



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

PERMIT NO. 24-0011
DATE PAID: 1-8-24
FEE PAID: 115.00
RECEIPT #: 2231311
431/24 Permit 310.00

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☒ Site visit only

APPLICANT: Francis's Margaret Newton

EMAIL: Jeffreynewton30@gmail.com

AGENT: Sparks Construction Inc Heidi Shaheen

TELEPHONE: 508-274-2082

MAILING ADDRESS: 180 SE BELKY TER 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

OSTDS REMEDIATION PLAN? ☐ Y ☐ N

LOT: 5 BLOCK: _____ SUBDIVISION: EAGLE VIEW PLATTED: _____

PROPERTY ID #: 11-45-17-08320-105 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☐ N

DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 356 SE NATURE DR LAKE CITY FL 32025 LOT 5

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>HOUSE</u>	<u>46</u>	<u>5280</u>	<u>1/28/25</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Margaret Newton DATE: 1-8-24

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0811

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

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

Notes: _____

Site Plan submitted by: Margaret T. Taylor

Plan Approved ☒ Not Approved _____

By [Signature] ES2 Columbia Date 1-8-24

County Health Department
1/25/24

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

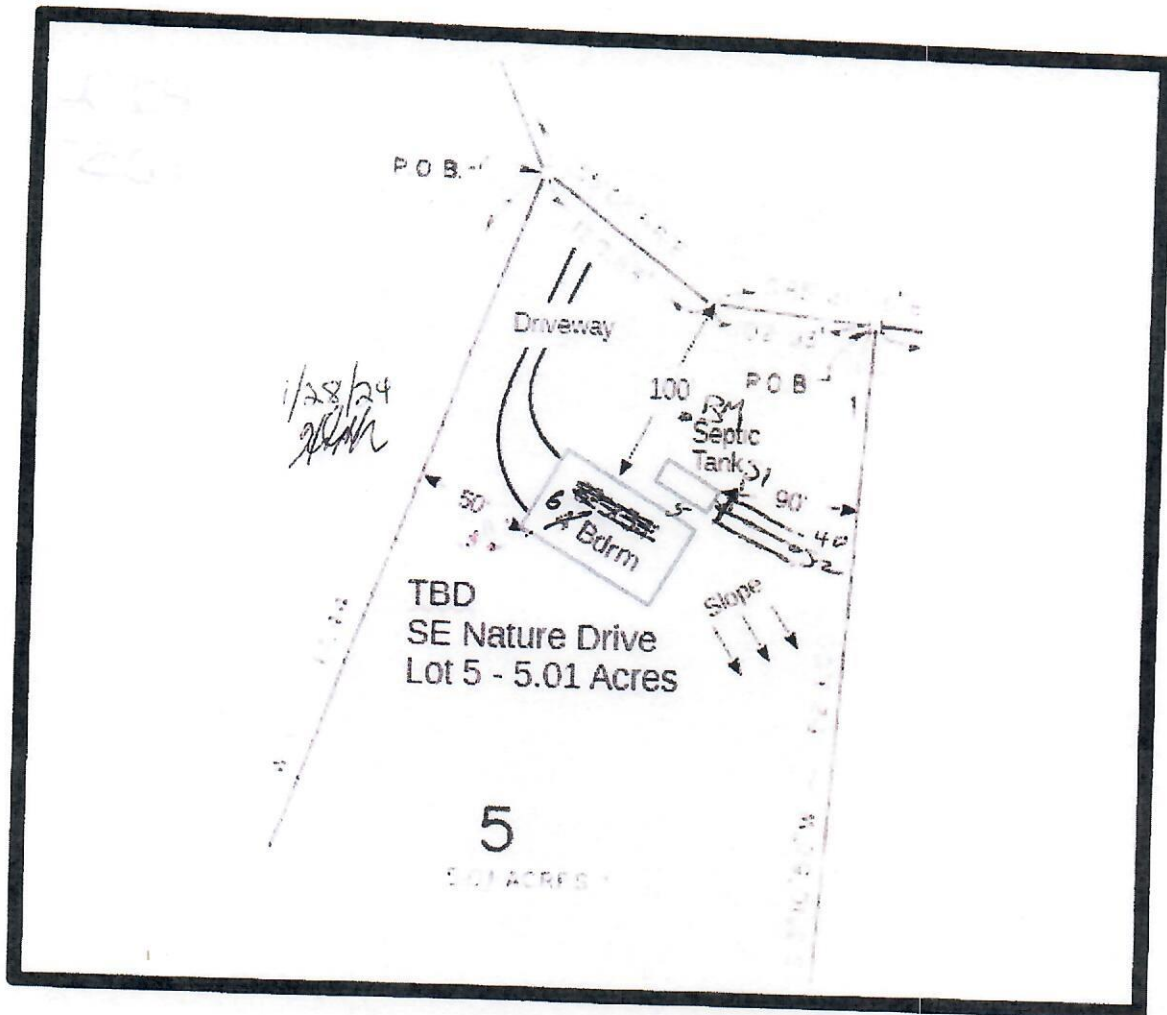
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Incorporated: 62-6.004, F.A.C.

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Margaret T. Taylor 1-31-24

SE Nature Drive – Lot 5

24-0011



SE Nature Drive – Lot 5 – 5.01 Acres
Septic Plot Plan for 4-Bedroom Home
Submitted By: Francis X. Neylon
January 8, 2024
Not to Scale

Margaret T. Neylon 1-31-24



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 tree w/ pink ribbon N of system site

I ELEVATION OF PROPOSED SYSTEM SITE [58.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [76.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O
T
H
E
R
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.

SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist I

APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD
Sean P Havens

DATE ISSUED: 01/31/2025 EXPIRATION DATE: 07/25/2025

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

Incorporated 62-6.004, FAC