

53381

Revised



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

PERMIT NO. 15-0441  
DATE PAID: 5/12/25  
FEE PAID: 310.00  
RECEIPT #: 222425

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary   

APPLICANT: Bart and Leslie Drake    EMAIL: office.newsomeseplic@gmail.com

AGENT: Newsome Well & Septic    TELEPHONE: 352-339-9153

MAILING ADDRESS: 12718 NW 77th Terrace, Alachua, FL 32615

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: 35,36    BLOCK: NA    SUBDIVISION: Appalachie Trace    PLATTED: \_\_\_\_\_

PROPERTY ID #: 02-6S-16-03766-135    ZONING: AG    I/M OR EQUIVALENT:  Y /  N

PROPERTY SIZE: 20 ACRES    WATER SUPPLY:  PRIVATE    PUBLIC  ]<=2000GPD     ]>2000GPD

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

PROPERTY ADDRESS: 526 SW Chiefland Lane, Fort White, FL 32038

DIRECTIONS TO PROPERTY: S SR 47 left SW Herlong left Appalachian Terrace right SW Chiefland Lane 1/4mi on right.

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	Office/Storage	NA	2,095	Office Per 100sqft floor space
2	RV		338	4 persons at 50gpd each
3				45 + 200 = 245 gpd
4				

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

SIGNATURE: Kyle Myers    DATE: \_\_\_\_\_



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

PERMIT #: 12-SC-3144111  
APPLICATION #: AP2222425  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2278755

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: BART\*\*25-0441 DRAKE  
PROPERTY ADDRESS: 526 SW CHIEFLAND Ln Fort White, FL 32038  
LOT: 35,36 BLOCK: \_\_\_\_\_ SUBDIVISION: Appalachee Trace  
PROPERTY ID #: 03766-135 [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 Septic Tank CAPACITY  
A [ ] GALLONS / GPD \_\_\_\_\_ CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]  
K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS #Pumps [ ]  
D [ 307 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET \_\_\_\_\_ SYSTEM  
A TYPE SYSTEM: [X] STANDARD [ ] FILLED [ ] MOUND [ ] \_\_\_\_\_  
I CONFIGURATION: [X] TRENCH [ ] BED [ ] \_\_\_\_\_  
N  
F LOCATION OF BENCHMARK: Nail in oak tree SW of system site  
I ELEVATION OF PROPOSED SYSTEM SITE [ 36.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 64.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

O  
T  
H  
E  
R

SPECIFICATIONS BY: Edward Rensberger TITLE: CEHP -0608  
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD  
DATE ISSUED: 06/09/2025 EXPIRATION DATE: 12/09/2026

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