



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

PERMIT NO: 22-02224
DATE PAID: 3/15/22
FEE PAID: 310.00
RECEIPT #: 811652

APPLICATION FOR:

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

APPLICANT: (Ellen) Misty Everett

AGENT: Jason Brent Wamsright

TELEPHONE: 386-418-0424

MAILING ADDRESS: 12426 NW US HWY 441 ALACHUA FL 32015

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: 16 BLOCK: _____ SUBDIVISION: Sassafras Acres PLATTED: _____

PROPERTY ID #: 30-7S-17-10068-016 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 6.5 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: 733 SW CR-138 Ft. White 32038

DIRECTIONS TO PROPERTY: Take 47 S, TL on 27, TR on 138, property on R.

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>SFR</u>	<u>3</u>	<u>1780</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 3-16-22

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-2479169**
APPLICATION #: **AP1811652**
DATE PAID: **3.10.22**
FEE PAID: **310.00**
RECEIPT #:
DOCUMENT #: **PR1744698**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: MISTY**22-0224 EVERETTE
PROPERTY ADDRESS: 733 SW CR 138 Fort White, FL 32038
LOT: 16 BLOCK: SUBDIVISION: SASSAFRAS ACRES
PROPERTY ID #: 100068-016 [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 [375] SQUARE FEET drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Surveyor's BM 47.2 NAVD

I ELEVATION OF PROPOSED SYSTEM SITE [7.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [7.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [18.00] 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
E
R

SPECIFICATIONS BY: Kameron Keen TITLE: CEHP

APPROVED BY: Sallie A Ford TITLE: Environmental Health Director Columbia CHD

DATE ISSUED: 03/23/2022 EXPIRATION DATE: 09/23/2023

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

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

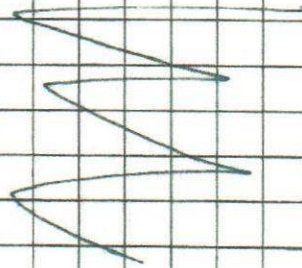
Permit Application Number 22-0024

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

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

Everette

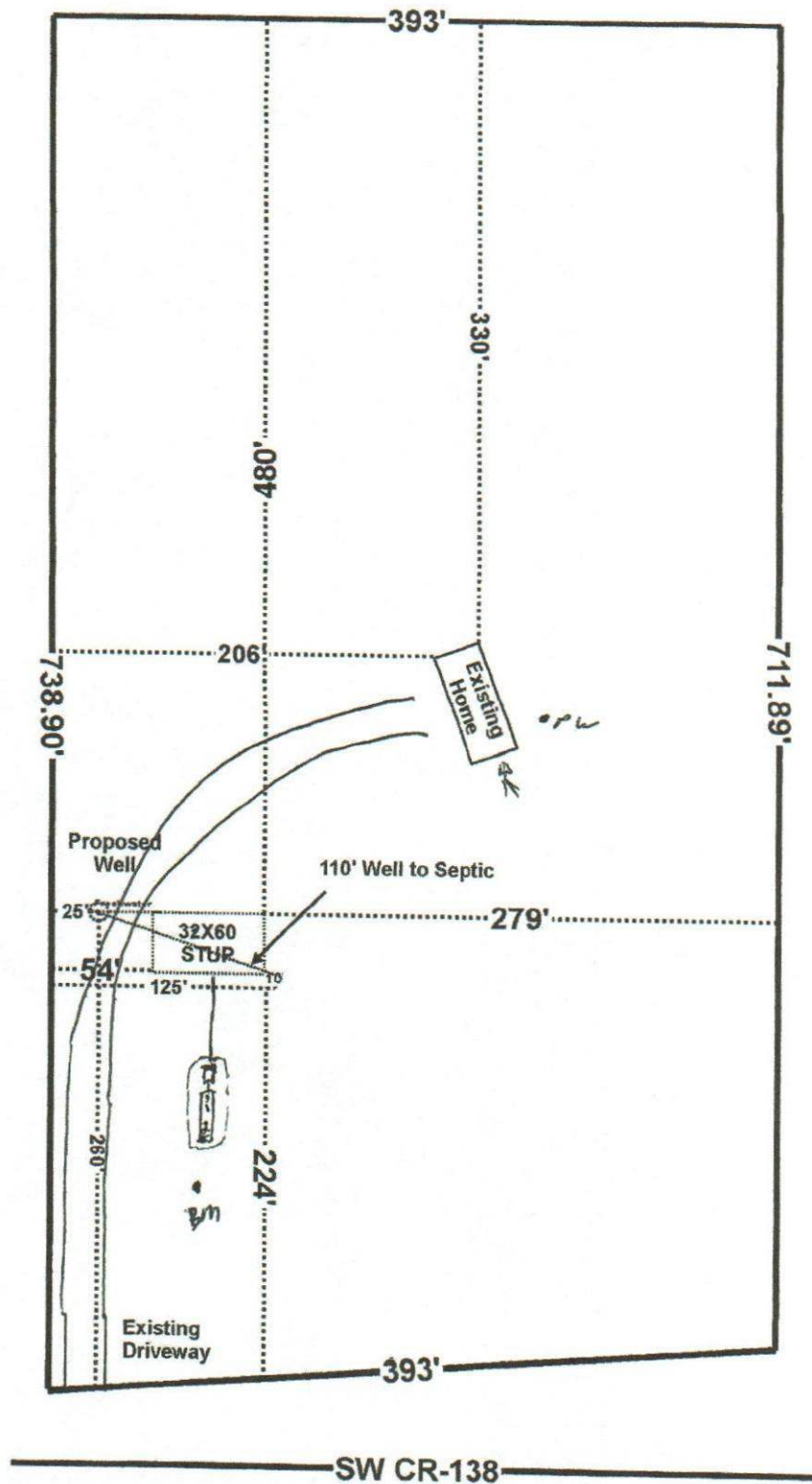
See
Attached



Notes: _____

Site Plan submitted by: Amerson Chen Agent: ☒ Owner: _____ Date: _____
Plan Approved ☒ Not Approved _____ Date 3/22/22
By [Signature] CS2 COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



22-0224

Hammer Keen
21-2064
3-16-22

JB
3-16-22

Misty Everett
Parcel: 30-7S-17-10068-016
Sassafrass Acres S/D Lot 16

Scale 1" = 100'

Brody Pack
2/28/22