

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-0501

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

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

*Roach*

*See  
Attached*

Notes: \_\_\_\_\_

Site Plan submitted by:

*K. Keen*

Agent:

Owner:

Date:

*5/27*

Plan Approved ☒

Not Approved ☐

Date

*5/28/21*

By

*[Signature]*

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

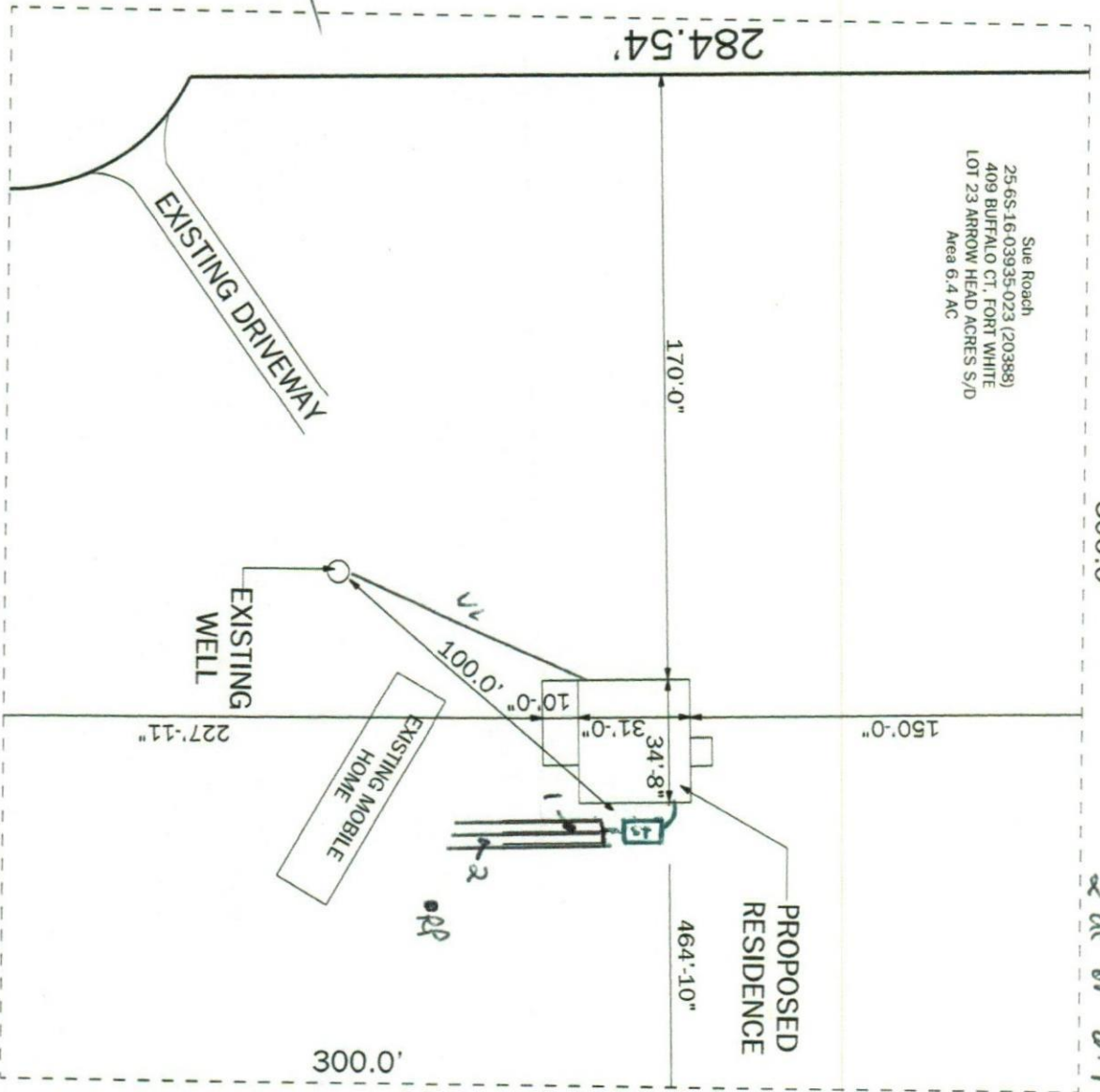
21-0501

*[Signature]*  
05-25-2021

Sue Roach  
25.65-16-03935-023 (20388)  
409 BUFFALO CT, FORT WHITE  
LOT 23 ARROW HEAD ACRES S/D  
Area 6.4 AC

300.0'

2 ac of 6.4



# SITE PLAN

SCALE: 1" = 50'

*[Signature]*  
19-2064  
5-25-21





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

FW

PERMIT NO: 21-0501  
DATE PAID: 5/27/21  
FEE PAID: \$10.00  
RECEIPT #: 1666859

APPLICATION FOR:

[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Sue Roach

AGENT: RODNEY WADE - WADE CUSTOM HOMES TELEPHONE: 352 949 8785

MAILING ADDRESS: 1431 E Wade St. Trenton, FL 32693

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: 23 BLOCK: SUBDIVISION: Arrowhead Acres PLATTED:

PROPERTY ID #: 25-65-16-03935-023 ZONING: I/M OR EQUIVALENT: [Y] [ ]

✓ PROPERTY SIZE: 6.4 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] ≤2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 409 Buffalo Ct Fort White 32038

DIRECTIONS TO PROPERTY: See Attached

BUILDING INFORMATION

[X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SFR	2	1073	
2				
3				
4				

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

SIGNATURE: [Signature]

DATE: 5/25/2021

DH 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC





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

PERMIT #: 12-SC-2296699  
APPLICATION #: AP1666859  
DATE PAID: 5/22/21  
FEE PAID: 3000  
RECEIPT #:  
DOCUMENT #: PR1567341

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: SUE\*\*21-0501 ROACH  
PROPERTY ADDRESS: 409 BUFFALO Fort White, FL 32038  
LOT: 23 BLOCK: SUBDIVISION: Arrowhead Acres  
PROPERTY ID #: 03935-023 [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 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 [ 250 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [x] STANDARD [ ] FILLED [ ] MOUND [ ]

I CONFIGURATION: [x] TRENCH [ ] BED [ ]

N

F LOCATION OF BENCHMARK: Nail w/ pink ribbon in tree SE of site.

I ELEVATION OF PROPOSED SYSTEM SITE [ 18.00 ] [ INCHES ] FT [ ] ABOVE / BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 30.00 ] [ INCHES ] FT [ ] ABOVE / BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [ 6.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] INCHES

O The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 200 gpd.

T

H

E

R

SPECIFICATIONS BY: Kameron Keen TITLE: CEHP

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 05/28/2021 EXPIRATION DATE: 11/28/2022

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC

*Handwritten signature*