



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM (OSTDS)

PERMIT NO. 05-0559  
DATE PAID: 7/10/25  
FEE PAID: 310.00  
RECEIPT #: 2238972

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System       Existing System       Holding Tank       Innovative  
 Repair       Abandonment       Temporary

APPLICANT: Thomas Barnard      EMAIL: SmithSeptic@outlook.com  
AGENT: Smith Septic - Roy Smith      TELEPHONE: 386.935.1429  
MAILING ADDRESS: P.O. Box 838, Bell, FL 32619

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: 6 BLOCK: \_\_\_\_\_ SUBDIVISION: Hermitage OSTDS REMEDIATION PLAN? [ Y / N ]  
PROPERTY ID #: 21-75-17-10039-106 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]  
PROPERTY SIZE: 5.02 ACRES WATER SUPPLY:  PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD  
IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y /  N ] DISTANCE TO SEWER: n/a FT  
PROPERTY ADDRESS: SW Hermitage Ct  
DIRECTIONS TO PROPERTY: Hwy 441 S TR a Hermitage property on Right

BUILDING INFORMATION

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	SF	3	Living: 3,485	<p><b>RECEIVED</b> SEP 18 2025 BY: <u>EH</u></p>
2	SHOP	N/A	Bonus: 751	
3			Total: 4,236	
4				

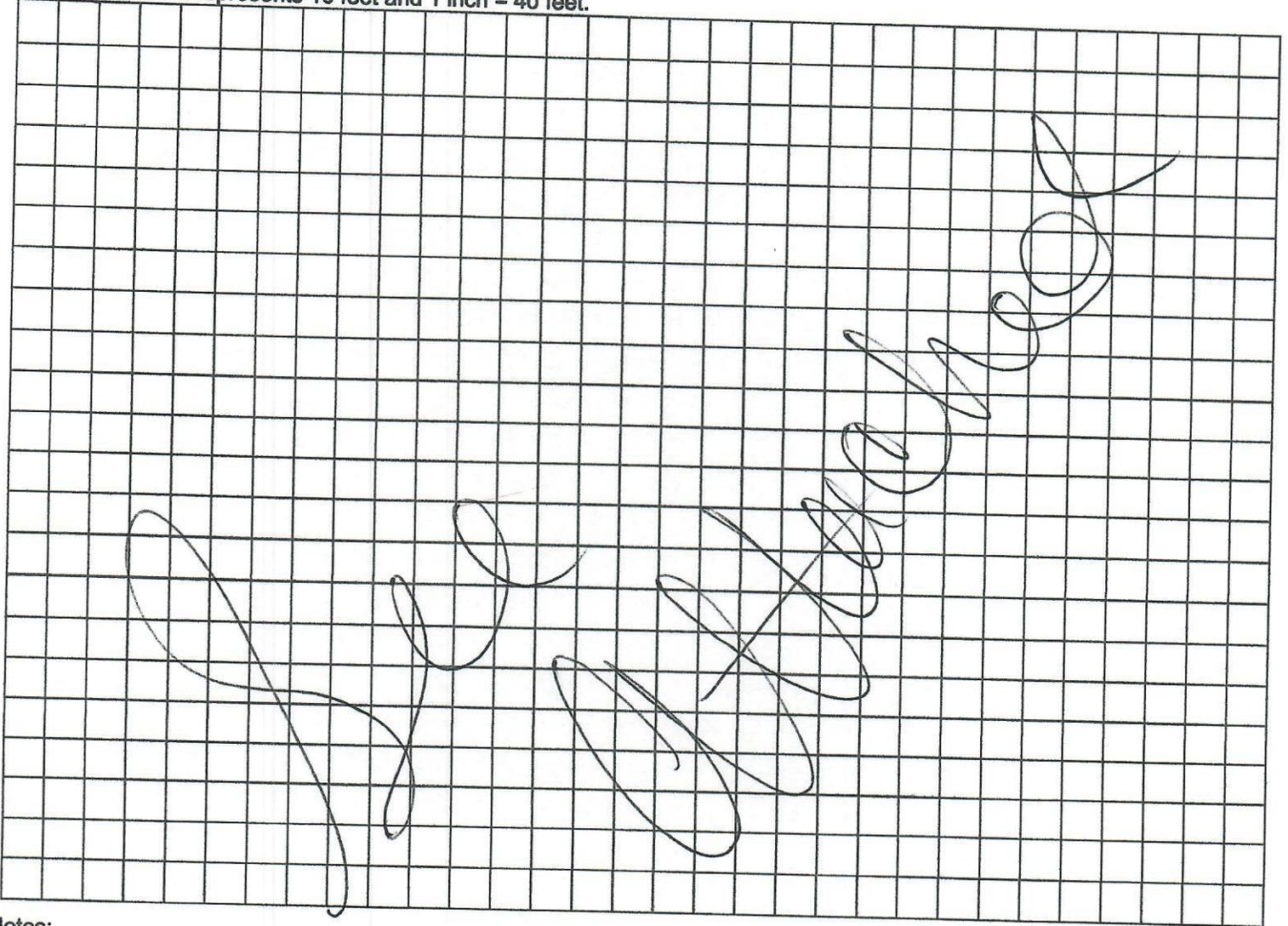
Floor/Equipment Drains       Other (Specify) \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_      DATE: 7-8-25

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0559

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

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



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

\_\_\_\_\_

Site Plan submitted by: *D. Smith* \_\_\_\_\_ 7/8/25

Plan Approved  Not Approved  Date \_\_\_\_\_

By *[Signature]* \_\_\_\_\_ Columbia \_\_\_\_\_ County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT** <sup>7/14/25</sup>

25-8559

# SMITHS SEPTIC

INSTALLS - REPAIRS - PUMPING  
PORTABLE TOILETS

P.O. Box 838, Bell, FL 32619  
(386) 935-1429 smithseptic@outlook.com

## SITE PLAN

New Septic System

Address: Hermitage GL

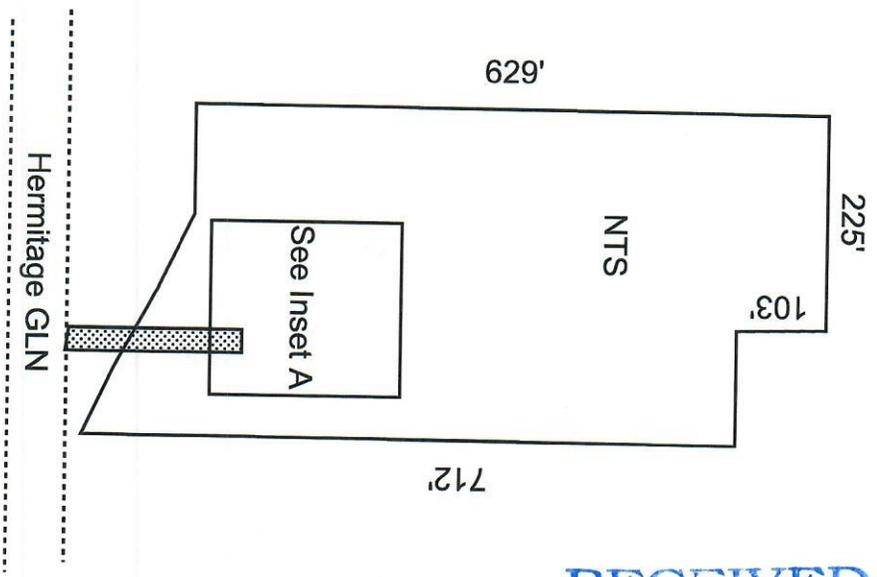
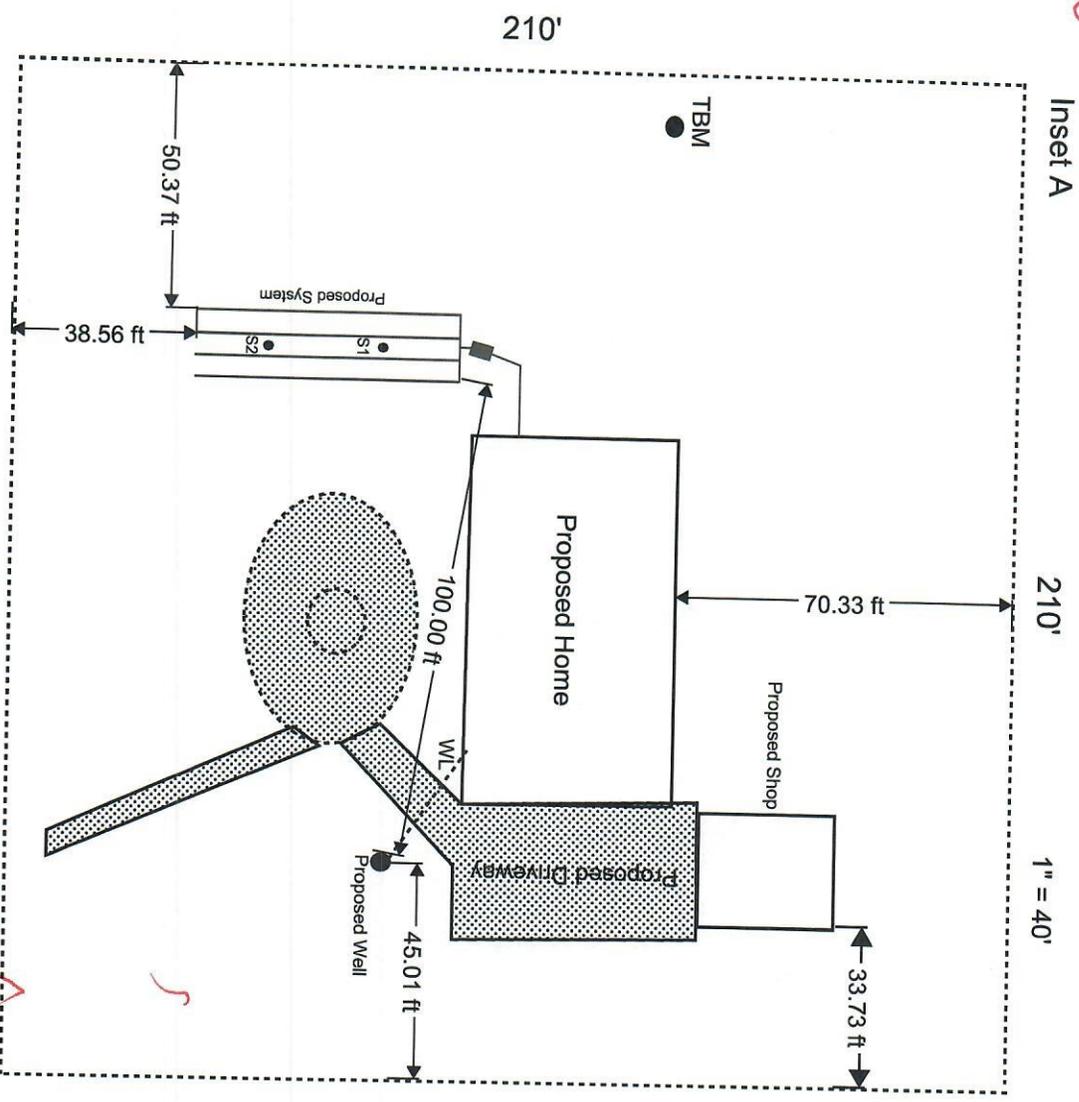
Parcel ID: 21-7S-17-10039-106

Owner: Barnard



25-8559

RECEIVED  
SEP 25 2025  
BY: EH



**Roy Smith**

Digitally signed by Roy Smith  
DN: c=US,  
E=rosmith@windstream.net,  
O=Smiths Septic Tank  
Service, CN=Roy Smith  
11:34:09-04'00'



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM

PERMIT #: 12-SC-3165471  
APPLICATION #: AP2238942  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2294119

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: THOMAS\*\*25-0559 BARNARD  
PROPERTY ADDRESS: SW HERMITAGE High Springs, FL 32643  
LOT: 6 BLOCK: \_\_\_\_\_ SUBDIVISION: HERMITAGE  
PROPERTY ID #: 10039-106 [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 [ 1,350 ] GALLONS / GPD New Multi-Chambered Septic 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 [ 650 ] 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: Nail in oak tree  
I ELEVATION OF PROPOSED SYSTEM SITE [ 12.00 ] [ INCHES ] FT [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 42.00 ] [ INCHES ] FT [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 520 gpd.

SPECIFICATIONS BY: Roy A Smith TITLE: M. Contractor  
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD  
DATE ISSUED: 07/16/2025 EXPIRATION DATE: 01/16/2027