



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

PERMIT #: 12-SC-2808316  
APPLICATION #: AP2008043  
DATE PAID: 10/27/23  
FEE PAID: 31000  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2016922

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: JOSE\*\*23-0751 PEREZ

PROPERTY ADDRESS: SW GLIDER Fort White, FL 32038

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

PROPERTY ID #: 03717-133 [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 [ 1,050 ] 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 [ 616 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [x] MOUND [ ]

I CONFIGURATION: [x] TRENCH [ ] BED [ ]

N

F LOCATION OF BENCHMARK: Nail w/ pink ribbon in fence post.

I ELEVATION OF PROPOSED SYSTEM SITE [ 11.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 11.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [ 18.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] INCHES

O The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.

T

H

E

R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 10/31/2023 EXPIRATION DATE: 04/30/2025

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

Incorporated 62-6.004, FAC

SF



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0751

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

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

See  
Attached

Notes: \_\_\_\_\_

Site Plan submitted by H. Kaer

Plan Approved X Not Approved \_\_\_\_\_

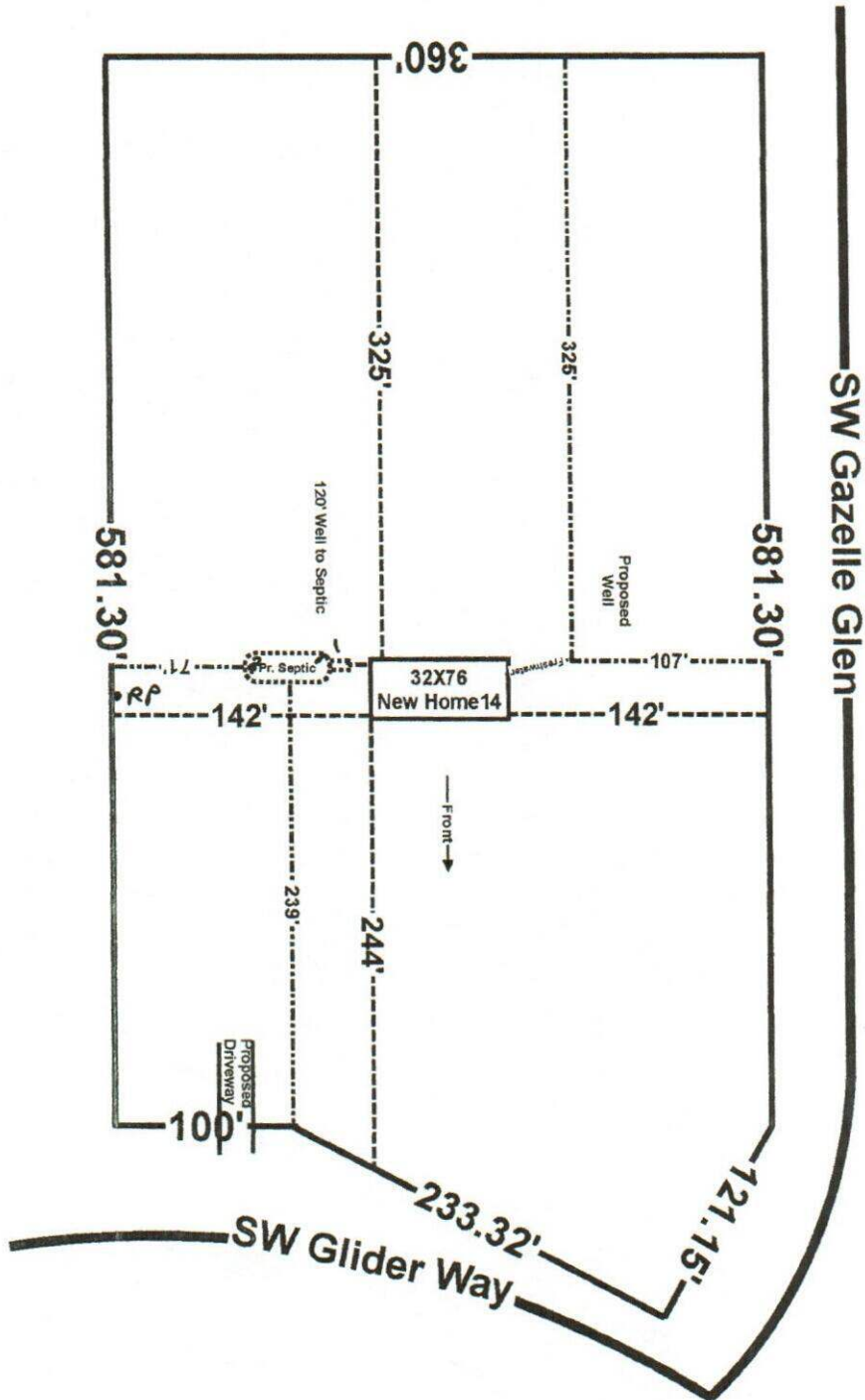
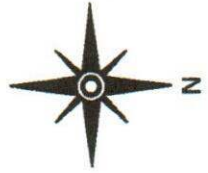
By C. Linder Date 10/31/23  
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 08-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-8.004, F.A.C.

23-0751



Jose & Brenda Perez  
Parcel: 26-5S-16-03717-133

Scale 1" = 100'

Brody Pack  
10/17/23

*James A. Dean*

23-2061

10-25-23



# FW



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

PERMIT NO. 23-0751  
DATE PAID: 10/27/23  
FEE PAID: 310.00  
RECEIPT #: 2008043

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Jose & Brenda Perez

EMAIL: \_\_\_\_\_

AGENT: Kameron Keen

TELEPHONE: 352-356-1333

MAILING ADDRESS: 474 NE 628th St. Old Town, FL 32680

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: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 26-55-16-03717-133 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y / ☒ N

PROPERTY SIZE: 5.17 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☒ N DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: SW Glider Way Fort White 32038

DIRECTIONS TO PROPERTY: Take 47 S, TL on Watson St, TL on Glider, to property on L.

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>SFR-MH</u>	<u>4</u>	<u>2254</u>	
2				
3				
4				

☐ Floor/Equipment Drains      ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Kameron Keen 21-2064 DATE: 10-25-23

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