

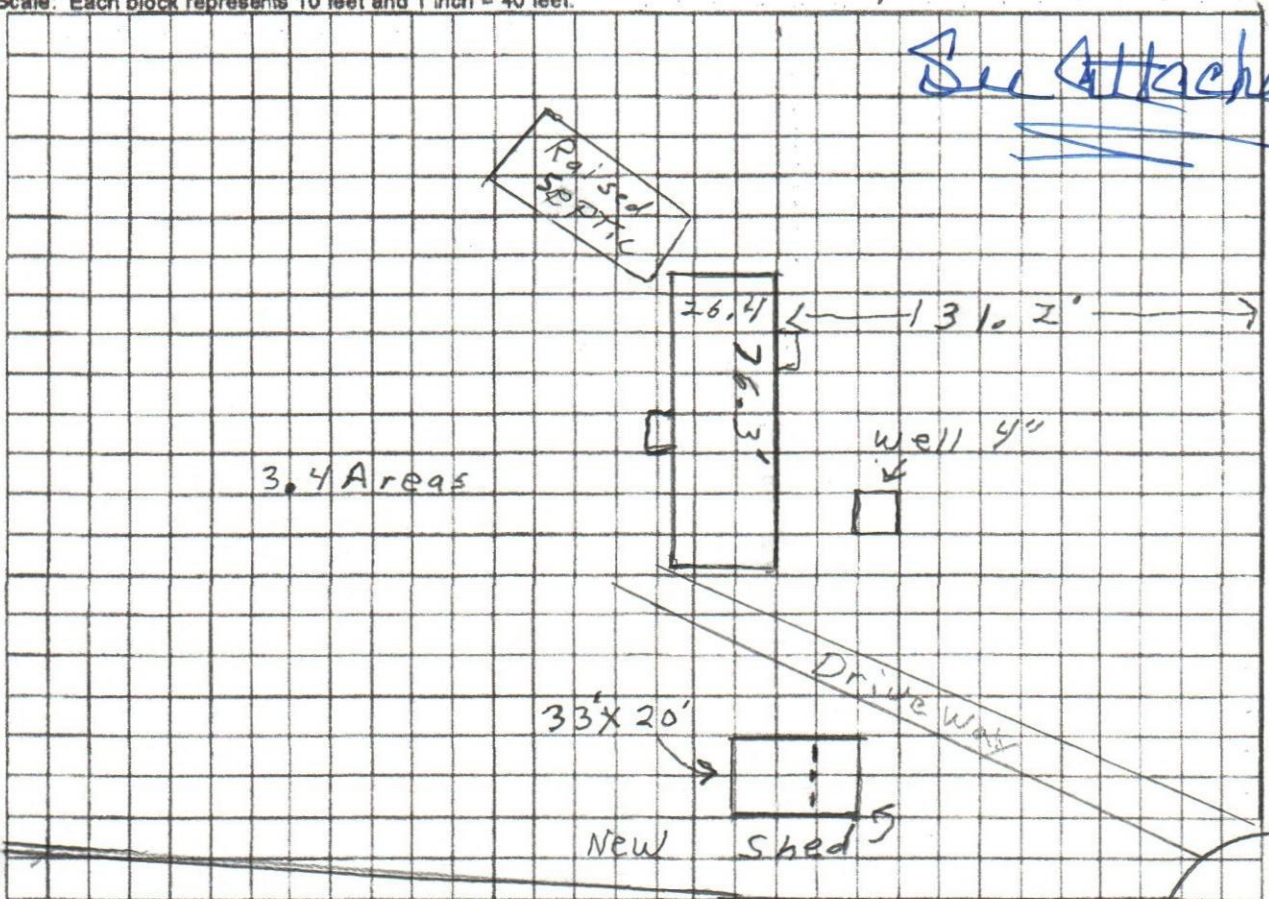
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

23-0436

PART II - SITEPLAN

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



Notes: To Add Shed

Site Plan submitted by: Owner Robert Witte

Plan Approved ☒

Not Approved ☐

Date 6/15/23

By Cassandra Brink EST Alexandra

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.

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

PERMIT NO. 23-6436
DATE PAID: 6/14/23
FEE PAID: 60.00
RECEIPT #: APR 1979

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: ROBERT D. WHITE EMAIL: RDWHITE@BELLSOUTH.NET

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: 410 S.W. BUFFALO CT. FT. WHITE, FL 32038

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: 13 BLOCK: _____ SUBDIVISION: BROWNHEAD ACRES PLATTED: _____

PROPERTY ID #: 25-65-16-03935-27 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 3.4 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☒ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: 120 FT

PROPERTY ADDRESS: 410 S.W. BUFFALO CT. FT. WHITE, FL 32038

DIRECTIONS TO PROPERTY: _____

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	METAL STORAGE	ND	680	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] - 561-359-4440 DATE: 6-13-2023

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

Incorporated 62-6.004, FAC

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision : To be the **Healthiest State** in the Nation

June 15, 2023

Robert Witte
410 SW Buffalo Court
Fort White, FL 32038

RE: Contingency Letter
Application Document No: AP1971979
Centrax Permit Number: 12-SC-2737483
OSTDS Number:
410 SW Buffalo Ct
Fort White, FL 32038

Lot:13 Block: Subdivision: Arrowhead Acres

Dear Applicant:

This will acknowledge receipt of an application dated 06/14/2023 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

From a review of your completed application, it has been determined that your existing system appears to meet the minimum standards of F.A.C. 64E-6 for the proposed use. It is approved for use with the plans submitted to this office. If this system should fail, causing an unsanitary condition to exist, steps must be taken to bring the system into compliance immediately. Department approval of the 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 approval requires the applicant to modify the permit application. Such modification may result in this approval being made null and void. Issuance of this approval does not exempt the applicant from compliance with other Federal, State, or Local Permitting required for development of this property.

If you have any questions on this matter, please call our office at (386) 758-1058.

Sincerely,

Cassandra Bonds, Environmental Specialist I

Enclosures
cc: