



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

PERMIT NO: 25-0778
DATE PAID: 7/31/21
FEE PAID: 60.00
RECEIPT #:

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: NATALLIE LAMNECK

EMAIL: TRICKSOUTHWEST@GMAIL.COM

AGENT: RICK JOHNSON

TELEPHONE: 352 299 6077 LLC. CO.

MAILING ADDRESS: 4802 SW 85 Ave GNV FL 32608

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: _____ BLOCK: _____ SUBDIVISION: M+3 PLATTED: _____

PROPERTY ID #: 73-65-17-07831-112 ZONING: A-1 I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 10.17 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: 929 SW OLD LAKE CITY TR HIGH SPRING

DIRECTIONS TO PROPERTY: 441 S, R ON CR18, LEFT ON OLD LAKE
SITE ON LEFT

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
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1	HOUSE	3	~2000 (1872)	
2	POOL	0	1200	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

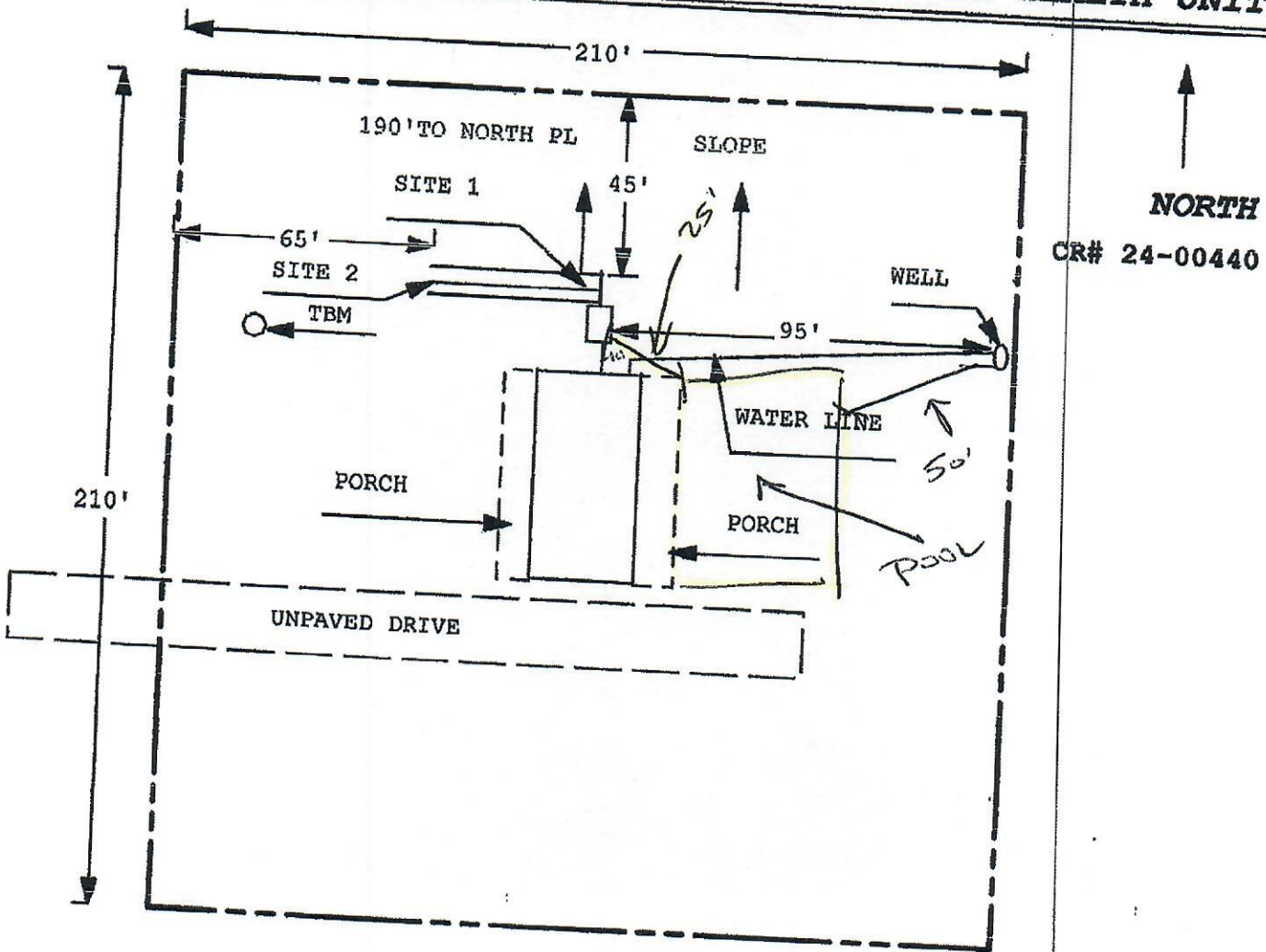
SIGNATURE: Natallie Lamneck DATE: 5-29-2025

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

25-0778

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 25-0133

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



1 INCH = 40 FEET

NO WELLS WITHIN 100'

Site Plan Submitted By Paul [Signature]
Plan Approved [Signature] Not Approved [Signature] Date 2/19/25
By [Signature] Date 2/11/25
Notes: Columbia CPHU