

SSD 014 604 196



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

PERMIT NO: 26-0049
DATE PAID: 11/4/24
FEE PAID: 425.00
RECEIPT #: 2265287

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System
- Repair
- Existing System
- Abandonment
- Holding Tank
- Temporary
- Innovative

APPLICANT: Cheryl Caruthus EMAIL: Cocoyamira@yahoo.com
 AGENT: Corey Amica TELEPHONE: 352-870-9008
 MAILING ADDRESS: 20757 NW 100th Ln Alachua, FL 32615

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: 50 BLOCK: _____ SUBDIVISION: Three Rivers Estate PLATTED: 4/18/1962

PROPERTY ID #: 00-00-00-00566-000 ZONING: _____ I/M OR EQUIVALENT: N I

PROPERTY SIZE: 0.973 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

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

PROPERTY ADDRESS: 1138 SW Riverside Ave Fort White FL

DIRECTIONS TO PROPERTY: Take 47 South to Fort White. Turn Left onto 27. Turn left onto SW Riverside Ave. Property will be on Right.

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	SFR	3	2,673	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____
 SIGNATURE: Corey DATE: 11/4/25

11/5/24 12:17AM



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

PERMIT #: 12-SC-4071462
APPLICATION #: AP2285287
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2369601

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: CHERYL**26-0049 CARUTHERS
PROPERTY ADDRESS: 1138 SW RIVERSIDE Ave Fort White, FL 32038
LOT: 50 BLOCK: _____ SUBDIVISION: 3 Rivers Estates
PROPERTY ID #: 00566-000 [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 [500] GALLONS / GPD Aerobic Unit 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 [616] 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: Top of monument at SE corner of property line elev 30.15

I ELEVATION OF PROPOSED SYSTEM SITE [2.48] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [4.98] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] 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 400 gpd.
T Bottom of DF needs to be above 24.8' NAVD88
H System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
E Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting also required. Maintenance contract with fee also required before final system approval.
R

SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist II

APPROVED BY: [Signature] TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 02/09/2026 EXPIRATION DATE: 08/02/2027

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

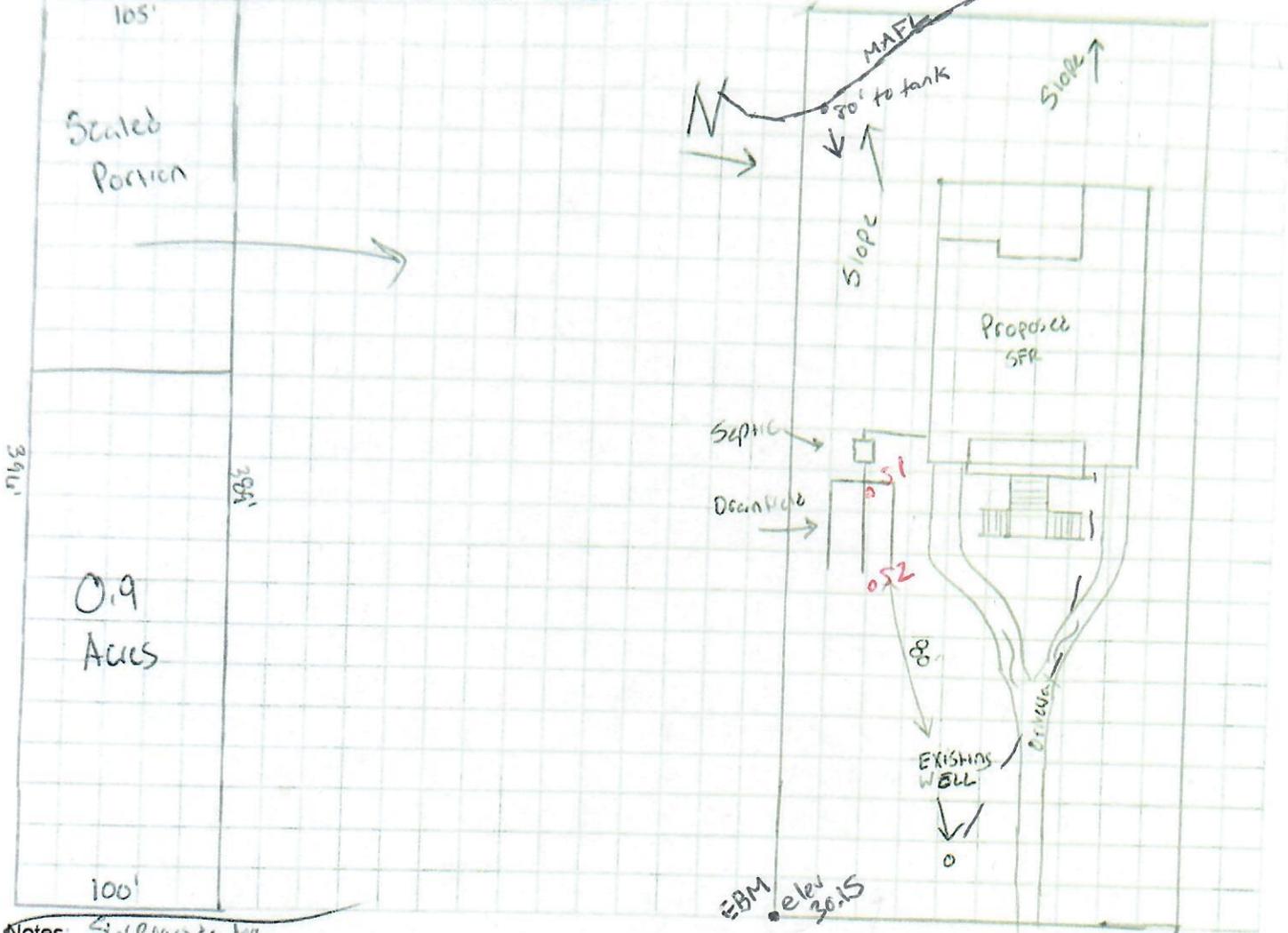
STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

25-0049

PART II - SITEPLAN

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



Notes: SW Riverside Ave

SW Riverside Ave

Site Plan submitted by: Caryn Amara

Plan Approved

Not Approved

Date 2/2/26

By [Signature]

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: 62-6 004, F.A.C.