



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 23-0148
DATE PAID: 2/23/23
FEE PAID: 60.00
RECEIPT #: AP1939020

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Robert T + Brenda Newton EMAIL: fbgbuddy@hotmail.com

AGENT: Dale Houston TELEPHONE: 786-972-4157

MAILING ADDRESS: 20300 SW 344th Street Homestead, FL 33034

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: 6 BLOCK: _____ SUBDIVISION: River Bend PLATTED: _____

PROPERTY ID #: 26-75-16-04335009 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 4.57 ACRES WATER SUPPLY: [PRIVATE] PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 218 SW Dana Glenn Fort White, FL 32038

DIRECTIONS TO PROPERTY: _____

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	New Mobile Home	3	1456	
2	Old Mobile Home	3	1248	
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

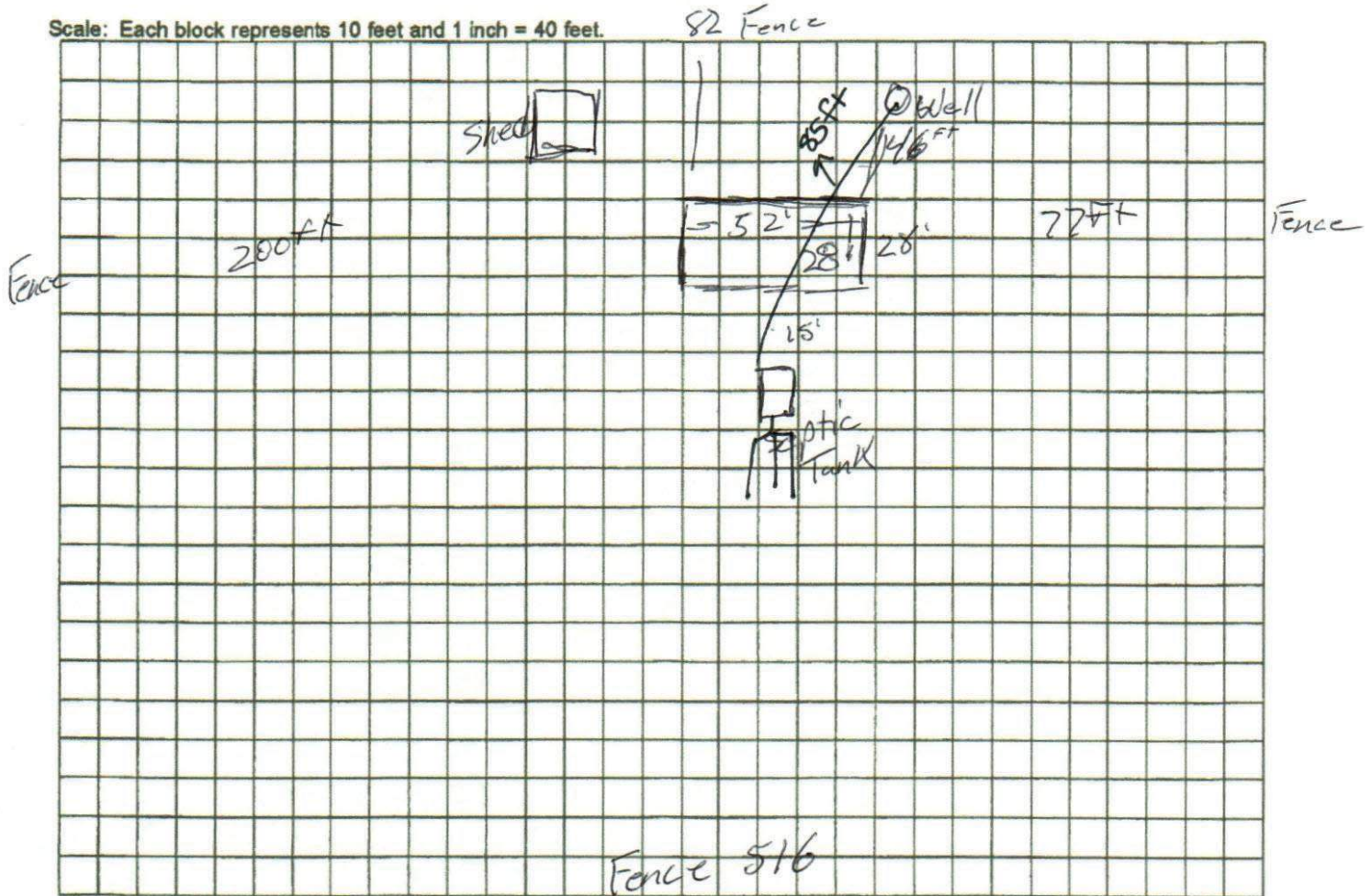
SIGNATURE: Brenda Lee Newton DATE: 2-23-2023

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

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



Notes: _____

Site Plan submitted by: Robert J. Hunter

Plan Approved Not Approved _____ Date 2/23/23
By Sallie Ford EHP Director - Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT