



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

PERMIT NO. 26-2584
DATE PAID: 7/20/26
FEE PAID: 83.80
RECEIPT #: 2215195

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Leonard C Mangelli EMAIL: _____

AGENT: Southern Accents Woodwork TELEPHONE: (386) 867-6655

MAILING ADDRESS: 899 SW Boyette Ter Lake City FL 32024

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: _____ PLATTED: _____

PROPERTY ID #: 24-58-16-03700-000 ZONING: _____ I/M OR EQUIVALENT ☐ Y / ☐ N

PROPERTY SIZE: 14 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: 172 FT

PROPERTY ADDRESS: 1545 SW Nautilus RD, Lake City FL

DIRECTIONS TO PROPERTY: 47 south head toward michael rd. Turn left onto SW Walter Ave
Turn left onto SW Nautilus Rd 1.2 until 1545 SW

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>Pole Barn</u>	<u>0</u>	<u>1440</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 7/7/2026

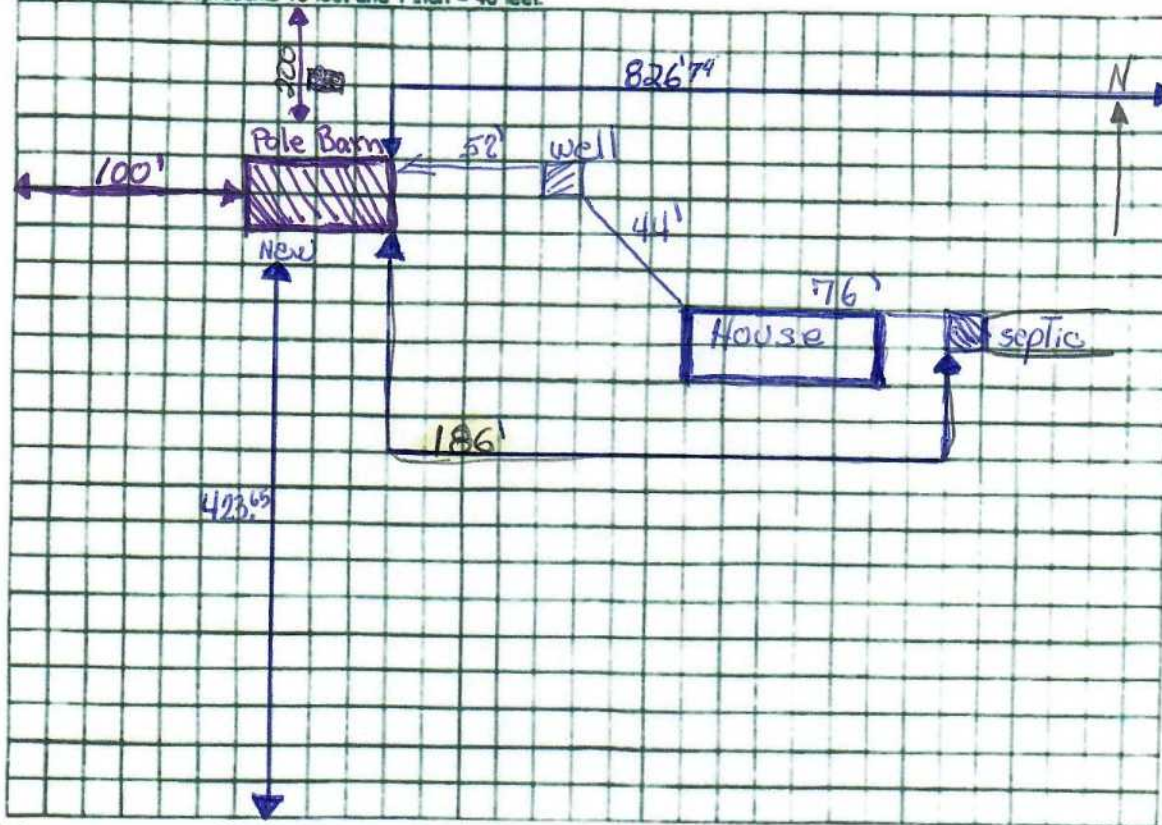
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

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Permit Application Number 76681-26-0584

PART II - SITEPLAN

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



Notes: See attached

Site Plan submitted by: Southern Accents Woodwork

Plan Approved ☒

Not Approved ☐

Date 7/20/26

By [Signature]

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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