



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

350 362303597

PERMIT NO. 23-0870
DATE PAID: 12-25-00
FEE PAID: 2228-23
RECEIPT #: 2229796

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Rosanne Sparks EMAIL: provisionpermitting@gmail.com

AGENT: Sonja North 863-517-5701 TELEPHONE: 386-623-1876

MAILING ADDRESS: 426 SW Commerce Dr Ste 130-J 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

OSTDS REMEDIATION PLAN? [Y / N]

LOT: _____ BLOCK: 112 SUBDIVISION: Town of Ft White PLATTED: _____

PROPERTY ID #: 00-00-00-14461-112 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .826 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 500 SW Wilson Springs Rd Ft White,

DIRECTIONS TO PROPERTY: R on W Duval St, L at the 3rd FL
Cross street onto SW main Blvd, Slight R on 47-S,
R on Wilson Springs, L on Wilson Springs, property on R

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>Mobile Home</u>	<u>3</u>	<u>1493</u>	
2				
3				
4				

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

SIGNATURE: Sonja North DATE: 12-28-03

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 23-0870

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

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

See Attached

Notes: _____

Site Plan submitted by: Song North

Plan Approved [Signature] Not Approved _____ Date 2/5/24

By [Signature] 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)

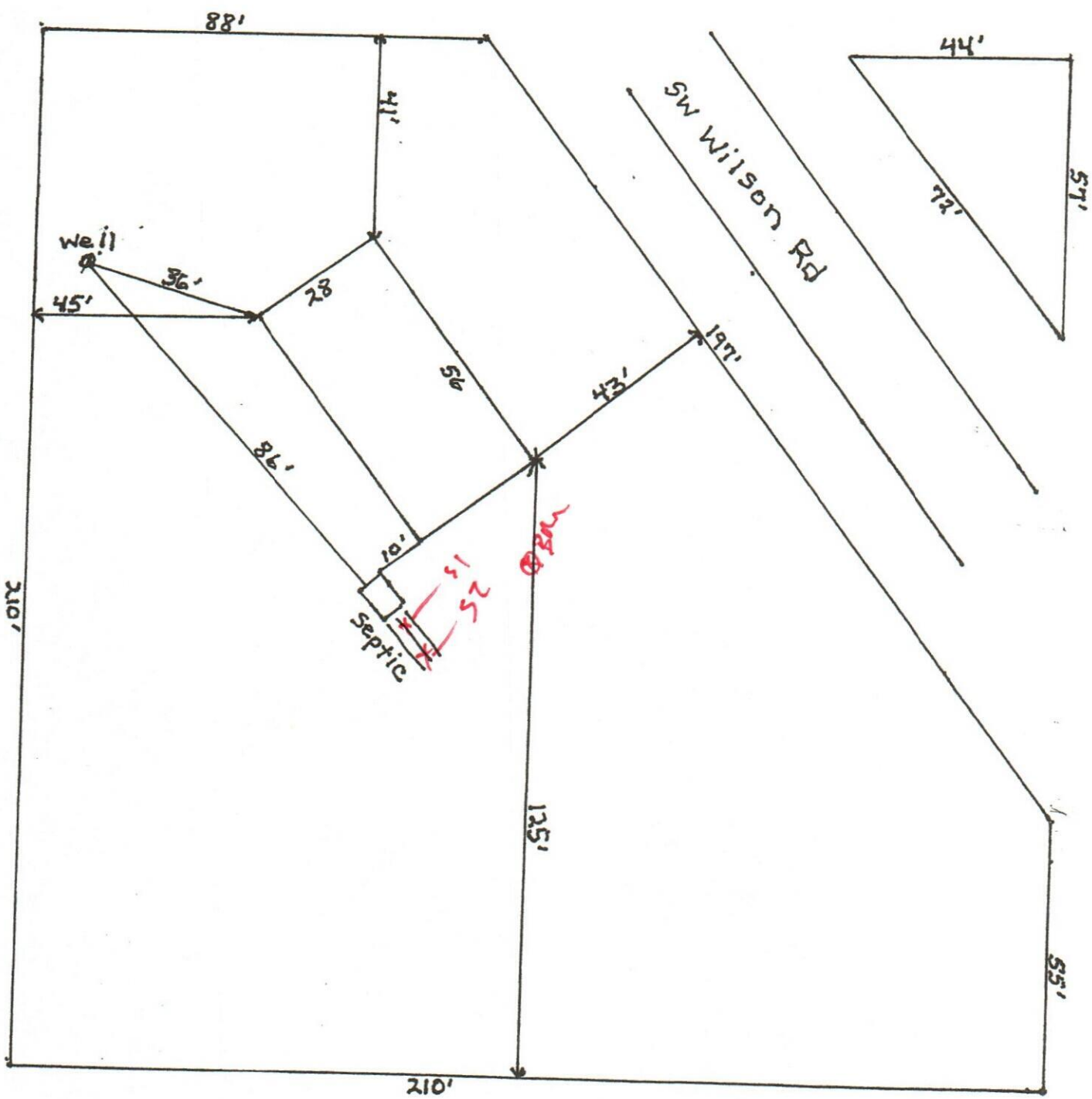
Incorporated: 62-6.004, F.A.C.

1" = 30'

Sparks

23-0870

Song & Wash





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

PERMIT #: **12-SC-2836054**
APPLICATION #: **AP2029795**
DATE PAID: **12.28.23**
FEE PAID: **425.00**
RECEIPT #:
DOCUMENT #: **PR2042944**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: ROSY**23-0870 SPARKS
PROPERTY ADDRESS: 500 SW WILSON SPRINGS Fort White, FL 32038
LOT: BLOCK: 112 SUBDIVISION: Town of Fort White
PROPERTY ID #: 14461-112 [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 [400] GALLONS / GPD Aerobic Unit Treatment 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 [282] 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 pine
I ELEVATION OF PROPOSED SYSTEM SITE [48.00] [INCHES / FT] [BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [78.00] [INCHES / FT] [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 ***System will be 50% minimum nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table
H separation. Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating
E permitting/fee also required.
R -Operating permit fee and application / 2yr singed maintenance entity contract agreement w/ owner required prior to final approval.

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 02/05/2024 EXPIRATION DATE: 08/05/2025
DEF 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC