



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

PERMIT NO: 26-0424  
DATE PAID: 5/15/26  
FEE PAID: 28,886  
RECEIPT #: 225758

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary   

APPLICANT: Judy Neville    EMAIL: nevillej1402@gmail.com

AGENT: \_\_\_\_\_    TELEPHONE: 386-623-4505

MAILING ADDRESS: 404 SE Rolling Hills Dr, 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: 11    BLOCK: \_\_\_\_\_    SUBDIVISION: Troy Pines    PLATTED: \_\_\_\_\_

PROPERTY ID #: 16-43-16-02889-002    ZONING: \_\_\_\_\_    I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: .9 ACRES    WATER SUPPLY:  PRIVATE    PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ]    DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 275 SW Sunrise Way Lake City, FL 32024

DIRECTIONS TO PROPERTY: Brandford Hwy - Right on Troy Rd - pass the light - 2nd left - at end on the 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
1	<u>old home</u>	<u>3</u>	<u>840</u>	
2	<u>mobile home</u>	<u>3</u>	<u>1140</u>	
3				
4				

Floor/Equipment Drains     Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature]    DATE: 5/14/26

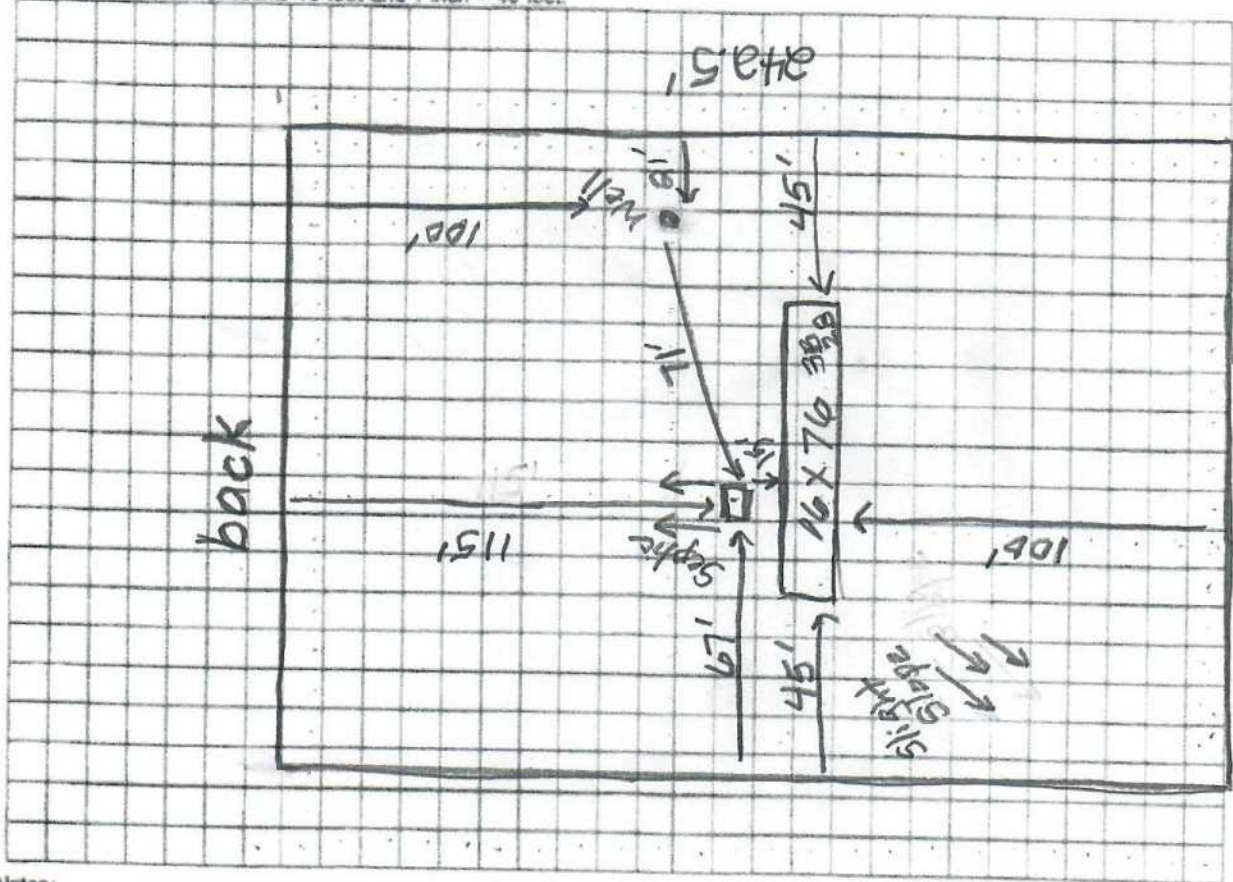
22-0424

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

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



front 145.7'

Sunrise Way - hard road/public

front

Notes:

Site Plan submitted by:

*Smith*

Plan Approved

Not Approved

By

*[Signature]*

Date

*5/22/22*

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)  
Incorporated: 62-6.004, F.A.C.