



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

PERMIT NO. 24-0605
DATE PAID: 7/27/24
FEE PAID: 200.00
RECEIPT #: 2116124

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Bradley Barnett EMAIL: barny8621@gmail.com

AGENT: Elite Metal Manufacturing TELEPHONE: 904.838.0096

MAILING ADDRESS: 619 SW Nebraska Terr. Fort 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

OSTDS REMEDIATION PLAN? ☐ Y / ☐ N

LOT: 124 BLOCK: 18 SUBDIVISION: Three Rivers Estates PLATTED: 125

PROPERTY ID #: 00-00-00-0116-000 ZONING: A-3 I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 2.75 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☐ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 619 SW Nebraska Terrace Fort White, FL 32038

DIRECTIONS TO PROPERTY: 27 NW from Fort White 4.8mi. Left on
Riverside Ave. then left on Utah St. Go .2mi, turn right onto
Washington Ave. Go .4 miles to Nebraska Terr, turn left. Go .3 miles,
Property on left.

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	<u>Detached Accessory</u>	<u>1.520</u>		
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

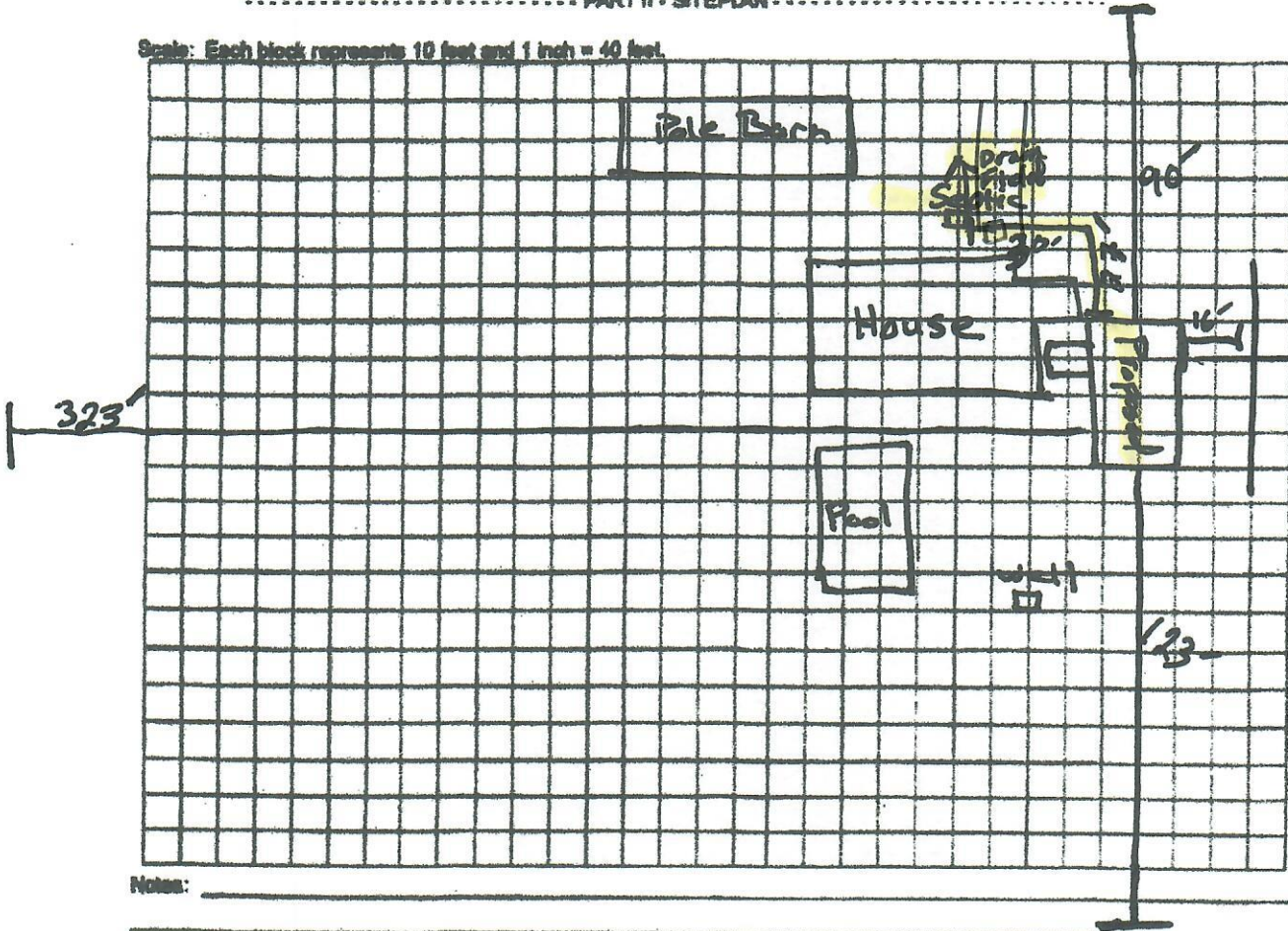
SIGNATURE: [Signature] DATE: 7/19/24

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

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



Notes:

Site Plan submitted by: Brad Barnett Date: 7/19/24
Plan Approved: ✓ Not Approved: ES2 Date: 8/1/24
By: [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT