



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

PERMIT NO. 25-0555
DATE PAID: 7/2/25
FEE PAID: 310.00
RECEIPT #: 2229470

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Kuntis UDELLER EMAIL: smithsepticoutlook.com

AGENT: Smith Septic TELEPHONE: 386-935-1429

MAILING ADDRESS: P.O. Box 838 Bud, FL 32619

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: 77 BLOCK: - SUBDIVISION: Sassafras Acres PLATTED: -

PROPERTY ID #: 19-75-17-10024-077 ZONING: - I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 3.14 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: SW OTTER LN.

DIRECTIONS TO PROPERTY: Hwy 27 East to the SW Robert follow to
OTTER Ln a Right property a 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	<u>Home</u>	<u>3</u>	<u>1549</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) 7-7-25

SIGNATURE: [Signature] DATE: 7-2-25



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

PERMIT #: **12-SC-3165056**
APPLICATION #: **AP2238670**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2293996**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: KURTIS**25-0555 UDELHOFEN
PROPERTY ADDRESS: 664 SW OTTER Ln Fort White, FL 32038
LOT: 77 BLOCK: _____ SUBDIVISION: SASSAFRAS ACRES
PROPERTY ID #: 10024-077 [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 [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
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [36.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
L
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
T 300 gpd.

H
E
R SPECIFICATIONS BY: Roy A Smith TITLE: M. Contractor
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 07/16/2025 EXPIRATION DATE: 01/16/2027
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

SMITHS SEPTIC

INSTALLS - REPAIRS - PUMPING

PORTABLE TOILETS

P.O. Box 838, Bell, FL 32619

(386) 935-1429 smithseptic@outlook.com

SITE PLAN

New Septic System

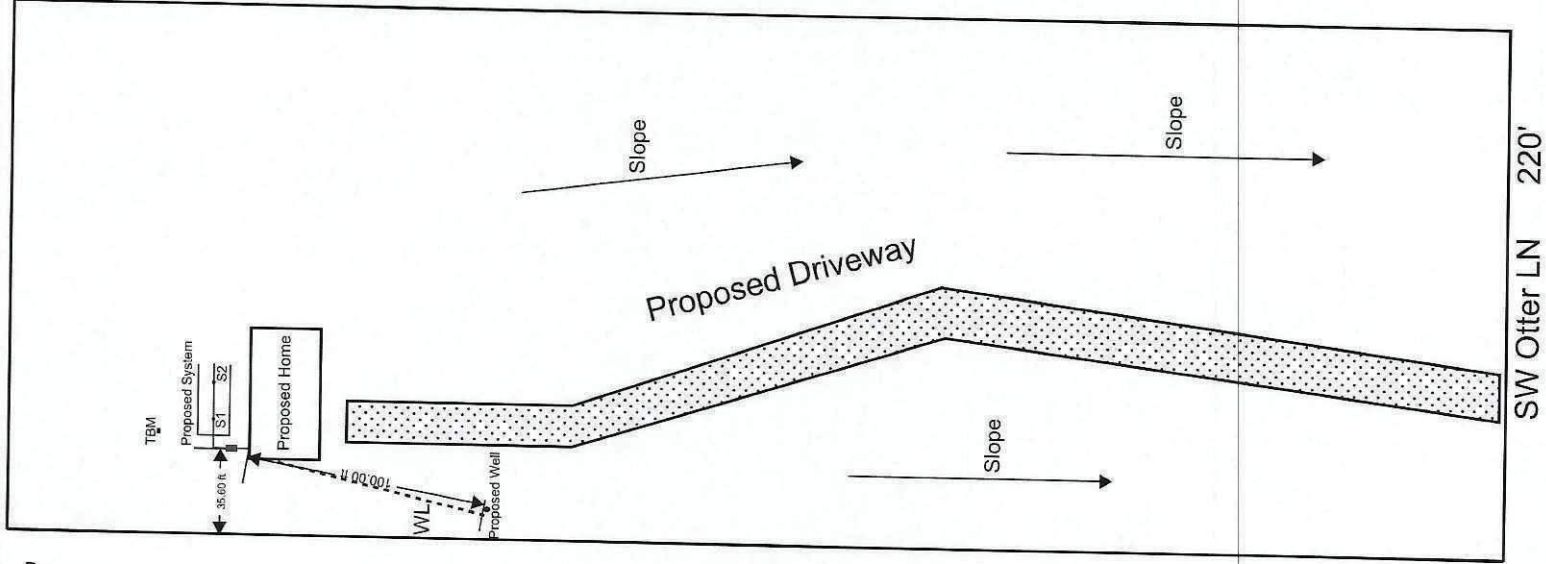
Address: SW Otter LN

Parcel ID: 19-7S-17-10024-077

Owner: Udelhofen

1" = 80'

620'



Digitally signed by Roy Smith
DN: C=US,
E=crsmith@windstream.net,
O=Smiths Septic Tank
Service, CN=Roy Smith
Date: 2025.07.07
12:21:49-04'00'

Roy Smith

25-0555

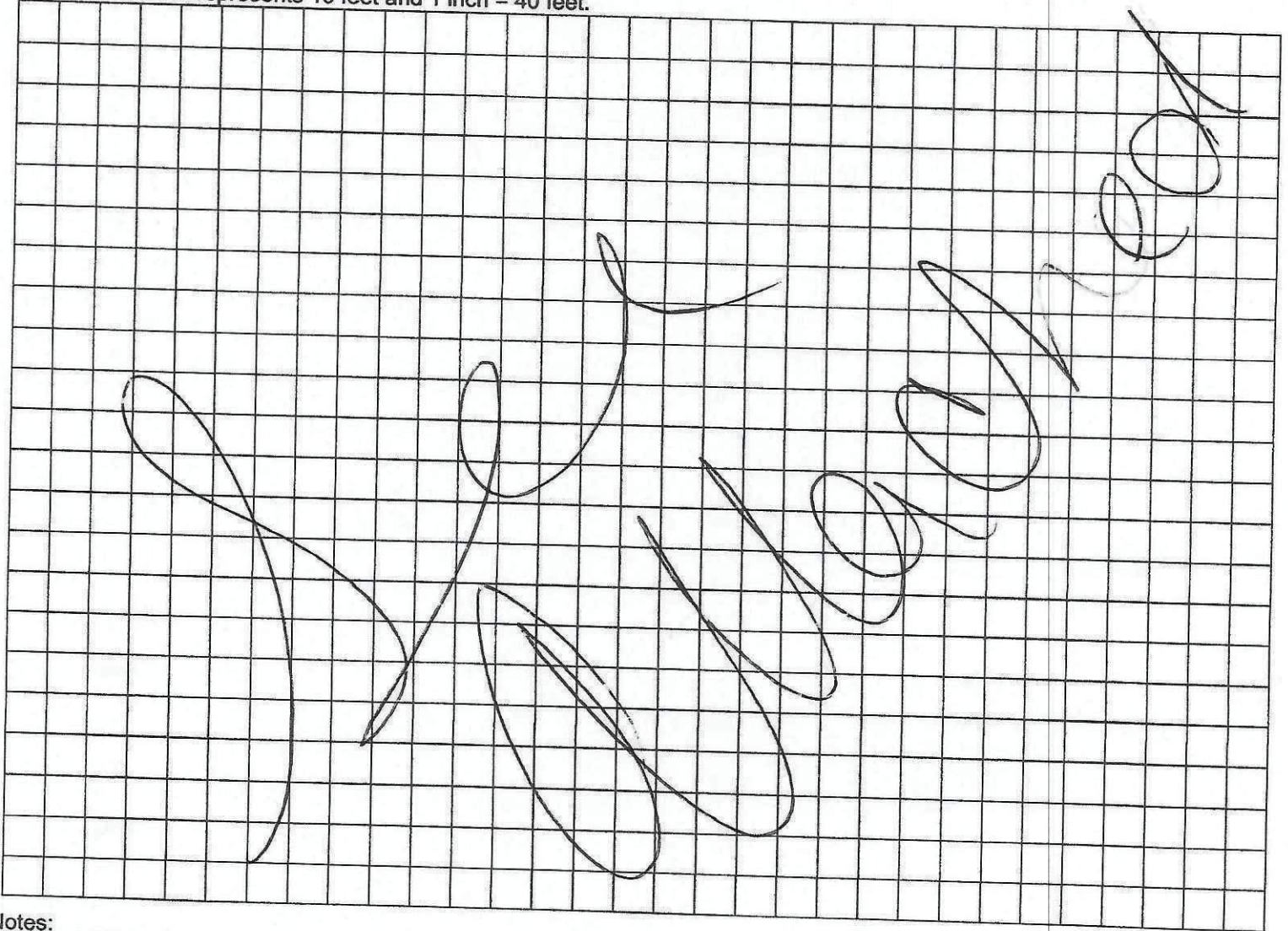
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Permit Application Number

25-0555

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

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



Notes: _____

Site Plan submitted by: _____

Plan Approved _____

By _____

Not Approved _____

Date

7/7/25

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

7116125