



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

PERMIT #: 12-SC-4070731
 APPLICATION #: AP2284840
 DATE PAID: _____
 FEE PAID: _____
 RECEIPT #: _____
 DOCUMENT #: PR2368340

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: ADAM**26-0065 SERVICE

PROPERTY ADDRESS: SW SCENIC Fort White, FL 32038

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 03801-007 [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 New Multi-Chambered Septic 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 [] _____

F LOCATION OF BENCHMARK: Nail with red ribbon in oak near site

I ELEVATION OF PROPOSED SYSTEM SITE [13.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
 E BOTTOM OF DRAINFIELD TO BE [31.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

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

O
 T
 H
 E
 R

The system is sized for 1 bedrooms with a maximum occupancy of 2 persons (2 per bedroom), for a total estimated flow of 200 gpd.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

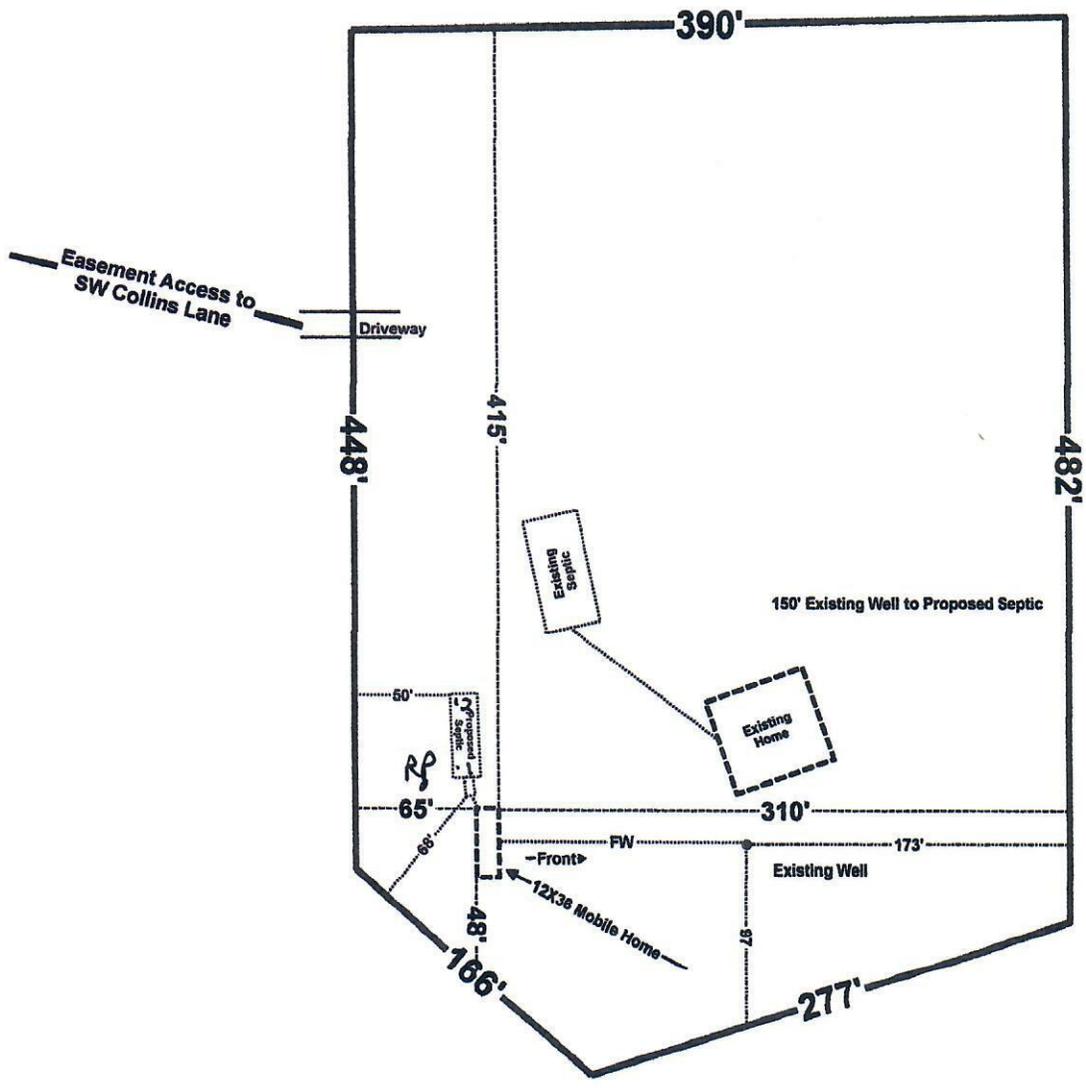
APPROVED BY:  TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 01/23/2026 EXPIRATION DATE: 07/23/2027

216-0805

SW Collins Lane

Brody Pack
12/10/25



Kimberly & Adam Service
Parcel: 08-6S-16-03801-007
TBD SW Scenic Ct Ft White, FL

Scale 1" = 100'
5.01 Acres

Kamear Keen
 25-2064
 12-10-25

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 26-005

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

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

See

*See
attached*

Notes:

Site Plan submitted by:

K. Keen

Plan Approved

Not Approved

Date 1/23/26

By

[Signature]

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 05-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004, F.A.C.

FW



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

PERMIT NO. 26-0065
DATE PAID: 11/2/25
FEE PAID: 1080
RECEIPT #: 2784897

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
- Repair Abandonment Temporary _____

APPLICANT: Adam Service EMAIL: _____

AGENT: Keen Permitting LLC TELEPHONE: 352-356-1333

MAILING ADDRESS: 474 NE 628th ST. Old Town, FL. 32680

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 08-6s-16-03801-007 ZONING: _____ I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: PRIVATE PUBLIC $\leq 2000\text{GPD}$ $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? Y / N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: SW Scenic Ct, Ft White 32038

DIRECTIONS TO PROPERTY: TL on NW Main Blvd, TR on FL-47 S,
TR on SW Herlong St, TL on Junction Rd, TL on SW Collins Ln,
TR on SW Scenic Ct, property on L

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	<u>SFR-MH</u>	<u>1</u>	<u>432</u>	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Floor/Equipment Drains Other (Specify) _____ (CVD 12/10/25)

SIGNATURE: Homean Cleed 25-2064 DATE: 12/10/25