



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

K. Keen 4/9/25

PERMIT #: 12-SC-3095709  
APPLICATION #: AP2201451  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2238657

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: PAUL\*\*25-0290 McClain  
PROPERTY ADDRESS: SW NEWARK Dr Fort White, FL 32038  
LOT: 98 BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 01219-098 [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 [ 400 ] GALLONS / GPD Aerobic Treatment Unit 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 [ 282 ] 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 with pink ribbon in tree sw of site  
I ELEVATION OF PROPOSED SYSTEM SITE [ 16.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 46.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L  
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 300 gpd.  
System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation. Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting also required. Maintenance contract with fee also required before final system approval.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP  
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD  
DATE ISSUED: 04/07/2025 EXPIRATION DATE: 10/07/2026

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



FW

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

PERMIT NO. 25-0090  
DATE PAID: 3/28/25  
FEE PAID: 310.00  
RECEIPT #: 220451

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System
- Repair
- Existing System
- Abandonment
- Holding Tank
- Temporary
- Innovative
- 

APPLICANT: Paul Melain EMAIL: \_\_\_\_\_

AGENT: K. Keen TELEPHONE: 352-356-7220

MAILING ADDRESS: 768 NE 143 Ave Old Town 32680

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?  /  N

LOT: 98 BLOCK: \_\_\_\_\_ SUBDIVISION: Three Rivers Estates W/9 PLATTED: \_\_\_\_\_

PROPERTY ID #: 256-15-01219-098 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT:  /  N

PROPERTY SIZE: .92 ACRES WATER SUPPLY:  PRIVATE PUBLIC  <=2000GPD  >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS?  /  N DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: TBD SW Newark Dr Ft. White 32038

DIRECTIONS TO PROPERTY: us-90W, A-275, ① Sand Hill Rd, ② W 275, ③ SW Riverside dr, ④ Utah pkwy, ⑤ SW Newary Dr, parcel on ⑥

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
1	SFR-MH	3	1795	
2				
3				
4				

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

SIGNATURE: K. Keen 23-2940 DATE: 3/26/25

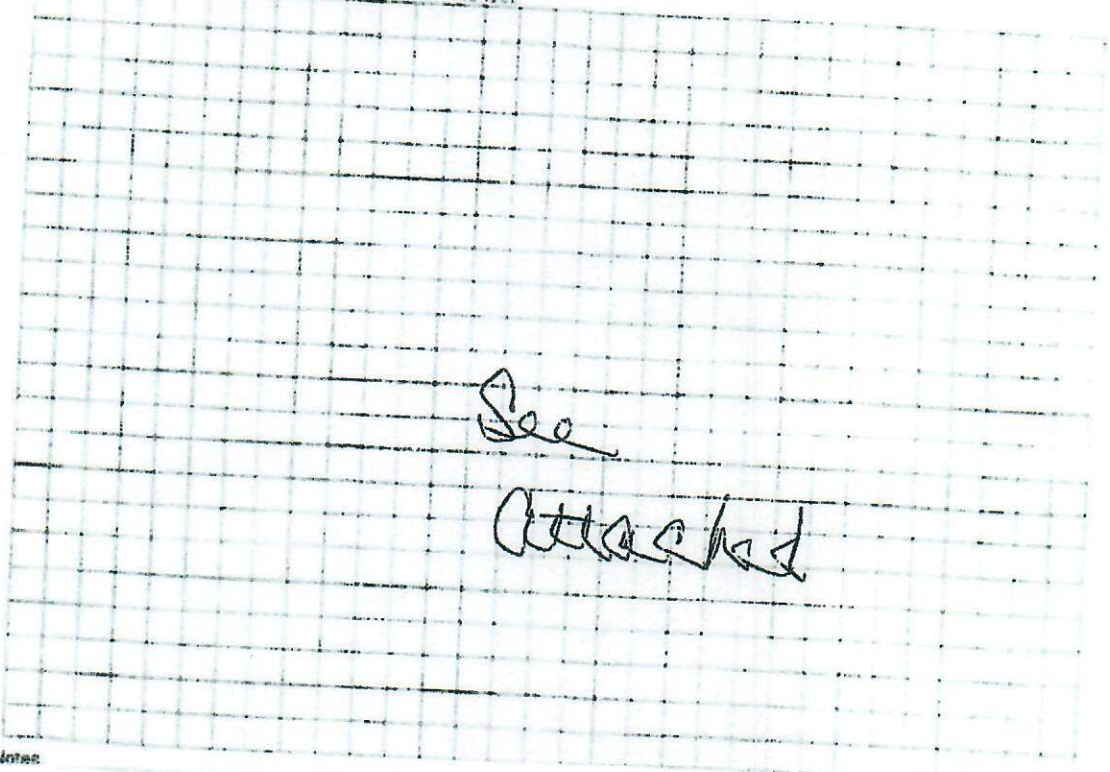
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)  
Incorporated 62-6.004, FAC

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number **25-0240**

PART II - SITEPLAN

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



Notes

Site Plan submitted by *Kameron Oker*

Plan Approved  Not Approved

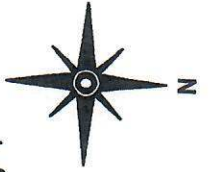
By *[Signature]*

*Columbia*

Date *4/1/25*  
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

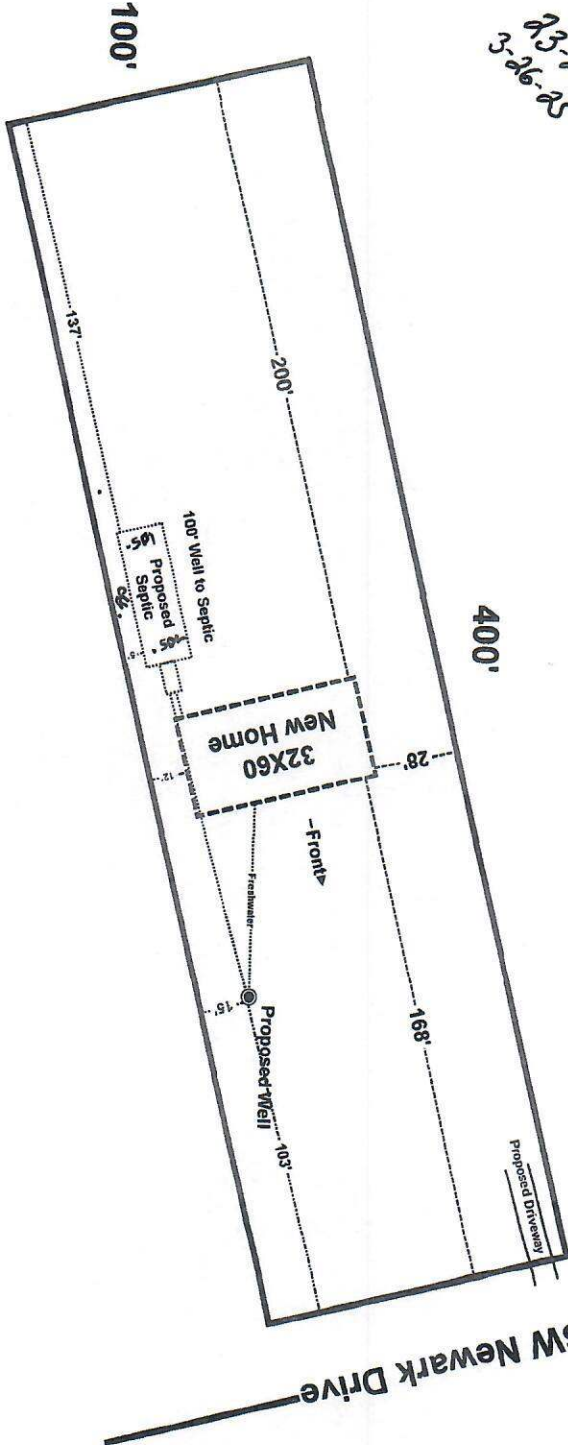
25-0290



*Handwritten notes:*  
04/16/25  
3-29-25

**Paul McClain**  
Parcel: 00-00-00-01219-098  
TBD SW Newark Dr. Ft White, FL

**Scale 1" = 60'**  
**Three Rivers Estates Unit 19**  
**Lot 98**



Brody Pack  
3/19/25