



SYSTEM (OSTDS)



APPLICATION FOR CONSTRUCTION PERMIT

	Existing Sys: Abandonment	tem [] Holdin	g Tank	[]	Innova	tive
APPLICANT: Alexis and Jos							
AGENT:		***************************************		TELEDH	ONE :	(386) 26	6-9890
MAILING ADDRESS: PO Box	987 High Spring	s, FL 32655			ONL .		
TO BE COMPLETED BY APPLIC BY A PERSON LICENSED PUR APPLICANT'S RESPONSIBILI PLATTED (MM/DD/YY) IF RE	SUANT TO 489.10 TY TO PROVIDE D	5(3)(m) OR OCUMENTATIO	489.552, F	LORIDA ST	TATUT	ES. IT I AS CREAT	S THE ED OR
PROPERTY INFORMATION			ost	DS REMED	IATIO	N PLAN?	[Y/W]
LOT: BLOCK:	SUBDIVISION:				P	LATTED:	08/21/202
PROPERTY ID #: 18-7S-17-	10017-016	ZONING	: A-3	I/M OR E	QUIVA	LENT: [Y / 🕅]
PROPERTY SIZE: 4.01 ACR	ES WATER SUPPL	Y: [×] PRI	VATE PUBI	IC []<	=2000	GPD []	>2000GPD
IS SEWER AVAILABLE AS PE	R 381.0065, FS?	[Y/W]		DISTANC	E TO	SEWER:	FT
PROPERTY ADDRESS: 2938 S							
DIRECTIONS TO PROPERTY:					90) T	URN LE	T ON TO
		No. 10 and 10 an					
	TO SOUTHWES	T STATE RO	DAD 47 (FL	47 SOUT	ГН) М	ERGE SI	LIGHT LEF
TURN SLIGHT RIGHT ON			OAD 47 (FL	47 SOUT	ГН) М	ERGE SI	LIGHT LEF
TURN SLIGHT RIGHT ON TURN RIGHT ON TO OAK	RIDGE STREET	(CR 778)				ERGE SI	LIGHT LEF
TURN SLIGHT RIGHT ON TURN RIGHT ON TO OAK	RIDGE STREET	(CR 778)	[] 0	OMMERCIA	L		
TURN SLIGHT RIGHT ON TURN RIGHT ON TO OAK BUILDING INFORMATION Unit Type of	RIDGE STREET [×] RESI	(CR 778) DENTIAL Building	[] 0	OMMERCIA	L	al Syste	
TURN SLIGHT RIGHT ON TURN RIGHT ON TO OAK BUILDING INFORMATION Unit Type of	[×] RESI	(CR 778) DENTIAL Building Area Sqft	[] C	OMMERCIA	L	al Syste	
TURN SLIGHT RIGHT ON TURN RIGHT ON TO OAK BUILDING INFORMATION Unit Type of No. Establishment Single Family	[×] RESI	(CR 778) DENTIAL Building Area Sqft	[] C	OMMERCIA	L	al Syste	
TURN SLIGHT RIGHT ON TURN RIGHT ON TO OAK BUILDING INFORMATION Unit Type of No. Establishment Single Family	[×] RESI	(CR 778) DENTIAL Building Area Sqft	[] C	OMMERCIA	L	al Syste	
TURN SLIGHT RIGHT ON TURN RIGHT ON TO OAK BUILDING INFORMATION Unit Type of No. Establishment Single Family 2 3	[×] RESI	(CR 778) DENTIAL Building Area Sqft	[] C	OMMERCIA	L ution 62-6,	al Syste FAC	m Design
TURN SLIGHT RIGHT ON TURN RIGHT ON TO OAK BUILDING INFORMATION Unit Type of No. Establishment Single Family 2 3 4	RIDGE STREET [x] RESI No. of Bedrooms 3	CR 778) DENTIAL Building Area Sqft 2400	[] C Commercia Table I,	OMMERCIA	L ution 62-6,	al Syste FAC	
TURN SLIGHT RIGHT ON TURN RIGHT ON TO OAK BUILDING INFORMATION Unit Type of No. Establishment Single Family 2 3	RIDGE STREET [x] RESI No. of Bedrooms 3	CR 778) DENTIAL Building Area Sqft 2400	[] C Commercia Table I,	OMMERCIA	L ution 62-6,	al Syste FAC	m Design



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

PERMIT #: 12-SC-2888364

APPLICATION #: AP2062516

DATE PAID: 4/8/24

FEE PAID: 415.00

RECEIPT #:____

DOCUMENT #: PR2076574

CONSTRUCTION PERMIT	OR: OSTDS New		
APPLICANT: ALEXIS**	The state of the s		
PROPERTY ADDRESS:	2938 SW CR 778 Fort White, FL 32038		
LOT:	BLOCK: SUBDIVISION:	ntenna distriction in the	
PROPERTY ID #: 100	7-016 [SE	CTION, TOWNSHIP, RANGE, PARCE TAX ID NUMBER]	EL NUMBER]
SATISFACTORY PERFORMHICH SERVED AS A PERMIT APPLICATION. ISSUANCE OF THIS	CHAPTER 64E-6, F.A.C. DEPARTMENT	TIME. ANY CHANGE IN T, REQUIRE THE APPLICANT THIS PERMIT BEING MADE ANT FROM COMPLIANCE WITH	NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
A [] GALLONS N [] GALLONS K [] GALLONS D [500] SQUARE R [] SQUARE	s / GPDNew Multi-Chambered Septic	CAPACITY APACITY SINGLE TANK:1250 GALLE B @[]DOSES PER 24 HRS	accessory v.
	[x] TRENCH [] BED []		
	Nail in power pole SW of system site		
E BOTTOM OF DRAINFIE	ED SYSTEM SITE [7.00] [INCHES / FT INCHES / FT] [ABOVE BELOW] BENCHMARK/RE	
	[0.00] INCHES EXCAVATION REQUIRE 3 bedrooms with a maximum occupancy of 6 persons		flow of
SPECIFICATIONS BY:	Sean P Havens TITI	E: Environmental Specialist I	
APPROVED BY:	Sean P Havens	l Specialist I	Columbia CHD
DATE ISSUED:	04/10/2024	EXPIRATION DATE:	10/10/2025
DEP 4015, 06-21-2022 Incorporated 62-6.00	(Obsoletes previous editions which may n	ot be used)	Page 1 of 3



STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

PART II - SITEP	LAN			
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	7			
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	XX,			
	X			
	Con the state of t			
	$\langle \mathcal{A} \rangle$			
	P /			
tes:				
e Plan submitted by: Alexis Deen				

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.

County Health Department

