



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

PERMIT #: **12-SC-2633020**  
APPLICATION #: **AP1933161**  
DATE PAID: **1/25/23**  
FEE PAID: **425.00**  
RECEIPT #:  
DOCUMENT #: **PR1889252**

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: MERRI\*\*23-0063 ROCHE  
PROPERTY ADDRESS: 500 NW DREAMER White Springs, FL 32096  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 01642-001 [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 in tree W/ green tape.

I ELEVATION OF PROPOSED SYSTEM SITE [ 42.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 60.00 ] [ INCHES ] FT [ ] ABOVE [ ] 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  
H  
E  
R

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

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

DATE ISSUED: 01/31/2023 EXPIRATION DATE: 07/31/2024

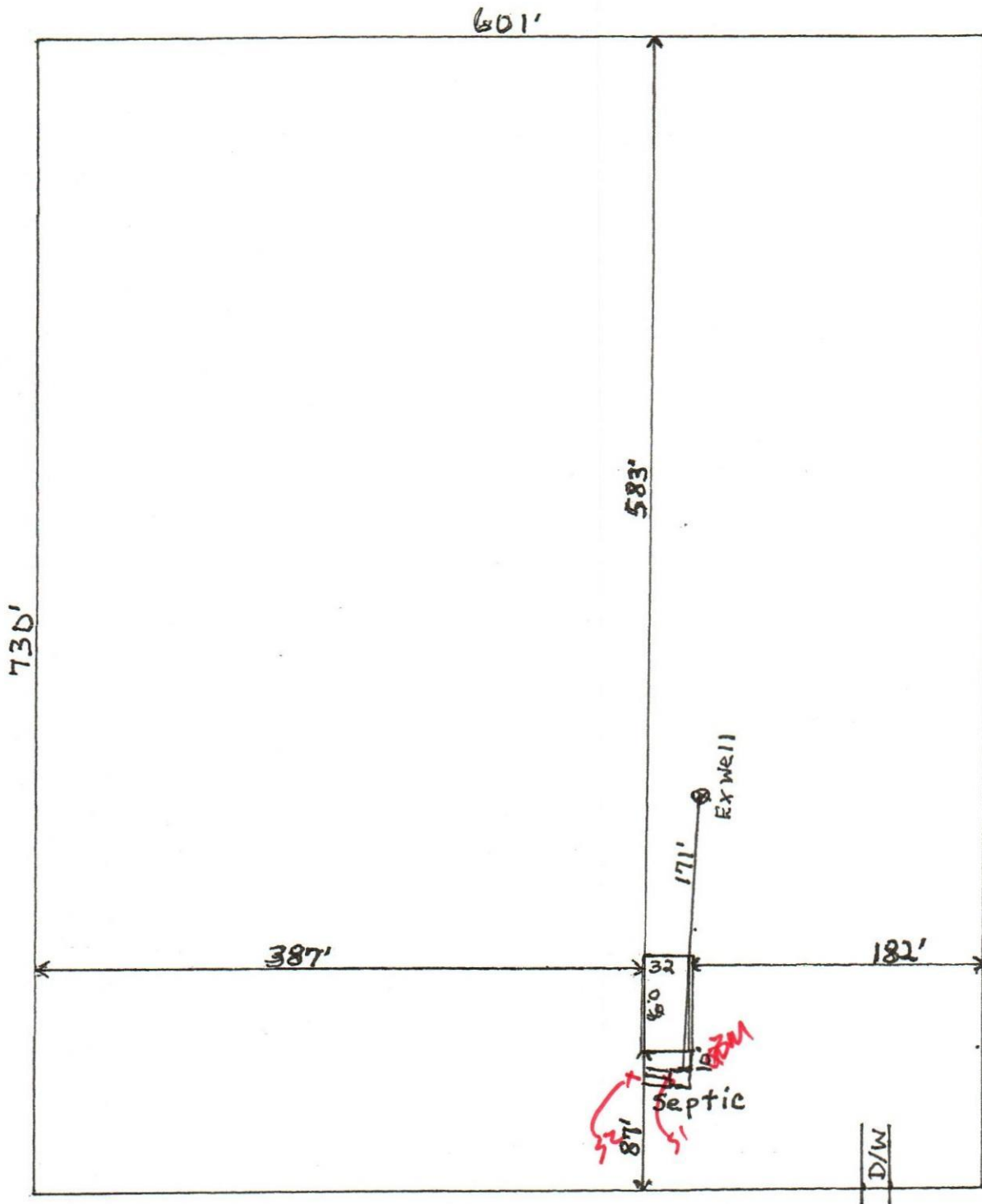
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

SP

23-0063

1" = 100'



500 NW Dreamer Lane

Roche



SSD:004307662 \* Gate locked, must  
Coordinate w/ customer  
386-234-5083



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

PERMIT NO. 23-00662  
DATE PAID: 11/25/23  
FEE PAID: 425.00  
RECEIPT #: 1933161

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:  
☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Merri Roche

EMAIL: provisionpermitting@gmail.com

AGENT: Sonya North

TELEPHONE: 813-517-5701

MAILING ADDRESS: 3311 SW State Rd 247 Lake City Fl 32024

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 #: 18-2S-16-01642-001 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 10 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: 500 NW Dreamer Ln White Springs Fl 32096

DIRECTIONS TO PROPERTY: R on Main, @ traffic circle take the first exit onto Hwy 41N, L on NW Suwannee Valley Rd, R on White Springs Rd, R on NW Cotton Field Rd, continue on Cotton Field Rd, Cotton Field becomes Dreamer, 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
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1	<u>Mobile Home</u>	<u>3</u>	<u>1920</u>	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Sonya North

DATE: 1/23/23

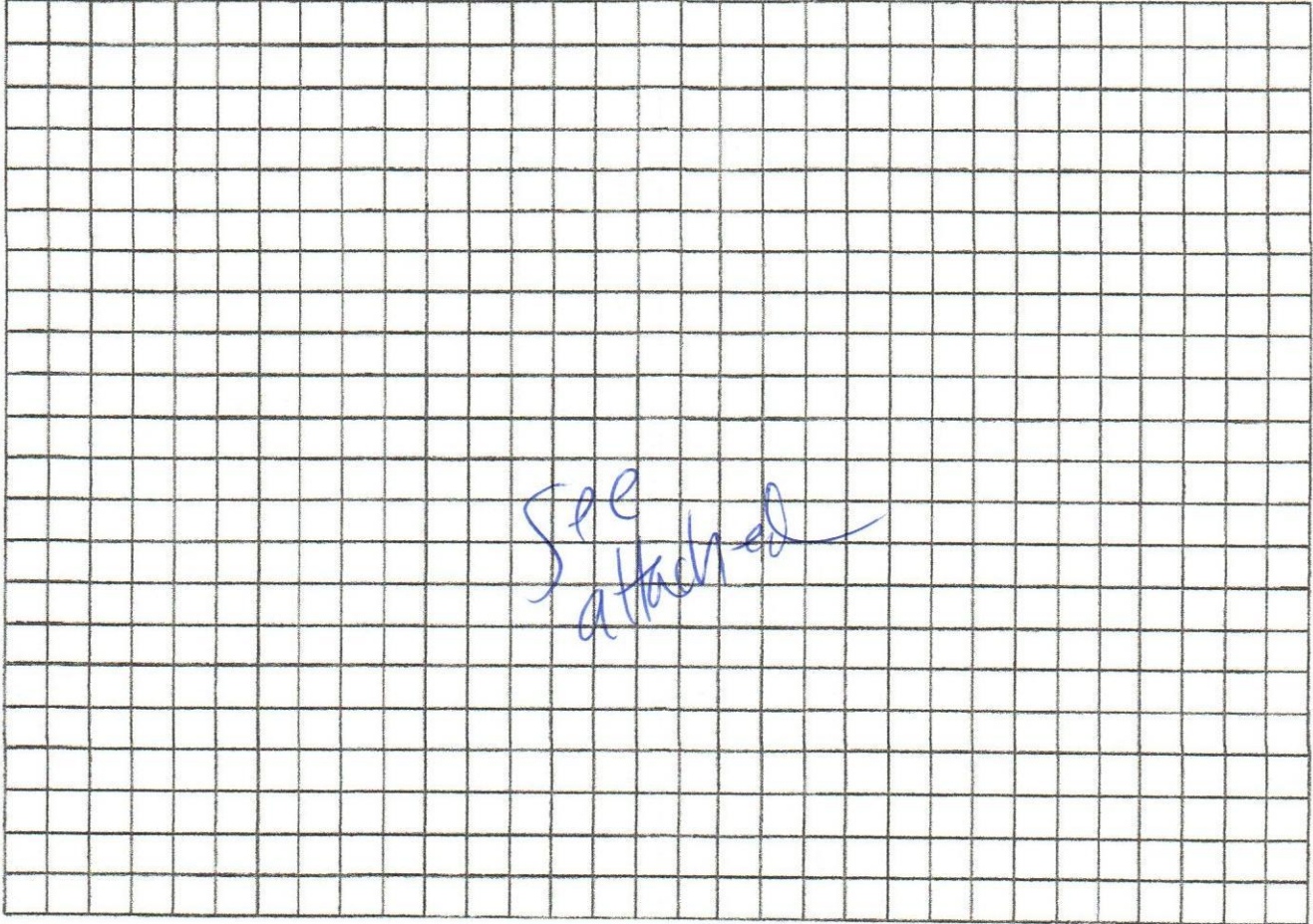


STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0063

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

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



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

Site Plan submitted by: Seneca North

Plan Approved [Signature] Not Approved \_\_\_\_\_ Date 1/30/23  
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.