



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

FW

PERMIT NO: 22-0165
DATE PAID: 3/1/22
FEE PAID: 310.00
RECEIPT #: 1307299
7/1/22 \$55.00 Amendment

APPLICATION FOR:

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

APPLICANT: Beth & John Dewees

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, 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

LOT: 14 BLOCK: NA SUB: Jr Dicks Tract PLATTED:

PROPERTY ID #: 30-5S-16-03738-034 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.08 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 407 SW Coyote Cir, Fort White, Fl

DIRECTIONS TO PROPERTY: TR onto FL-47S, TR onto SW Watson St, TL to stay on SW Watson St, TL onto Drew Eagle Rd, TR onto Coyote Cir, prop on right.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
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1	SF Residential	3	1875	
2				
3				

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

SIGNATURE: William D. Bishop II

DATE: 2/22/2022



STATE OF FLORIDA
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ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: **12-SC-2472841**
APPLICATION #: **AP1807299**
DATE PAID: **7/1/22**
FEE PAID: **310.00**
RECEIPT #:
DOCUMENT #: **PR1740724**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: BETH**22-0165 DEWEES
PROPERTY ADDRESS: SW COYOTE Fort White, FL 32038
LOT: 14 BLOCK: SUBDIVISION: JR Dicks Tract
PROPERTY ID #: 03738-034 [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 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 [375] 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 E of site

I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES / FT] [BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES / FT] [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
H
E
R

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

APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 07/05/2022 EXPIRATION DATE: 09/04/2023

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

Incorporated: 64E-6.003, FAC

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DEPARTMENT OF HEALTH
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Permit Application Number _____

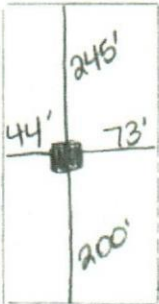
(Deweese)

Revised

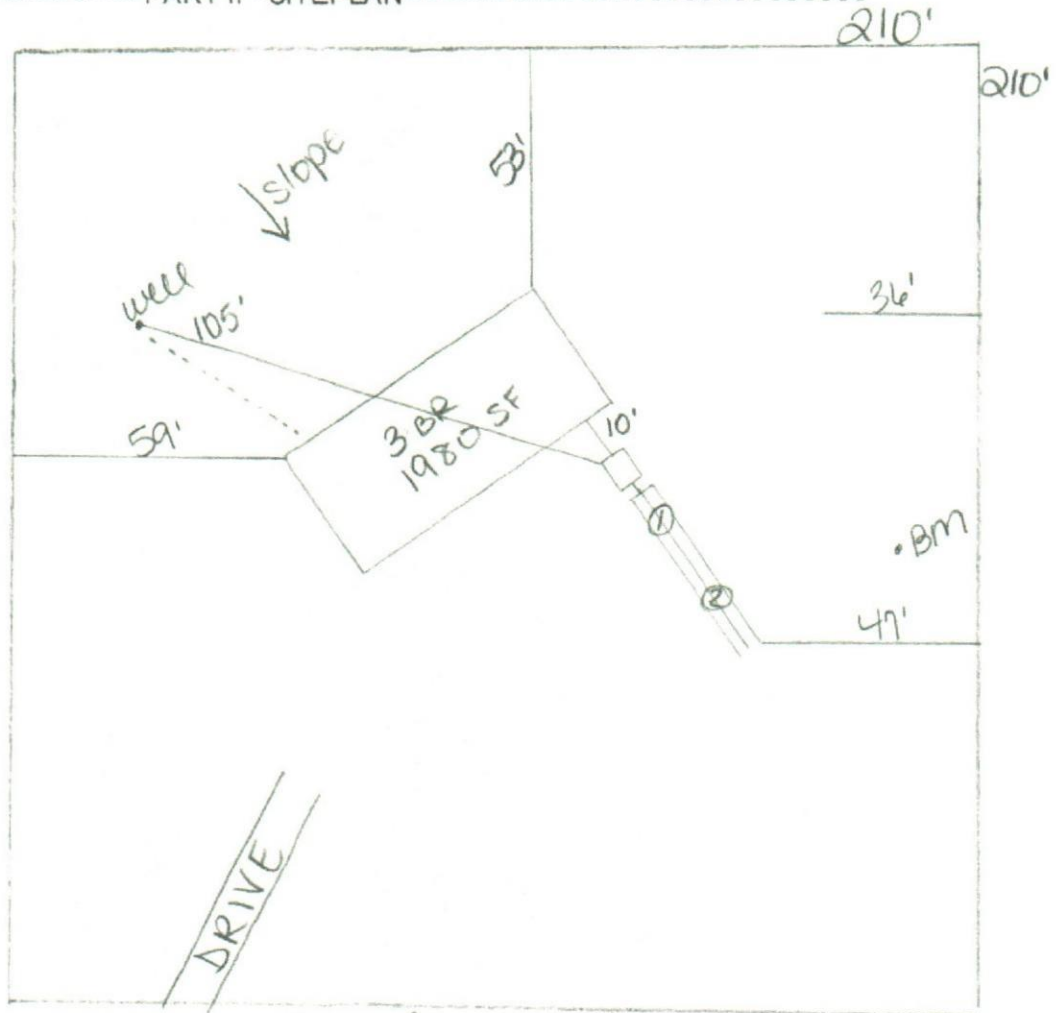
PART II - SITEPLAN

Scale: 1 inch = 40 feet.

↑N



1 acre of 5.08



Notes:

SW Coyote Cir.

1 acre of 5.08

REVISED
EH 7/1/22

Site Plan submitted by: William O. Bishop II

Plan Approved ☒ Not Approved ☐

By [Signature] ES2 Columbia MASTER CONTRACTOR
Date 7-1-22
County Health Department
715702

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT