



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

CR # 24-00582

PERMIT NO. 24-00582
DATE PAID: 2-8-24
FEE PAID: 200.00
RECEIPT #: 203131
5/3/25
Amount \$55.00

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: FRANCIS & MARGARET NEYLON

EMAIL: accounting@sparksconstruction.com

AGENT: SPARKS CONSTRUCTION

TELEPHONE: (386) 755-9314

MAILING ADDRESS: 184 N. MARION AVE.

LAK 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: 5&6 BLOCK: N/A SUBDIVISION: EAGLE VIEW

PLATTED: _____

PROPERTY ID #: 11-4S-17-08320-120

ZONING: RES I/M OR EQUIVALENT: ☐ NO ☒

PROPERTY SIZE: 11.600 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☒

DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 356 SE NATURE DR. LAKE CITY

DIRECTIONS TO PROPERTY:

TAKE 90 EAST. TURN RIGHT ON HWY 100. TURN RIGHT CR CR 245. TURN LEFT ON SE NATURE DR. SITE ON RIGHT.

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	HOUSE	6	5,280	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 5/19/25



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

PERMIT #: **12-SC-2838296**
APPLICATION #: **AP2031311**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2040889**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: Margaret**24-0011 NEYLON
PROPERTY ADDRESS: SE NATURE Lake City, FL 32025
LOT: 5 BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 08320-120 [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 [1,350] 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 [725] 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: Nail in 8" oak south of system site
I ELEVATION OF PROPOSED SYSTEM SITE [60.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [79.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 6 bedrooms with a maximum occupancy of 12 persons (2 per bedroom), for a total estimated flow of 580 gpd.
T
H
E
R

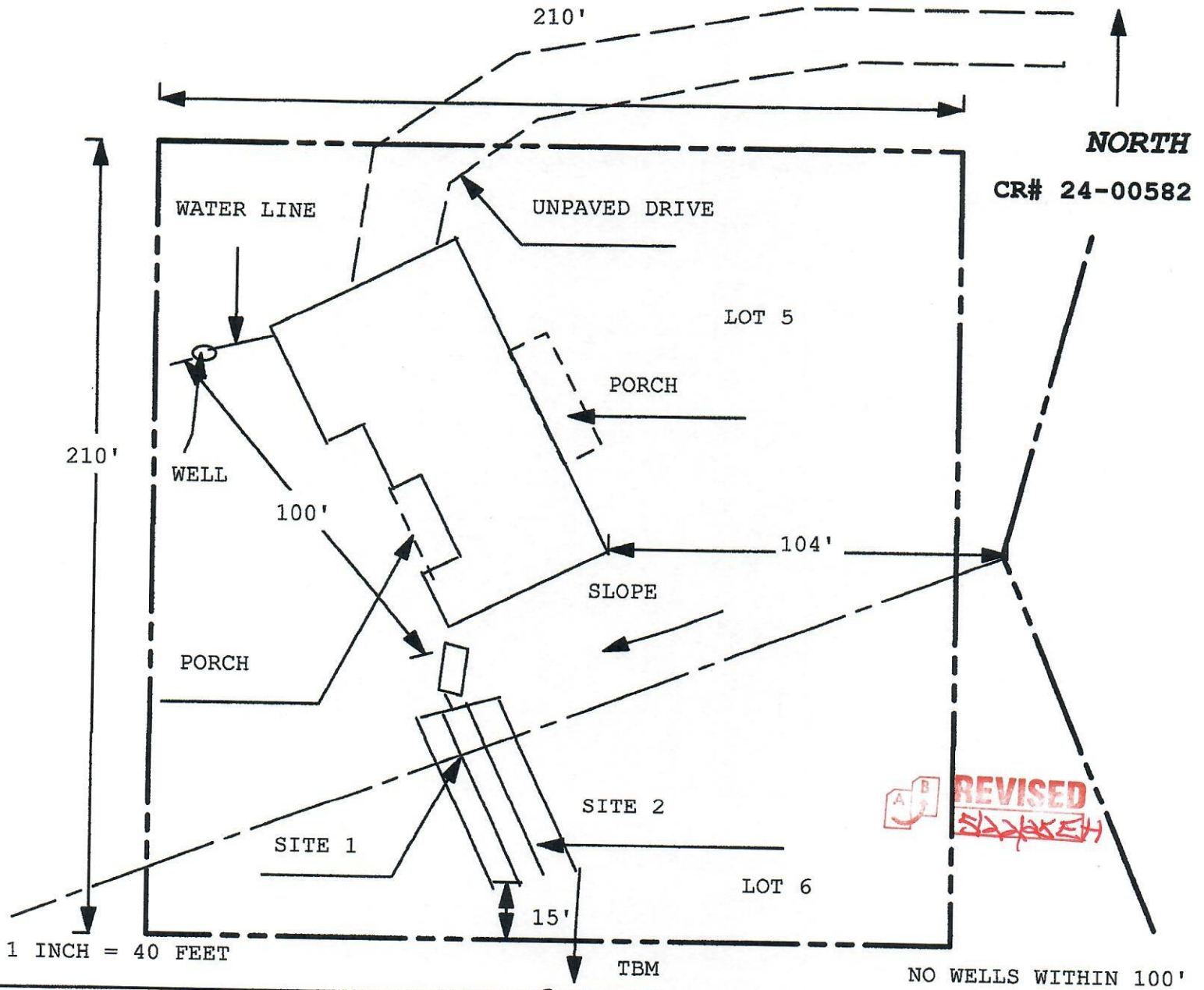
SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 05/27/2025 EXPIRATION DATE: 07/25/2025

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

KN

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 24-0011

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul R. Rapp Date 5/19/25
Plan Approved ☒ Not Approved ☐ Date 5/27/25
by [Signature] Columbia CPHU

Notes: _____