



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

PERMIT NO. 21-0858  
DATE PAID: 10/19/21  
FEE PAID: 310.00  
RECEIPT #: 1757988

APPLICATION FOR:

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

APPLICANT: Dmitry Korshykau

AGENT: ROBERT FORD III, NORTH FLORIDA SEPTIC TANK INC;

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE State Rd 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

LOT: 1 BLOCK: 1 SUBDIVISION: NA PLATTED: \_\_\_\_\_

PROPERTY ID #: 10-25-17-04699-000 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 4.75 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 184 NE Pikes Way, Lake City

DIRECTIONS TO PROPERTY: 441 N, to Thomas Camp Rd, TR to pikes way TL to site on (L)

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	<u>RV</u>	<u>RV</u>	<u>8'X30'</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Robert Ford III

DATE: 10-18-2021



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
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SYSTEM  
CONSTRUCTION PERMIT

PERMIT #: **12-SC-2411200**  
APPLICATION #: **AP1757988**  
DATE PAID: **10/19/21**  
FEE PAID: **810.00**  
RECEIPT #:  
DOCUMENT #: **PR1675666**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: DZMITRY\*\*21-0858 KORSHYKAU

PROPERTY ADDRESS: 184 NE PIKES Lake City, FL 32055

LOT:                      BLOCK:                      SUBDIVISION:                     

PROPERTY ID #: 04699-000 [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 [ 150 ] GALLONS DOSING TANK CAPACITY [ 33.00 ] GALLONS @ [ 6 ] DOSES PER 24 HRS #Pumps [ 1 ]

D [ 500 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM

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

I CONFIGURATION: [x] TRENCH [ ] BED [ ]

N

F LOCATION OF BENCHMARK: pine 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 [ 6.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [ 36.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] 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 200 gpd. Performing Lift Dosing. Pumps must be certified as suitable for distributing sewage effluent.

T

H \*\*PER CONTRACTOR: Customer requests system to be sized for 500GPD for future home.

E

R

SPECIFICATIONS BY: WILLIAM D BISHOP TITLE: SA0890009; SM0081587

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 10/25/2021 EXPIRATION DATE: 04/25/2023

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

Incorporated: 64E-6.003, FAC

v 1.1.4

AP1757988

SE1611240

**Mail body: Fw: korshykau- permit**

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— Forwarded Message —

**From:** N FLORIDA SEPTIC <nflseptic tank@comcast.net>

**To:** khomich\_a@yahoo.com <khomich\_a@yahoo.com>

**Sent:** Monday, October 25, 2021, 11:51:23 AM EDT

**Subject:** Fwd: korshykau- permit

*Thank you,*

*Amanda @ NFST, INC*

*386-755-6372*

*741 SE State Road 100*

*Lake City, Fla 32025*

*nflseptic tank@comcast.net*

— Original Message —

**From:** "Ford, Sallie" <Sallie.Ford@flhealth.gov>

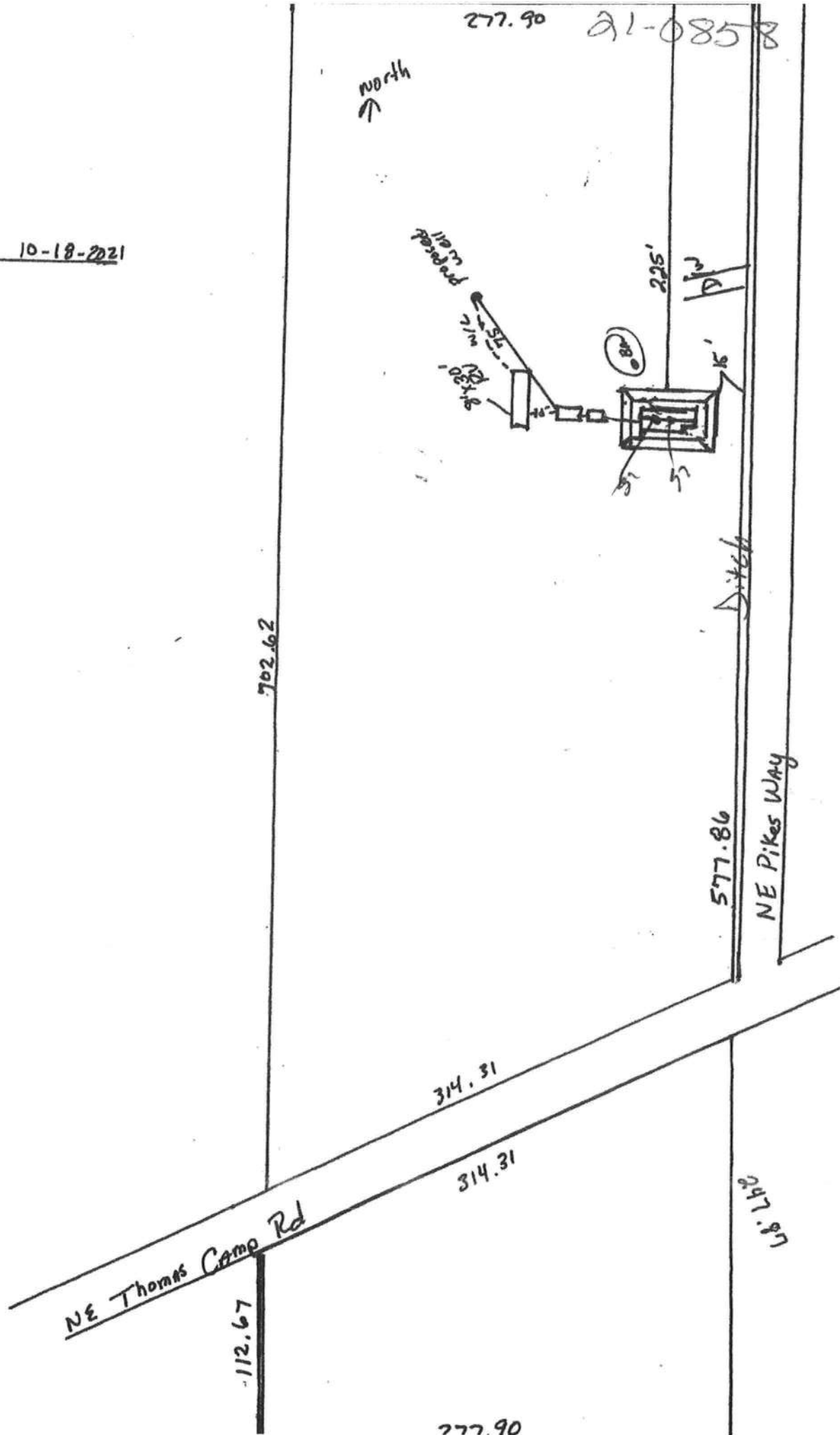
**To:** N FLORIDA SEPTIC <nflseptic tank@comcast.net>

**Date:** 10/25/2021 11:31 AM

**Subject:** korshykau

1" = 80'

Robert W Fend III 10-18-2021



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-0858

1"=80'

SEE  
ATT

Notes:

The Plan submitted by: Robert W. Ford III, Dore 10-18-2021

I have Approved ☒

Not Approved ☐

Date 10/25/21

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT