



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

PERMIT NO. 23-0749
DATE PAID: 10/25/23
FEE PAID: 318.00
RECEIPT #: 2007431

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Rogelio and Ana Maria Cabrera EMAIL: office.newsomesepic@gmail.com

AGENT: Newsome Well & Septic TELEPHONE: 352-339-9153

MAILING ADDRESS: 12718 NW 77th Terrace, Alachua, FL 32615

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: NA BLOCK: NA SUBDIVISION: Metes and Bounds PLATTED: _____

PROPERTY ID #: 04-7S-16-04131-003 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☒ N

PROPERTY SIZE: 10 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: 175 SW Mount Hope Drive, Fort White, FL 32038

DIRECTIONS TO PROPERTY: SR 47 South right SW Mount Hope Drive on right

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
1	Mobile Home	3	1,440	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Kyle Myers DATE: 10/13/2023

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

Incorporated 62-6.004, FAC

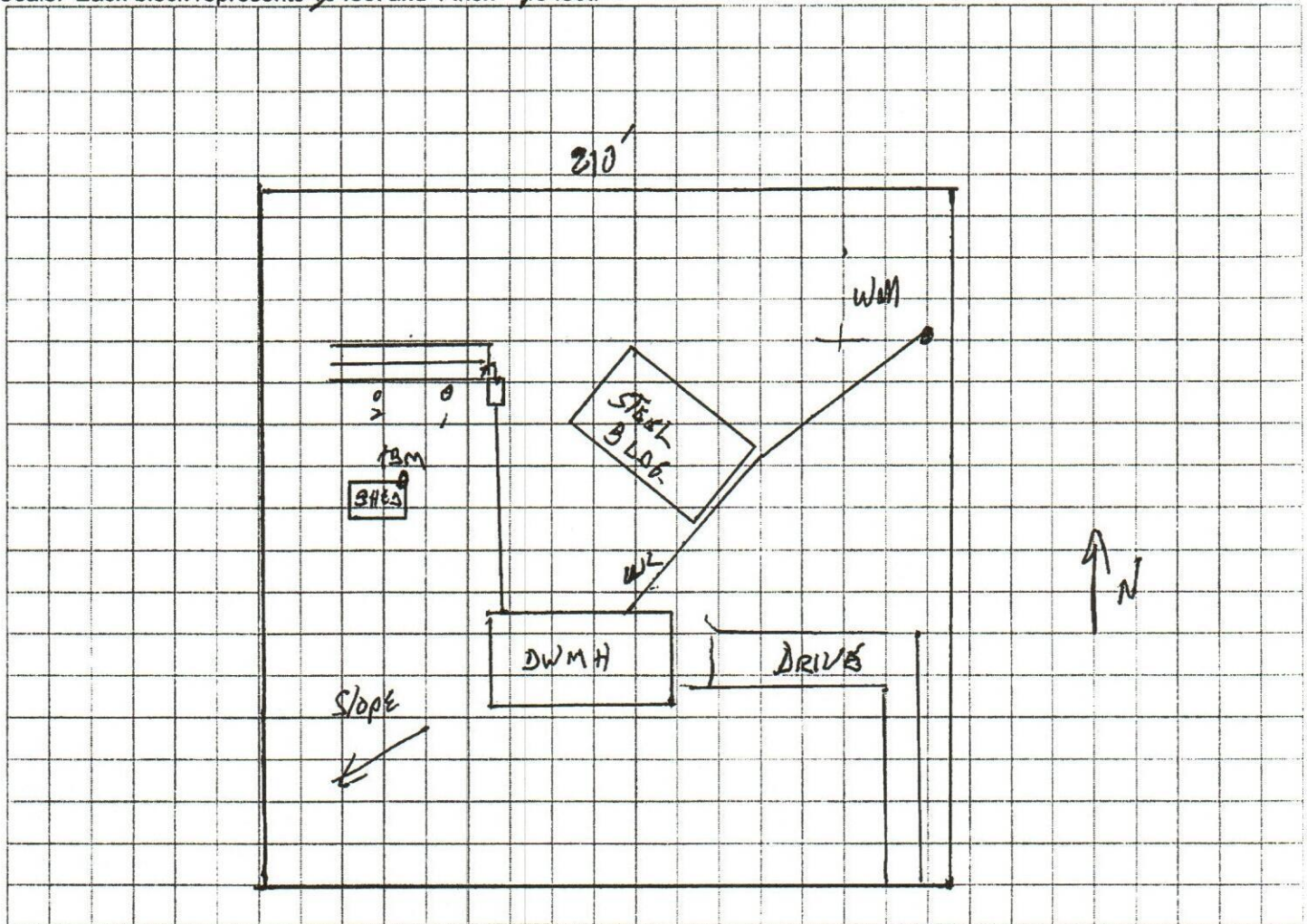
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----- PART II - SITEPLAN -----

Scale: Each block represents ¹²⁵~~10~~ feet and 1 inch = ⁵⁰~~40~~ feet.



Notes: 1 ACRES out of 10 Acres SEE AOT ATTACHED

Edward Rumbarger CENP 23-0608
Site Plan submitted by: Kyle Myers

Plan Approved [Signature] Not Approved _____ Date 10/26/23
By _____ County Health Department

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.