



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

PERMIT NO. 24-0669  
DATE PAID: 8/28/24  
FEE PAID: 310.00  
RECEIPT #: 2120419

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: JOHN KEEN

EMAIL: NFLSEPTICTANK@COMCAST.NET

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 32025

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: THORNWOOD PLATTED: ---

PROPERTY ID #: 34-6S-16-04056-106 ZONING: --- I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 1.25 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 263 SW GREENWOOD TER, 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	SHOP 30'x60'	0	1800	1 BATHROOM 8X10
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) ---

SIGNATURE: Robert Ford III

DATE: 8-26-2024

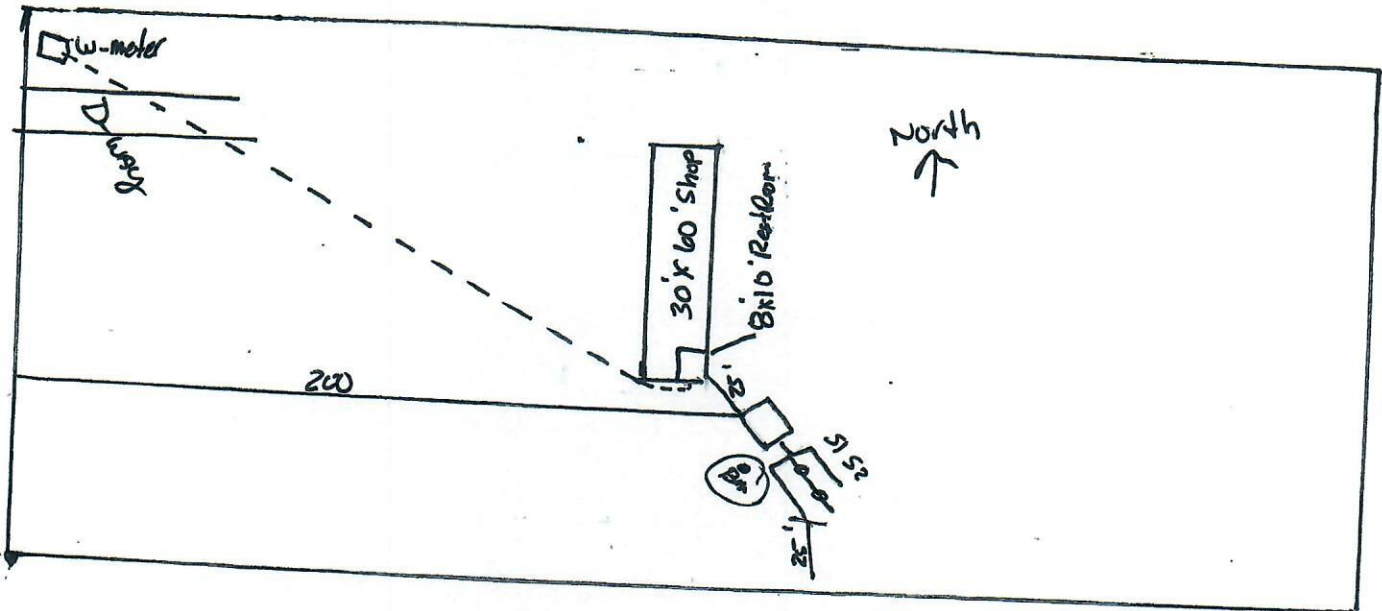
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STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

1"=50'

Permit Application Number 24-0469

PART II - SITEPLAN



Notes:

Site Plan submitted by: Robert Fred 999 8-26-2024

Plan Approved ☒

Not Approved ☐

Date 8/27/24

By

ES2

Columbian

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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Incorporated: 62-6.004, F.A.C.





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



PERMIT #: 12-SC-2973516  
APPLICATION #: AP2122619  
DATE PAID: 8/28/24  
FEE PAID: 310.00  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2142792

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: JOHN\*\*24-0669 KEEN

PROPERTY ADDRESS: 263 SW GREENWOOD Fort White, FL 32038

LOT: 6 BLOCK: \_\_\_\_\_ SUBDIVISION: Thornwood

PROPERTY ID #: 04056-106 [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 [ ]

N

F LOCATION OF BENCHMARK: 10" oak tree west of site

I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 54.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

L

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

O The system is sized for 1 bedrooms with a maximum occupancy of 2 persons (2 per bedroom), for a total estimated flow of 100 gpd.

T

H

E

R

SPECIFICATIONS BY: Robert Ford

TITLE: Master Contractor

APPROVED BY: Sean P Havens

TITLE: Environmental Specialist I

Columbia CHD

DATE ISSUED: 08/29/2024

EXPIRATION DATE: 02/28/2026

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