



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

PERMIT #: 12-SC-4069633
APPLICATION #: AP2284177
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2367263

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: KRISTIE**26-0018 AUGUSTINO
PROPERTY ADDRESS: 500 SW OLD NIBLACK Ave Fort White, FL 32038
LOT: 34 BLOCK: _____ SUBDIVISION: Parker Woods
PROPERTY ID #: 07076-134 [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 [375] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [*] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [*] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: Nail in tree w/ green ribbon N of system site
I ELEVATION OF PROPOSED SYSTEM SITE [28.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [58.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

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.

SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist II

APPROVED BY:  TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 01/15/2026 EXPIRATION DATE: 07/15/2027

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



FW

SSO 007607305

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

PERMIT NO.
DATE PAID:
FEE PAID:
RECEIPT #:
[Handwritten numbers and signatures]

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- [x] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: KRISTIE AUGUSTINO EMAIL: SUNPERMITS@OUTLOOK.COM

AGENT: CHRISTINA CANTRELL TELEPHONE: 386-871-9556

MAILING ADDRESS: 2218 FLAGLER PROMENADE WAY #102, MAITLAND, FL 32751

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: 34 BLOCK: SUBDIVISION: PARKER WOODS PLATTED: 10/7/92

PROPERTY ID #: 36-6S-16-04076-134 ZONING: AE I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: TBD SW OLD NIBLACK AVE FORT WHITE, FL 32038

DIRECTIONS TO PROPERTY: 217 NE Franklin St., Lake City, FL 32055
Head west on NE Franklin St toward NE Calhoun Ave
Turn left onto US-441 S/N Marion Ave., Continue to follow US-441 S
Turn left onto US-41 S/US-441 S., Turn right onto SW Tustenuggee Ave.,
Turn right onto SW Fellowship St., Turn left onto SW Old Niblack Ave
498 SW Old Niblack Ave
Fort White, FL 32038

BUILDING INFORMATION

[x] RESIDENTIAL [] COMMERCIAL

Table with 5 columns: Unit No., Type of Establishment, No. of Bedrooms, Building Area Sqft, Commercial/Institutional System Design Table I, Chapter 62-6, FAC. Row 1: 1, NEW MOBILE HOME, 3/2, 849.

RECEIVED
DEC 30 2025

BY: [Signature]

[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: Christina Cantrell DATE: 12/19/25

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0018

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

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

SEE ATTACHED SITE PLAN

Notes: _____

Site Plan submitted by: Christina Cantrell - Sunpermits@outlook.com *Christina Cantrell*
386-871-9556

Plan Approved Not Approved Date 1/15/26
By  Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT