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

22-0870

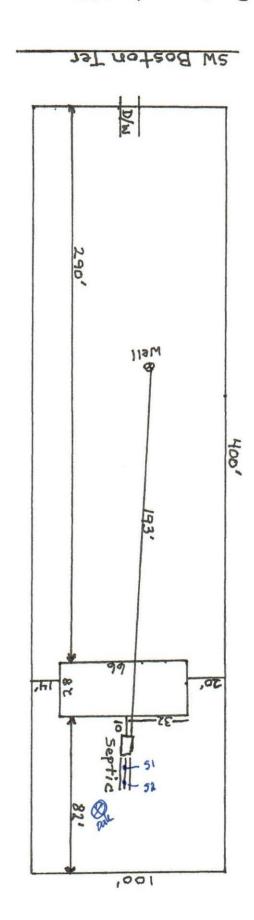
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PERMIT NO.	
DATE PAID:	10.20.20
FEE PAID:	U25:00
RECEIPT #:	100
AP 190	06959

APPLICATION FOR CONSTRUCTION PERMIT APPLICATION FOR: Holding Tank Existing System [New System Temporary [] Repair Abandonment TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED FURSUANT 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. CONTRACTOR REMEDIATION PLAN? [Y / [N]] PROPERTY INFORMATION SUBDIVISION: There River PROPERTY ID #: 00-00-00-00961-000 I/M OR EQUIVALENT: [Y / N 100 x 400 PROPERTY SIZE: 9 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: PROPERTY ADDRESS: BUILDING INFORMATION [N RESIDENTIAL] COMMERCIAL Building Commercial/Institutional System Design No. of Unit Type of No Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC X- Shaded [] Floor/Equipment Drains [] Other (Specify) SIGNATURE: OCOLO WORTH

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

Incorporated 62-6.004, FAC

Page 1 of 4



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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

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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.

Page 2 of 4



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

PERMIT #: 12-SC-2598039

APPLICATION #: AP1906959

PATE PAID: 10.2012

FEE PAID: 425.00

RECEIPT #:__

DOCUMENT #: PR1865134

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: DUAL**22-0870 THUMBS HOLDING LLC	
PROPERTY ADDRESS: 1099 SW BOSTON Ter Fort White, FL 32038	
LOT: 51 BLOCK: SUBDIVISION: 3 Rivers Est U-17	1.4.6(4)
PROPERTY ID #: 00961-000 [SECTION, TOWNSHIP, RANGE, PARCE [OR TAX ID NUMBER]	L NUMBER]
WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE	NOT GUARANTEE
SYSTEM DESIGN AND SPECIFICATIONS	
T [1,050] GALLONS / GPD New Septic Tank CAPACITY	
A [] GALLONS / GPD CAPACITY	
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLON K [] GALLONS DOSING TANK CAPACITY [] GALLONS @[] DOSES PER 24 HRS	
D [500] SQUARE FEET Drainfield SYSTEM	
R [] SQUARE FEET SYSTEM	
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []	
I CONFIGURATION: [X] TRENCH [] BED []	
F LOCATION OF BENCHMARK: Nail in oak with pink tape	
I ELEVATION OF PROPOSED SYSTEM SITE [32.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/REI	
E BOTTOM OF DRAINFIELD TO BE [62.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/REI	
L	
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated	flower
o 400 gpd.	now or
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R	
SPECIFICATIONS BY: Cassandra Bonds TITLE: Environmental Specialist I	
APPROVED BY: Cassandra Bonds TITLE: Environmental Specialist I	Columbia CHD
DATE ISSUED: 10/27/2022 EXPIRATION DATE:	04/30/2024
DH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC	Page 1 of 3