



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

PERMIT NO. 25-0963  
DATE PAID: 12-15-25  
FEE PAID: 1310.00  
RECEIPT #: 2281557

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Katherine Gerard

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: — BLOCK: — SUBDIVISION: —

PLATTED: —

PROPERTY ID #: 05-18-17-09908-008

ZONING: — I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [ ]  $\leq 2000$  GPD [ ]  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / ☒ ]

DISTANCE TO SEWER: — FT

PROPERTY ADDRESS: TB.D SW Bethlehem Ave, Ft. White FL

DIRECTIONS TO PROPERTY: 441 south to CR 131 1/2 follow to the end cross over CR 18 follow to SW Bethlehem 1/2 follow to site across from Cemetery.

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>MH</u>             | <u>3</u>        | <u>1493</u>        |                                                                   |
| 2        |                       |                 |                    |                                                                   |
| 3        |                       |                 |                    |                                                                   |
| 4        |                       |                 |                    |                                                                   |

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

SIGNATURE: Robert Ford

DATE: 12-15-2025



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

PERMIT #: **12-SC-4065204**  
APPLICATION #: **AP2281557**  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: **PR2365013**

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: KATHERINE\*\*25-0963 GERARD

PROPERTY ADDRESS: BETHLEHAM AVE. Fort White, FL 32038

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

PROPERTY ID #: 09908008

[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: [X] STANDARD [ ] FILLED [ ] MOUND [ ]

I CONFIGURATION: [X] TRENCH [ ] BED [ ]

F LOCATION OF BENCHMARK: 18" oak tree S. 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: [ 0.00 ] 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: Robert Ford TITLE: Master Contractor

APPROVED BY: Dustin W Jones TITLE: Environmental Supervisor I Columbia CHD

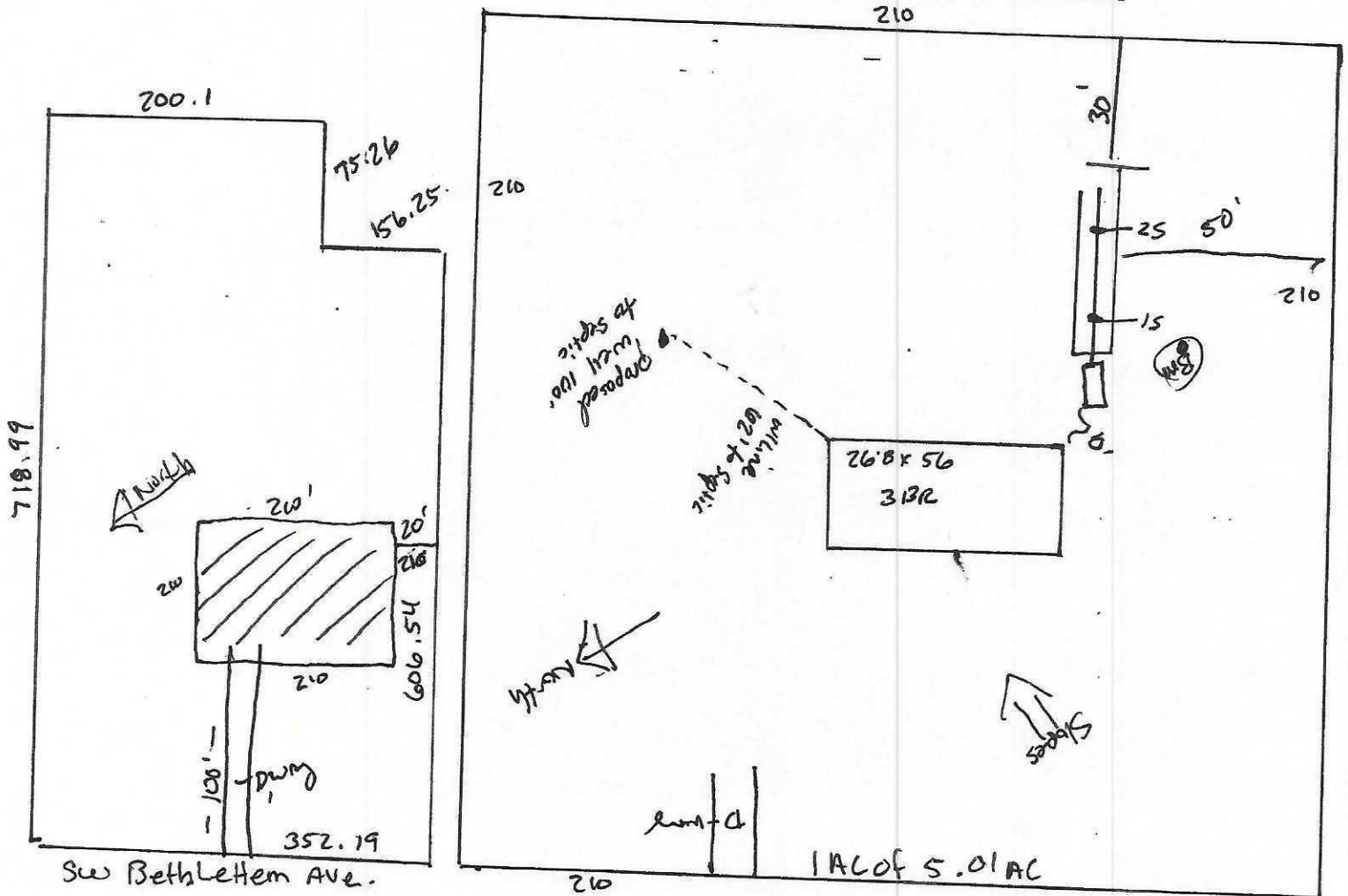
DATE ISSUED: 12/24/2025 EXPIRATION DATE: 06/24/2027

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)  
Incorporated 62-6.004, FAC

$$1' = 40'$$

Gerard

- PART II - SITEPLAN



Notes:

Site Plan submitted by: Peabody Ford 999 12-15-2025

~~Plan Approved~~

Not Approved

Date 12/24/25  
County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

DEF 4015, 06-21-2022 (Obsoletes previous editions which may not be used)  
Incorporated: 62-6.004, F.A.C.