



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

PERMIT #: 12-SC-2596909
APPLICATION #: AP1906200
DATE PAID: 10.18.22
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1887364

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JAMES**22-0865 FUTRAL
PROPERTY ADDRESS: 1494 SW SANTA FE Dr Fort White, FL 32038
LOT: 11 BLOCK: 6 SUBDIVISION: 3 River Estates Unit 6
PROPERTY ID #: 00641-011 [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 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 [462] 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: Surveyor BM nail in sweet gum W of site

I ELEVATION OF PROPOSED SYSTEM SITE [18.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [34.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

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 300 gpd.

T ATU System
H Install in 6 short lines to stay within requirements using low profile product similar to PTI.
E Operating permit required
R Bottom of drainfield no deeper than 25 feet NGVD

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor

APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 01/20/2023 EXPIRATION DATE: 07/20/2024

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

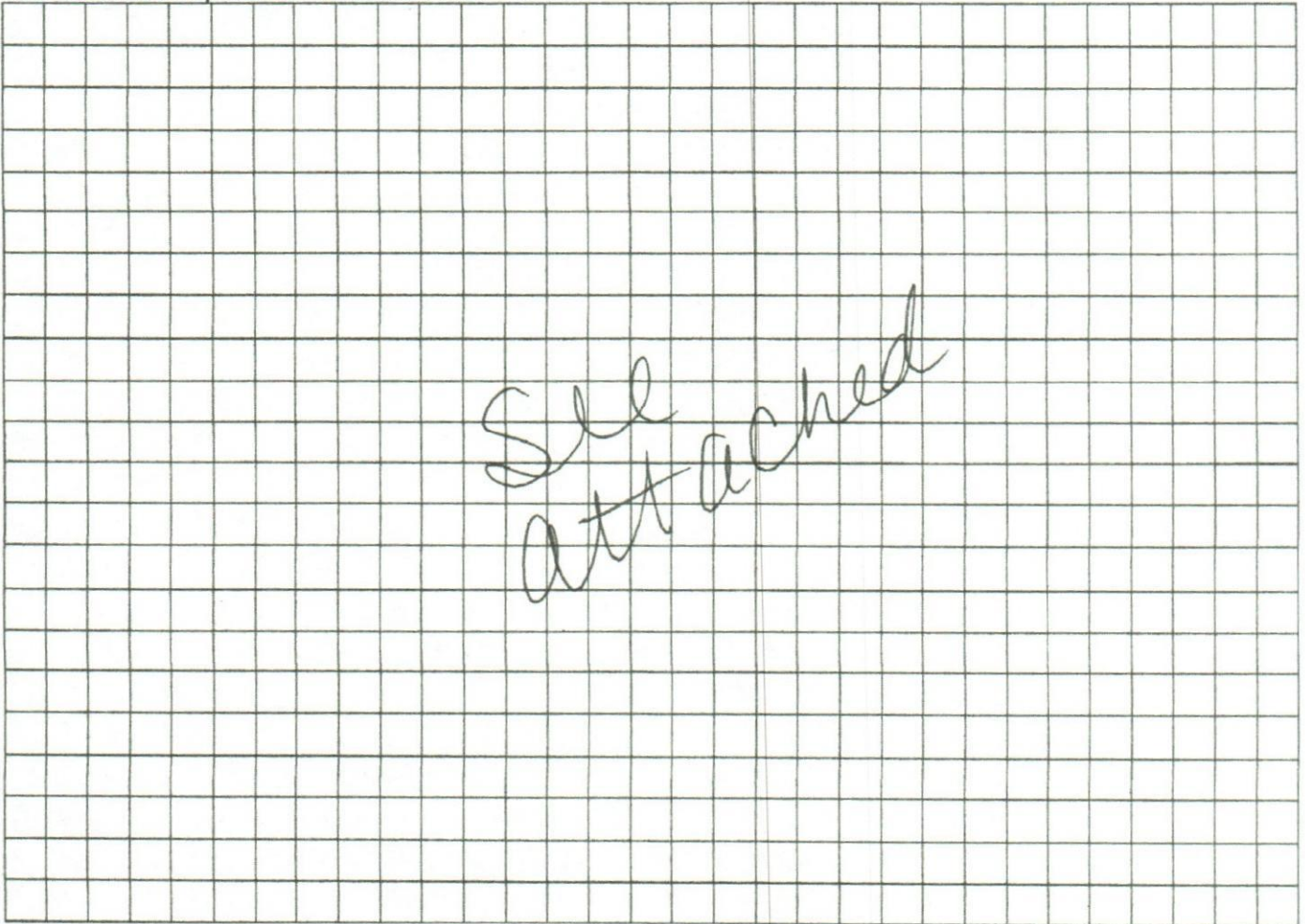
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0865

Futral

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

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



Notes: _____

ATU System

Site Plan submitted by: William D. Bishop II master contractor
Plan Approved ☒ Not Approved _____ Date 11/20/23
By [Signature] ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4016, 06-21-2022 (Obsoletes previous editions which may not be used)

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



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

PERMIT NO. 22-0865
DATE PAID: 10-18-22
FEE PAID: 310.00
RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: James & Cathy Futral

EMAIL: rockyford@

AGENT: A&B Construction

windstream.net
TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch St., 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: 11 BLOCK: U6 SUBDIVISION: Three Rivers Estates PLATTED: 1972

PROPERTY ID #: 00-00-00-00641-011 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: .63 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: 1494 SW Santa Fe Dr., Ft. White, FL.

DIRECTIONS TO PROPERTY: TL onto 278, TR onto SW Riverside Ave,
TL onto Utah Pkwy, TR onto Washington Ave, TL
onto Idaho Pkwy, TL onto SW Santa Fe Dr.

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>SF Residential</u>	<u>3</u>	<u>1144</u>	
2				
3				
4				

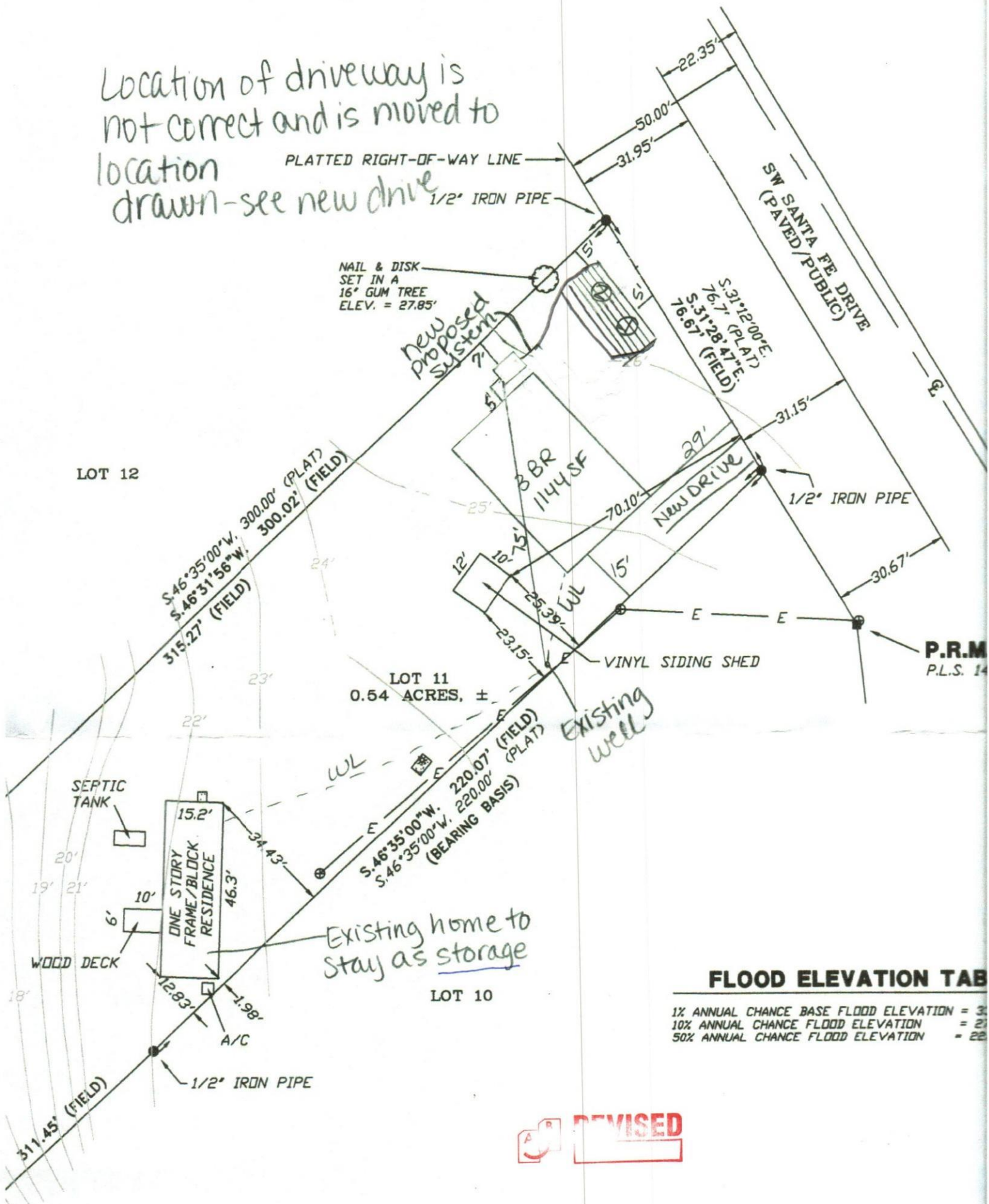
☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: William D. Bishop II

DATE: 9-13-22

22-865

Location of driveway is
not correct and is moved to
location
drawn - see new drive



FLOOD ELEVATION TAB

1% ANNUAL CHANCE BASE FLOOD ELEVATION	= 31
10% ANNUAL CHANCE FLOOD ELEVATION	= 27
50% ANNUAL CHANCE FLOOD ELEVATION	= 22

