



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

PERMIT #: 12-SC-2054649
APPLICATION #: AP1478232
DATE PAID: 4/9/20
FEE PAID: 510.00
RECEIPT #: _____
DOCUMENT #: PR1323786

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: (Wideman Investments**20-0286)
PROPERTY ADDRESS: SW Central Ave Fort White, FL 32038
LOT: 14 BLOCK: 17 SUBDIVISION: 3 Rivers Est U-17
PROPERTY ID #: 00-00-00-00941-000 [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 [] _____

F LOCATION OF BENCHMARK: 30" oak tree NE of site.
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

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.

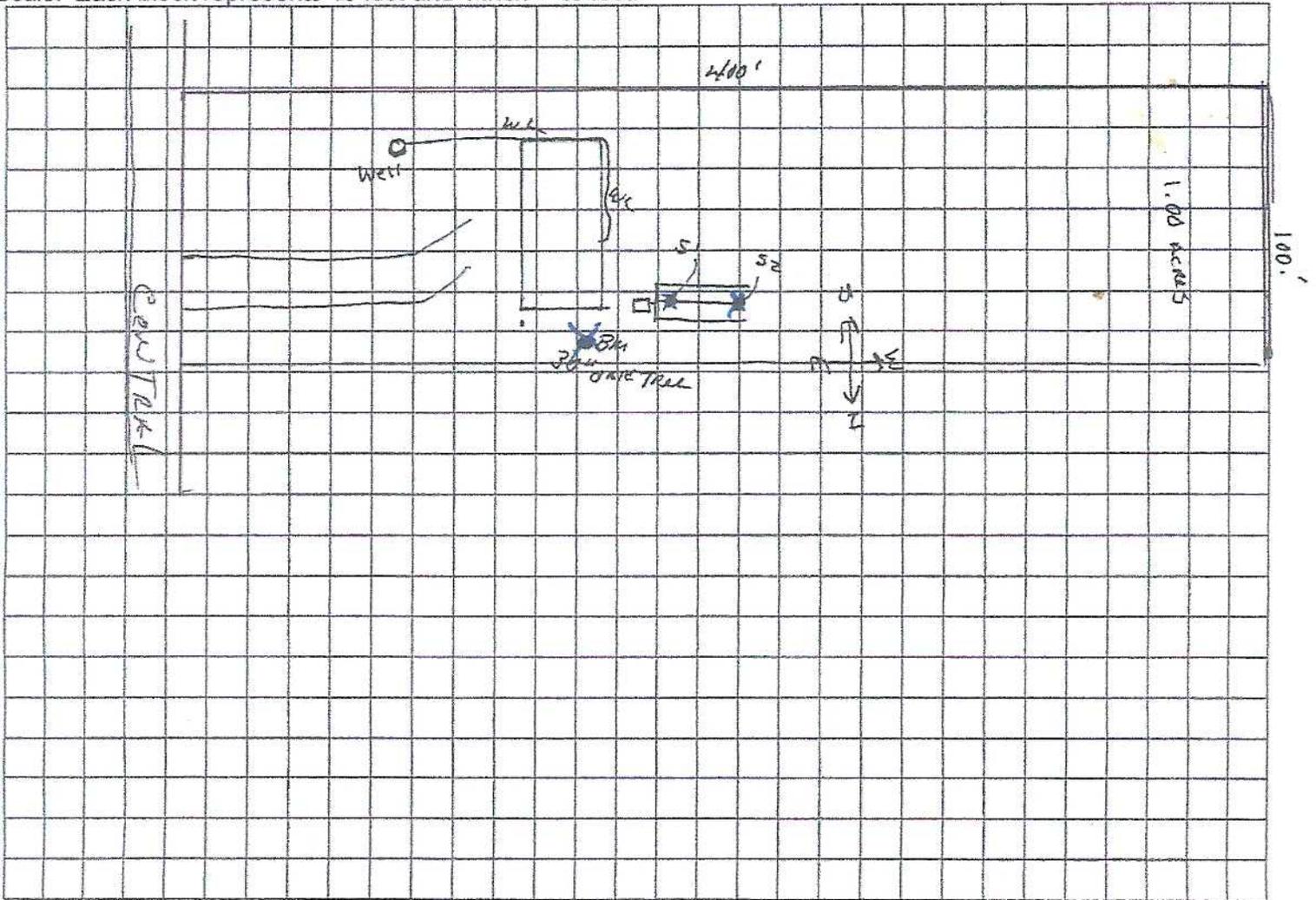
SPECIFICATIONS BY: Robert W Ford TITLE: [Signature]
APPROVED BY: [Signature] TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 04/16/2020 EXPIRATION DATE: 10/16/2021

STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0586

PART II - SITEPLAN

Scale: Each block represents $\frac{15}{10}$ feet and 1 inch = $\frac{60}{10}$ feet.



Notes: WIDEMAN INVESTMENTS
Megan English Freedom Homes

Site Plan submitted by: Robert W Jurd, Jr. DATE 4/9/2020
 Plan Approved Not Approved Date 4/16/20
 By [Signature] **Columbia CHD** 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
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 20-0286-N
DATE PAID: 4.9.20
FEE PAID: 310.00
RECEIPT #: AP1478232

APPLICATION FOR:

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

APPLICANT: Wideman Investments LLC (Megaw English)

AGENT: Robert W Ford Jr NFST, INC TELEPHONE: 386 755-6372

MAILING ADDRESS: 7141 SE State Road 100 Lake City, FL 32025

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: 14 17 BLOCK: 17 SUBDIVISION: Three Rivers Estate PLATTED: _____

PROPERTY ID #: 00-00-00-00941-000 ZONING: SF I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.918 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / X] DISTANCE TO SEWER: XX FT

PROPERTY ADDRESS: TBD SW Central Terr FW, FL

DIRECTIONS TO PROPERTY: Hwy 475 to Ft white Turn Right on Wilson Springs go to Newark TR go to Central TL Follow to site on Right

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	M Home	3	1780	Zone X
2				
3				
4				

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

SIGNATURE: Robert W. Ford Jr DATE: 4/9/2020