



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

CR # 24-00724

PERMIT NO. 15-0785
DATE PAID: 12/8/05
FEE PAID: 218.00
RECEIPT #: 2271205

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: RICHARD & SANDRA STECKBECK EMAIL: Accounting@sparksconstruction.com

AGENT: SPARKS CONSTRUCTION TELEPHONE: (386) 752-5218

MAILING ADDRESS: 184 N. MARION AVE. LAKE CITY FL 32055

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: 1 BLOCK: N/A SUBDIVISION: COMMANDER ROW UNIT 2 PLATTED: _____

PROPERTY ID #: 12-4S-16-02935-161 ZONING: RES I/M OR EQUIVALENT: NO]

PROPERTY SIZE: 1.500 ACRES WATER SUPPLY: PRIVATE PUBLIC]<=2000GPD [>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? NO] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: COMMANDER CT. LAKE CITY

DIRECTIONS TO PROPERTY: **TAKE 90 WEST . TURN LEFT ON SISTERS WELCOME RD. TURN LEFT ON SW LOCKHEED LN. TURN LEFT AT RUNWAY. 1ST LOT ON LEFT.**

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
1	<u>HOUSE</u>	<u>3</u>	<u>2,859</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature] DATE: _____



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

E-MAILED

J. Spivey
10/10/25

PERMIT #: 12-SC-4037040
APPLICATION #: AP2271365
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2345573

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: RICHARD**25-0785 STECKBECK
PROPERTY ADDRESS: 929 COMMANDER Ct Lake City, FL 32024
LOT: 1 BLOCK: _____ SUBDIVISION: COMMANDER ROW U-2
PROPERTY ID #: 02935-161 [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 New Multi-Chambered Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [300] GALLONS DOSING TANK CAPACITY [67.00] 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 []

F LOCATION OF BENCHMARK: Nail in 20" oak north of system site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [14.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [28.00] INCHES EXCAVATION REQUIRED: [] 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 400 gpd.
T System to have 2:1 slopes and sodded - Paul
H Performing Lift Dosing.
E Pumps must be certified as suitable for distributing sewage effluent.
R

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

APPROVED BY: *Sean P Havens* TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 10/10/2025 EXPIRATION DATE: 04/10/2027

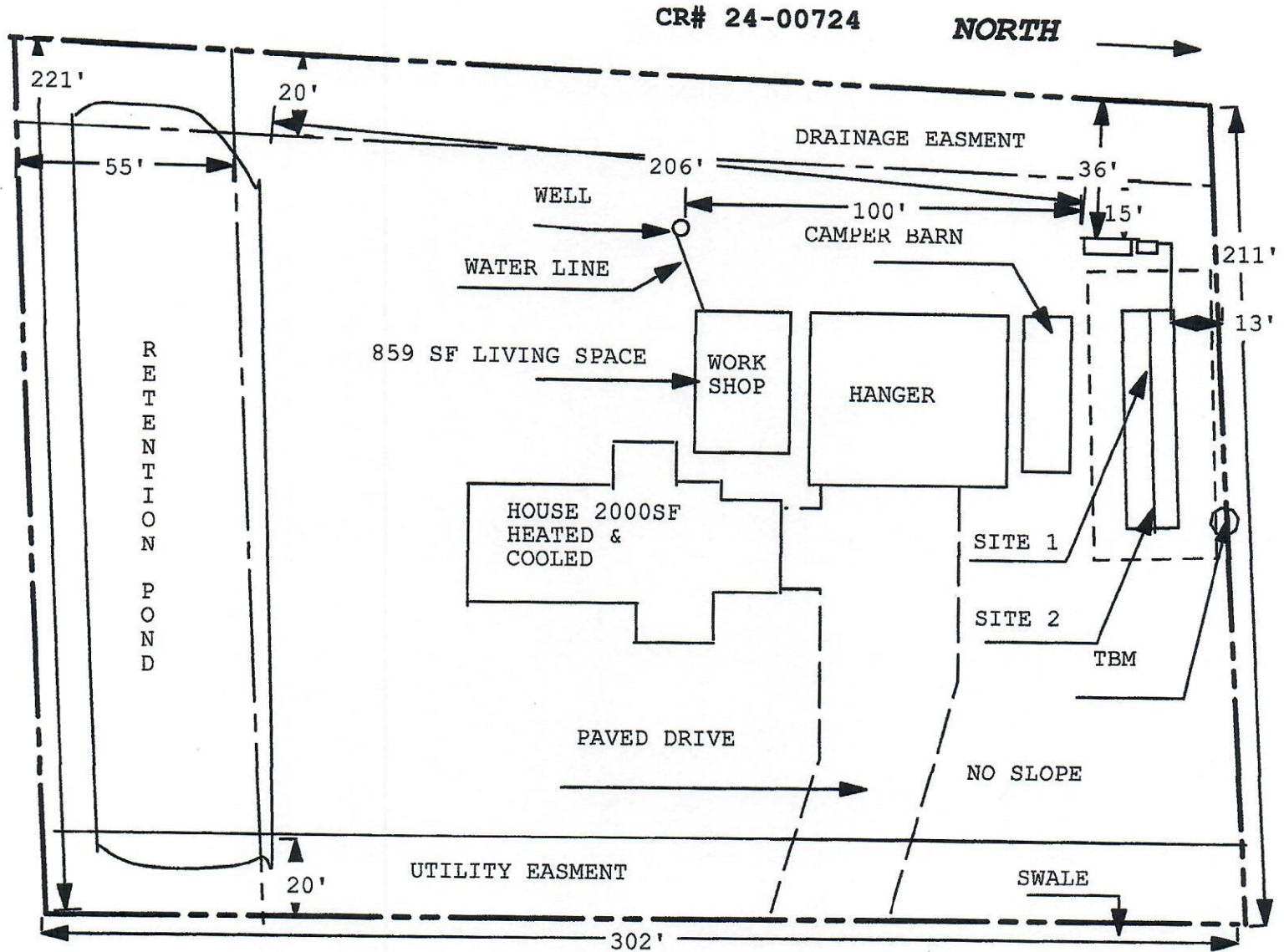
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

KR

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 25-0785

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



1 INCH = 40 FEET

NO WELLS WITHIN 100'

Site Plan Submitted By Paul Ryan Date 7/30/25
 Plan Approved Not Approved Date 10/19/25

By [Signature] Columbia CPHU

Notes: _____