

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

PERMIT #: 12-SC-2808369

APPLICATION #: AP2008090

DATE PAID: 10/27/23 FEE PAID: 310.00

RECEIPT #:____

DOCUMENT #: PR2017087

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: LOUIS**23-0755 SELLITTI	
PROPERTY ADDRESS: SW CHIPPEWA Fort White, FL 32038	
LOT: 22 BLOCK: SUBDIVISION: Apalachee Trace	
PROPERTY ID #: 03766-122 [SECTION, TOWNSHIP, RA [OR TAX ID NUMBER]	NGE, PARCEL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHARMICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANT STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	NGE IN MATERIAL FACTS, APPLICANT TO MODIFY THE NG MADE NULL AND VOID.
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: K [] GALLONS DOSING TANK CAPACITY [] GALLONS @[] DOSES PER	
D [375] SQUARE FEET Drainfield SYSTEM R [] SQUARE FEET N/A SYSTEM A TYPE SYSTEM: [*] STANDARD [] FILLED [] MOUND [] [] CONFIGURATION: [*] TRENCH [] BED []	
F LOCATION OF BENCHMARK: nail in oak N of site	
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES FT] [ABOVE BELOW] BETT BE LOW BELOW BELO	
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 to 300 gpd.	ital estimated flow of
H E	
R	
SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Con	ntractor
APPROVED BY: TITLE: Environmental Specialist I	Columbia CHD
DATE ISSUED: 11/01/2023 EXPIRATION	ON DATE: 05/01/2025
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated 62-6.004, FAC	Page 1 of 3

SE1916016



STATE OF FLORIDA

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

PERMIT NO 33-0755

DATE PAID: /8/37/33

PEE PAID: 3/3/33

RECEIPT # 3008070

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR: [X] New System [] Repair [] Abandonment [] Temporary [] APPLICANT: LOWS Sullity APPLICANT: LOWS Sullity AGENT: ABB Construction MAILING ADDRESS: 546 SW Dortch St, F4. 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 : 22 BLOCK NA SUBDIVISION APPALACHUL TRACE PLATTED
PROPERTY ID #: 03 toS-16-03766-122 I/M OR EQUIVALENT [Y / N]
PROPERTY SIZE: 10.0 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <= 2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /(N)] DISTANCE TO SEWER NO.
PROPERTY ADDRESS: SW Chippewa Gln, Ft. White, FL.
DIRECTIONS TO PROPERTY: TR ONTO FL-47S, TL INTO SW
Herborg St, Thorsto Appalachie Ter, Tronto SW Chippewa Glen
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC
2 SF Residential 3 1493
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: Willia O. Bishop II DATE: 10-23-23
DED 4015 06 21 2022 (Obsoletor Province addition to the control of

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

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

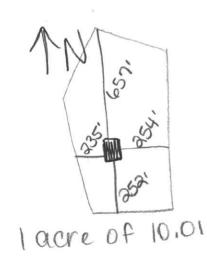
APPLICATION FOR CONSTRUCTION PERMIT

Sellilli		plication Number 3 -6755
ale: Each block represents 10 fee	et and 1 inch = 40 feet	
		+++++++++++++++++++++++++++++++++++++++
	+++++++++++++++++++++++++++++++++++++++	
	Of A forth	
	Made	
		++++++
otes		
ite Plan submitted by	Min O Biskop II	master contractor
lan Approved	Not Approved	Date 1/1/23
y_ (E)	77 E52 Col.,	County Health Departme

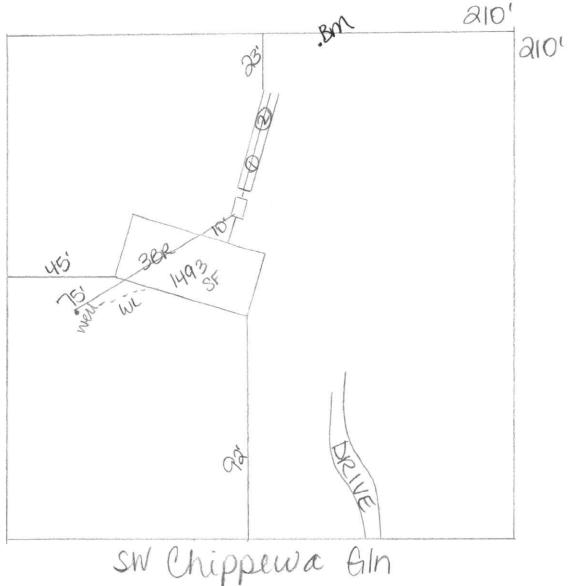
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated: 62-6 004 F.A.C.

#23-0755



Sellitti 10-23-23 1in=40ft



Willia D. Bishop IF