



# FW

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

PERMIT NO: 21-0900  
DATE PAID: 11/21/21  
FEE PAID: 318.00  
RECEIPT #: 1241215

APPLICATION FOR:

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

APPLICANT: JAMES KARMERIS JR (C&G)

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FLA 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

LOT: 5    BLOCK: -    SUBDIVISION: ICHETUCKNEE FARMS    PLATTED:

PROPERTY ID #: 05-6S-16-03777-009    ZONING:     I/M OR EQUIVALENT: ☒ No ☐

PROPERTY SIZE: 13.59 ACRES    WATER SUPPLY: ☒ PRIVATE    PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ No ☐    DISTANCE TO SEWER:  FT

PROPERTY ADDRESS: 268 SW KINARD CT, FW FLA

DIRECTIONS TO PROPERTY: TL on 415, bear R on 415, TR on Herlong St  
bear R on Kinard Ct, to 268

BUILDING INFORMATION

☒ RESIDENTIAL    ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	MH	4	2027	
2				
3				
4				

☐ Floor/Equipment Drains    ☐ Other (Specify)

SIGNATURE: Robert Ford (IN)

DATE: 10/28/21

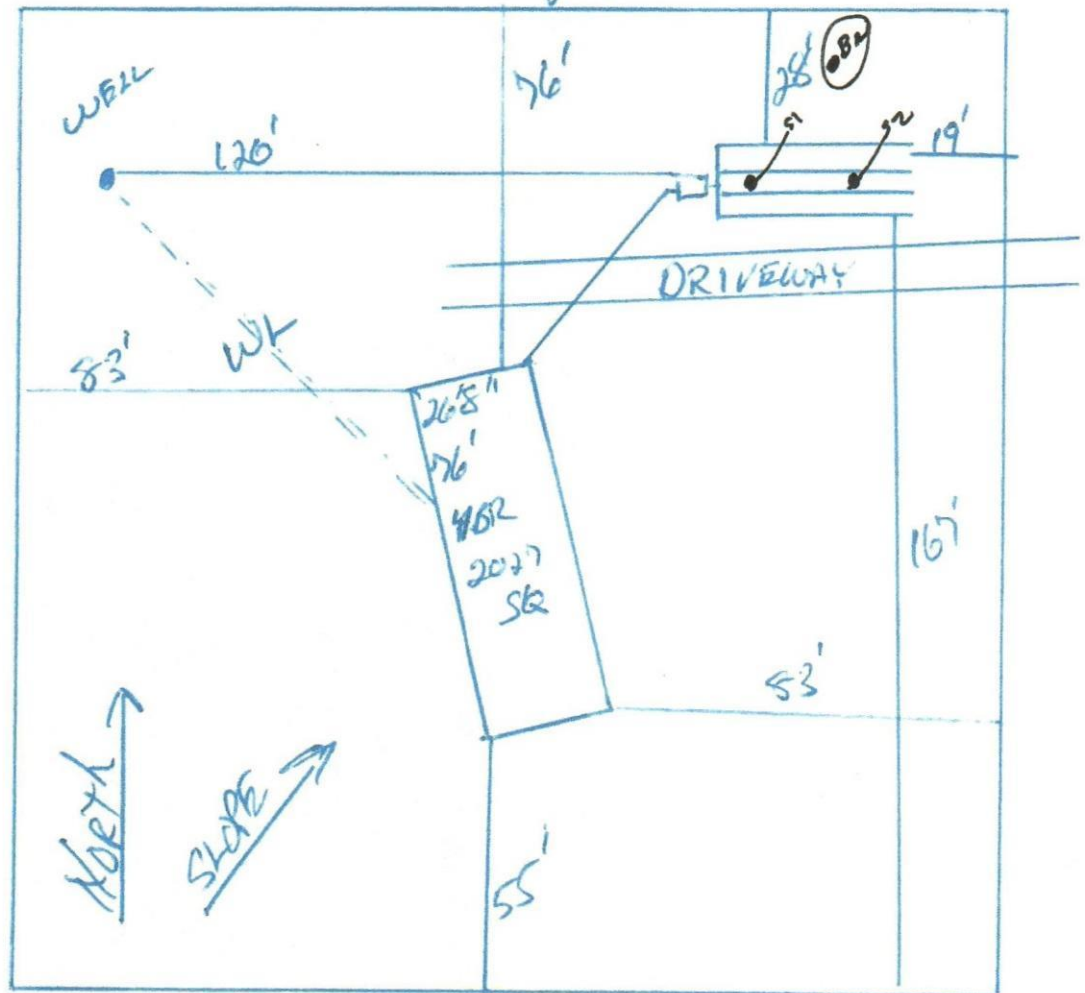
STATE OF FLORIDA  
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KARMERIS

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: \_\_\_\_\_

4 of 13.59 Acres SEE ATTACHED

Site Plan submitted by: \_\_\_\_\_

CONTRACTOR

Plan Approved X Not Approved \_\_\_\_\_

Date 4/2/21

By [Signature] Columbo County Health Department

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





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

PERMIT #: 12-SC-2415827  
APPLICATION #: AP1761215  
DATE PAID: 11/2/21  
FEE PAID: 30.00  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1677512

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: JAMES\*\*21-0900 KARMERIS JR  
PROPERTY ADDRESS: 268 SW KINARD Fort White, FL 32038  
LOT: 5 BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 03777-009 [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 [ 1,050 ] 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 [ 500 ] 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: oak tree N. 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 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of  
T 400 gpd.  
H  
E  
R

SPECIFICATIONS BY: WILLIAM D BISHOP TITLE: SA0890009; SM0081587  
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD  
DATE ISSUED: 11/02/2021 EXPIRATION DATE: 05/02/2023  
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC