: 351-497-2311
MAILING ADDRESS: 2416 SW DORTCH ST, Ft. White, FL. 32038

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: 6 BLOCK: NA SUBDIVISION: Blue Sky Estates PLATTED: _____

PROPERTY ID #: 36-6S-16-04075-006 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: SW County Rd. 18, Ft. White, FL.

DIRECTIONS TO PROPERTY: TL onto US-41S, TR onto Tustnuggee Ave, TR onto CR 18

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 SF Residential 2 830

2

3

4

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

SIGNATURE: William C. Bishop II

DATE: 2-15-24

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

Incorporated 62-6.004, FAC

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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0162

Ramsey

PART II - SITEPLAN

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

See
attached

Notes:

Site Plan submitted by: William C Bishop II Master contractor
Plan Approved ☒ Not Approved ☐ Date 2/23/24
By [Signature] ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

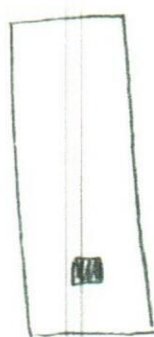
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 02-6.004, F.A.C.

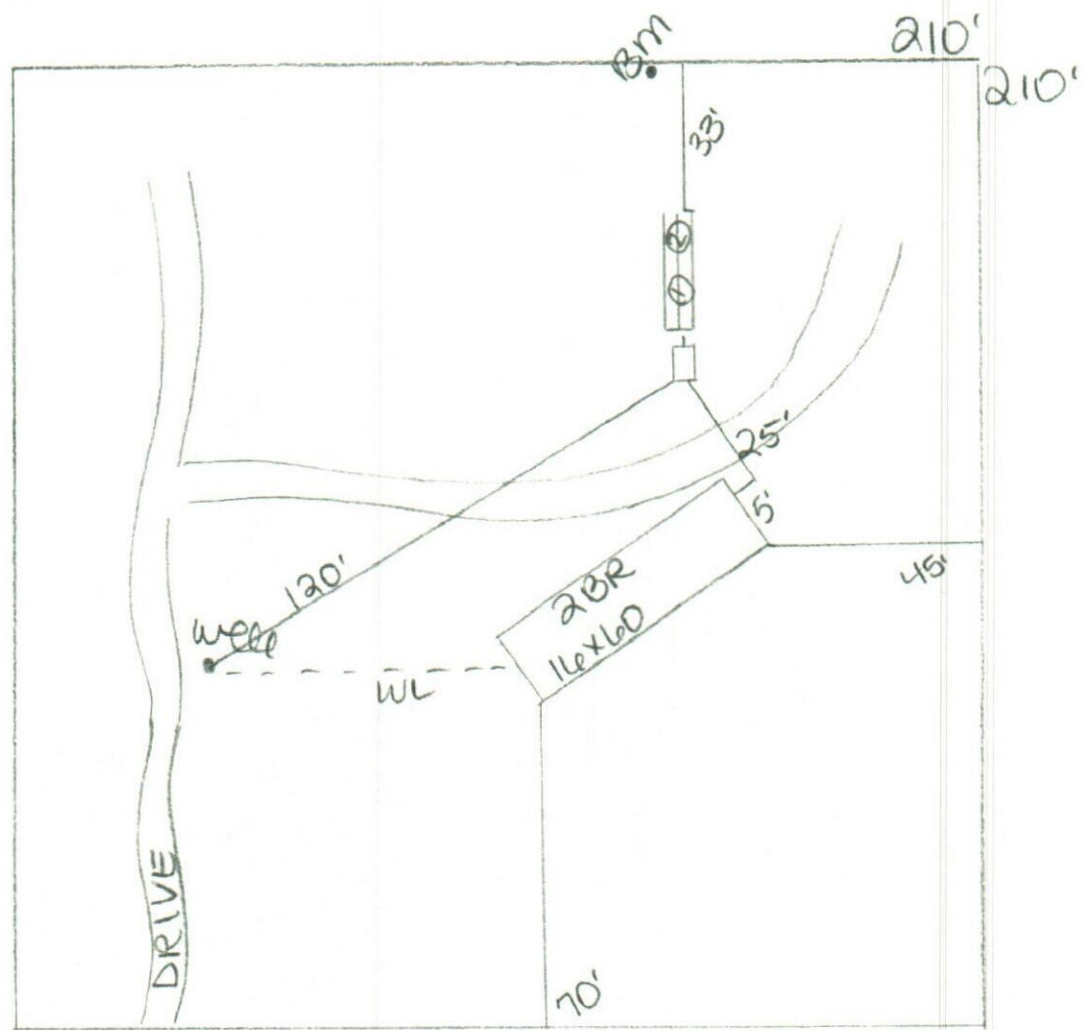
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24-0162 Ramsey
lin=40ft.
2-15-24

↑N



1 acre of 10.01



SW CR 18

William C. Bishop II



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



E-MAILED

PERMIT #: 12-SC-2852123
APPLICATION #: AP2040952
DATE PAID: 2/19/24
FEE PAID: 310.00
RECEIPT #:
DOCUMENT #: PR2047266

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: EDWARD**24-0162 RAMSEY
PROPERTY ADDRESS: SW CR 18 Fort White, FL 32038
LOT: 6 BLOCK: SUBDIVISION: BLUE SKY ESTATES/UNR
PROPERTY ID #: 04075-006 [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 [250] 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 cedar N of site
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 200 gpd.
T
H
E
R

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 02/23/2024 EXPIRATION DATE: 08/23/2025

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