



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

FW

PERMIT NO. 24-0738
DATE PAID: 10/2/24
FEE PAID: 310.00
RECEIPT #: 2157435

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Gina Beritis

AGENT: Dda Price

EMAIL: will@pricenterprise.com

MAILING ADDRESS: 33601 50th Place Lake City FL 32024

TELEPHONE: 386-963-4248

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: 28+29 UNIT: 19 SUBDIVISION: Three Rivers Estates

PLATTED: _____

PROPERTY ID #: 00-00-00-01173-000

ZONING: AG-3

I/M OR EQUIVALENT: ☐ Y / ☒ N

PROPERTY SIZE: 1.836 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N

DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 1801 SW Central Terrace Fort White FL 32038

DIRECTIONS TO PROPERTY: Hwy 47 to 27 right on 27, left onto SW Utan St, ① SW Newark Dr ② Montana Pl ③ ④ SW Central Terrace Neighboring address: 645 SW Central Terrace

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
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1	<u>INSTALLMENT</u>	<u>3</u>	<u>1144</u> (checked)	<u>Proposed new 1248 sqft total</u>
2				
3				
4				

☒ Floor Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 9/24/24

STATE OF FLORIDA
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Permit Application Number 24-0738

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

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

SEE
Attached
SITE PLAN

Notes: _____

Site Plan submitted by: [Signature] 9/24/24

Plan Approved [Signature] Not Approved _____ Date 10/1/24

By [Signature] ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT #: **12-SC-3014286**
APPLICATION #: **AP2159435**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2168821**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: GINA**24-0738 DERITIS
PROPERTY ADDRESS: 721 SW CENTRAL Fort White, FL 32038
LOT: 28,29 BLOCK: _____ SUBDIVISION: 3 Rivers Est U-19
PROPERTY ID #: 01173-000 [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 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 _____ 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 with orange ribbon in tree near site

I ELEVATION OF PROPOSED SYSTEM SITE [23.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [47.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L

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

O 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.
T
H Nitrogen-reducing system installed to comply with current or future spring BMAP requirements.
E Nitrogen-reducing NSF-245 certified aerobic treatment unit.
R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP
APPROVED BY: Kyle B Roberts TITLE: Environmental Manager Columbia CHD
DATE ISSUED: 10/07/2024 EXPIRATION DATE: 04/07/2026

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