



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

PERMIT NO. 21-0665
DATE PAID: 7/30/21
FEE PAID: 3100
RECEIPT #: 12-P10-S107440

APPLICATION FOR:

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

APPLICANT: RAYMOND KNEPPAR (IRONWOOD)

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: 9 BLOCK: PHS 1 SUBDIVISION: INDIAN RIDGE PLATTED: _____

PROPERTY ID #: 32-2S-16-01809-109 ZONING: _____ I/M OR EQUIVALENT: ☒ No ☐

PROPERTY SIZE: 5.04 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 316 NW TOMOKA CT, LAKE CITY FLA 32055

DIRECTIONS TO PROPERTY: TR on 41N, TL on NW Bascom Norris Dr, TR on Lake Jeffery, TR on Leonia Way, TR on Indian Ridge, TL on Tomoka Ct to 316

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	M/HOME	5	2027	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

Robert Ford III

DATE: 07/28/21



STATE OF FLORIDA
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SYSTEM

PERMIT #: 12-SC-2336593
APPLICATION #: AP1701061
DATE PAID: 7/30/21
FEE PAID: 3/600
RECEIPT #: 12-PID-507440
DOCUMENT #: PR1599813

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: Raymond**21-0665 Kneppar

PROPERTY ADDRESS: 316 NW Tomoka Ct Lake City, FL 32024

LOT: 9 BLOCK: SUBDIVISION: INDIAN RIDGE PH-1

PROPERTY ID #: 32-3S-16-01809-109

[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 [1,200] GALLONS / GPD New 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 [575] SQUARE FEET New drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []

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

F LOCATION OF BENCHMARK: Nail in 6" oak tree W of site

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

E BOTTOM OF DRAINFIELD TO BE [36.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [6.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 5 bedrooms with a maximum occupancy of 10 persons (2 per bedroom), for a total estimated flow of 460 gpd.
T
H
E
R

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor

APPROVED BY: Kelli C Roger TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 07/30/2021 EXPIRATION DATE: 01/30/2023

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

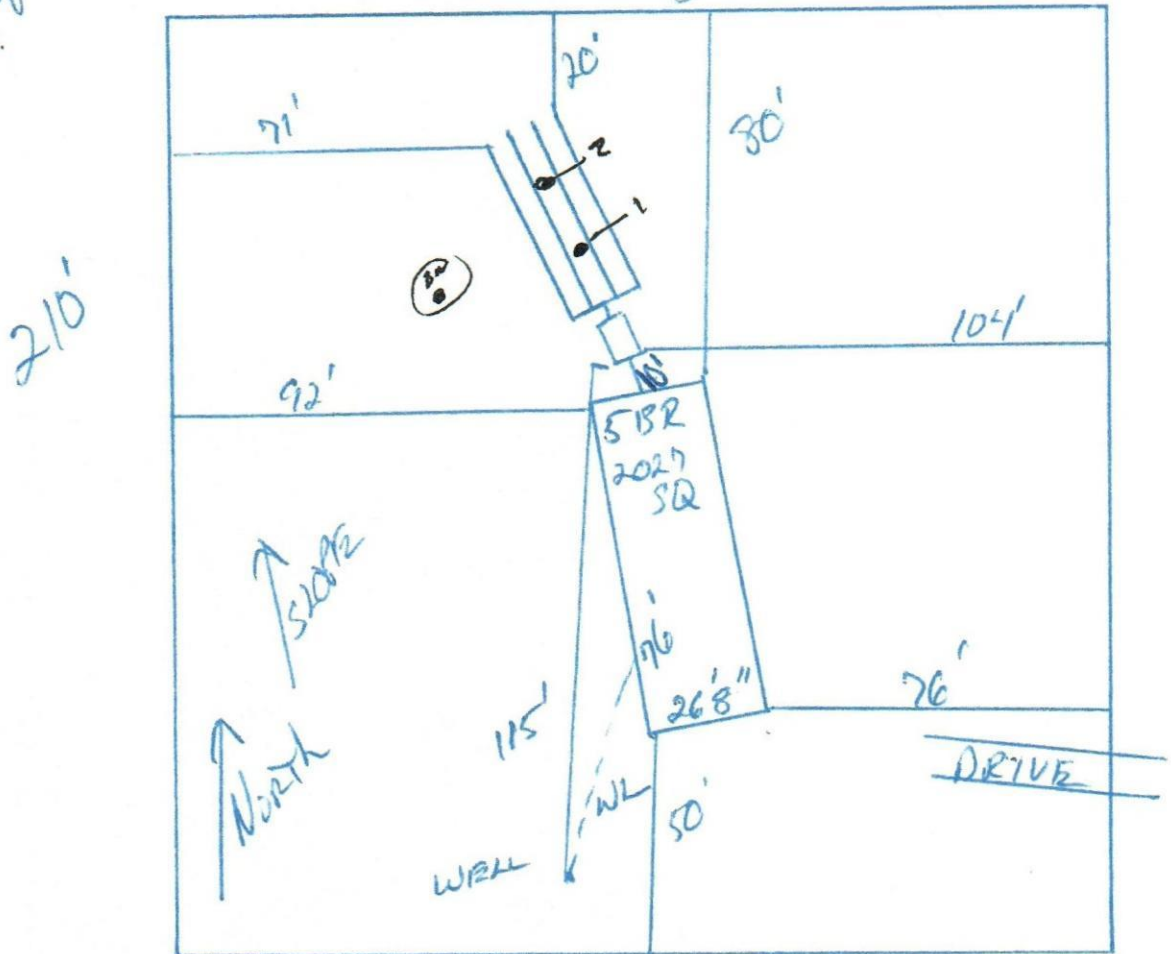
Incorporated: 64E-6.003, FAC

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Permit Application Number 210665

Kurppa ----- PART II - SITEPLAN ----- 210'

Scale: 1 inch = 40 feet.



Notes: 1 of 5.04 ACRES PLEASE SEE ATTACHED

Site Plan submitted by [Signature] CONTRACTOR
Plan Approved [Signature] Not Approved _____ Date 7/30/21
By Kelley Reg Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT