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

PERMIT #: 12-SC-2693726
APPLICATION #: AP1963063
DATE PAID: 5.2.23
FEE PAID: 310.00
RECEIPT #:
DOCUMENT #: PR1937273

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: KAREN**23-0331 WATSON

PROPERTY ADDRESS: NW NEWARK Fort White, FL 32038

LOT: 1 BLOCK: SUBDIVISION: 3 Rivers Est U-22

PROPERTY ID #: 01392-001 [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 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 [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 with pink ribbon in oak south of site
I ELEVATION OF PROPOSED SYSTEM SITE [27.00][INCHES / FT][ABOVE / BELOW]BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [57.00][INCHES / FT][ABOVE / BELOW]BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O T H E R: 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.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

APPROVED BY: Cassandra Bonds TITLE: Environmental Specialist I Columbia CHD
Cassandra Bonds

DATE ISSUED: 05/09/2023 EXPIRATION DATE: 11/09/2024

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

v 1.1.4 AP1963063 SE1855331

SF

FW

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

PERMIT NO. 23-0331
DATE PAID: 5/2/23
FEE PAID: 310.00
RECEIPT #: 1943043

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Karen Watson

AGENT: Kamcron Keen EMAIL:

MAILING ADDRESS: 474 NE 628th st. Old Town, FL 32680 TELEPHONE: 352-356-1333

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

LOT: 1 BLOCK: _____ SUBDIVISION: Three Rivers Est. Unit 22 OSTDS REMEDIATION PLAN? [Y / N]

PLATTED: _____

PROPERTY ID #: 00-00-00-01392-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .78 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: SW Newark Dr. Fort White 32038

DIRECTIONS TO PROPERTY: Take 247 S, TL on 137, TL on US-27, TR on Riverside, TL on Utah, TR on Newark, property on L.

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1				
2	SFR-MH	3	1,248	
3				
4				

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

SIGNATURE: Kamcron Keen 21-2064 DATE: 5-1-23

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0331

PART II - SITEPLAN

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

Watson

See Attached

Notes: _____

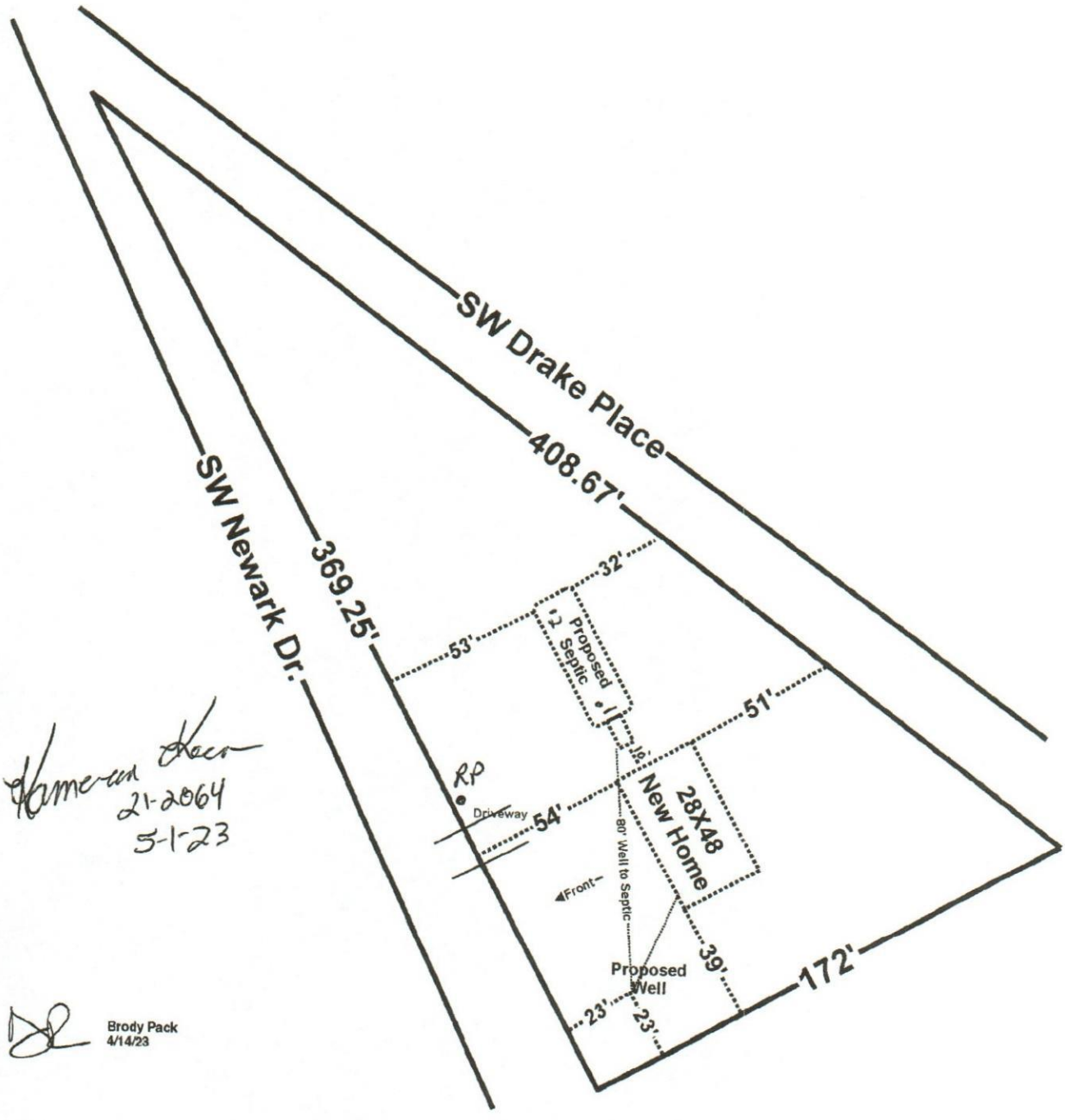
Site Plan submitted by: K. Heer Agent: Owner: Date: 5-1-23

Plan Approved ✓ Not Approved ____ Date 5/9/23

By Cassandra Bonds ES I Columbia COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

23-0331



Homeowner 21-2064 5-1-23

Brody Pack 4/14/23

Karen Watson
Parcel: 00-00-00-01392-001

Scale 1" = 50'
Three Rivers Estates
Unit 22 Lot 1