



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

CR # 24-00759

PERMIT NO. 25-0917
DATE PAID: 11/21/25
FEE PAID: 310.00
RECEIPT #: 2278469

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: JOSH SPARKS

EMAIL: accounting@sparksconstruction.com

AGENT: SPARKS CONSTRUCTION

TELEPHONE: (386) 755-9314

MAILING ADDRESS: 184 N. MARION AVE.

LAKE CITY

FL 3205

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: 8 BLOCK: N/A SUBDIVISION: FOREST COUNTRY 6TH ADD. PLATTED: _____

PROPERTY ID #: 21-4S-16-03087-108 ZONING: RES I/M OR EQUIVALENT: NO

PROPERTY SIZE: 0.690 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

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

PROPERTY ADDRESS: 341 PINE HURST DR. LAKE CITY

DIRECTIONS TO PROPERTY: **TAKE US 90 EAST. TURN LEFT ON CR 247. TURN LEFT ON MONK WAY. TURN RIGHT ON SW LONG LEAF DR. TURN LEFT ON SW PINEHURST DR. SITE 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	HOUSE	3	3,309	2708 living + Col Bonus
2				
3				
4				

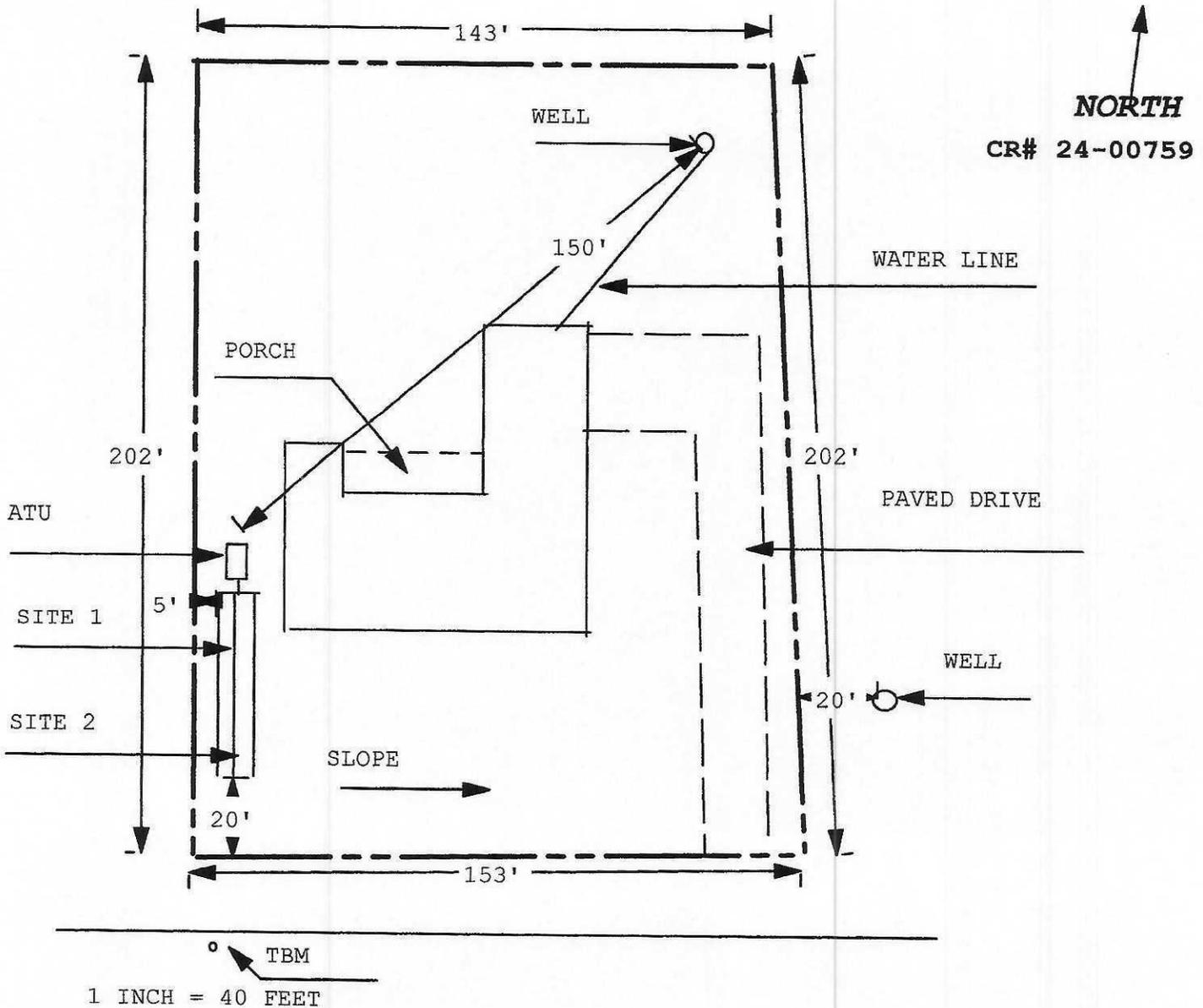
Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature]

DATE: 11/20/2025

**Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan**
 Permit Application Number: 25-0917

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul Rlynd Date 11/19/25
 Plan Approved Not Approved Date 11/24/25
 By [Signature] Columbia CPHU
 Notes: _____



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

PERMIT #: 12-SC-4050094
APPLICATION #: AP2278469
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2360862

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JOSH*25-0917 SPARKS
PROPERTY ADDRESS: 341 PINE HURST Dr Lake City, FL 32024
LOT: 8 BLOCK: _____ SUBDIVISION: FOREST COUNTRY 6TH ADDITION
PROPERTY ID #: 03087-108 [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 [500] GALLONS / GPD Aerobic Treatment Unit 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 [432] 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 road south of system site

I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 460 gpd.
System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
Nitrogen reducing NSF-245 certified aerobic treatment unit required. Maintenance contract and operating permitting also required. Maintenance contract with fee also required before final system approval.

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE
APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 11/24/2025 EXPIRATION DATE: 05/24/2027

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

CK