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

PERMIT NO. 26-0455
DATE PAID: 2/11/26
FEE PAID: 50.00
RECEIPT #: 2338018

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Trevor Blank EMAIL: lillian@eliteoutdoorbuildings.com

AGENT: Lillian McDaniel TELEPHONE: 386-867-1471

MAILING ADDRESS: 806 SW Blaylock ct, Lake City, FL 32024

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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.

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PROPERTY INFORMATION OSTDS REMEDIATION PLAN? [Y / N]

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 12-55-16-03585-004 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.01 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 806 SW Blaylock ct, Lake City, FL 32024

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	Detached Accessory	Ø	3000	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: _____ DATE: 6.1.26

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

Columbia County Health Department
217 NE Franklin St Lake City, FL 32055

PAYING ON: #: 12-SC-4107308 BILL DOC #: 12-BID-8565721 CONSTRUCTION APPLICATION #: AP2308018

RECEIVED FROM: LILLIAN MCDANIEL AMOUNT PAID: $ 60.00

PAYMENT FORM: CASH PAYMENT DATE: 06/01/2026

MAIL TO: LILLIAN MCDANIEL
HWY 90
Lake City, FL 32024

FACILITY NAME : _____

PROPERTY LOCATION:

TREVOR BLANK 26-0455
806 SW BLAYLOCK
Lake City, FL 32024

Lot: _____ Block: _____

Property ID: 03585-004

EXPLANATION or DESCRIPTION:	QUANTITY	FEE
-1 - COUNTY FEE 1 (OSTDS)	1	$ 25.00
139 - OSTDS Application Approval Existing, No Insp	1	$ 35.00

RECEIVED BY: MobleySJ AUDIT CONTROL NO. **12-PID-8001314**

Note: 26-0455

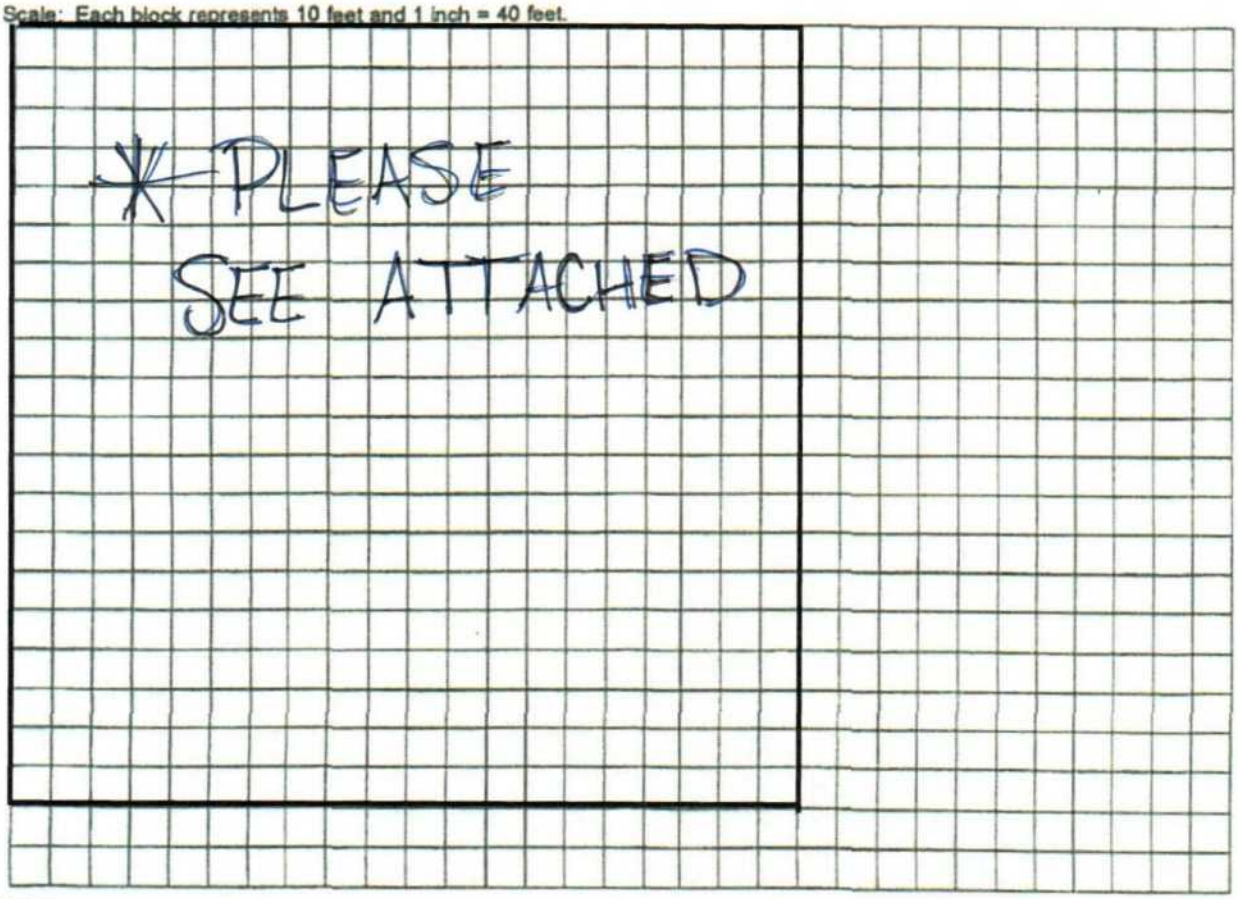
detached accessory OBR 3000 SQ FT

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 26-0455

PART II - SITEPLAN

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



Notes: _____

Site Plan submitted by: Lillian McDaniel

Plan Approved _____ Not Approved _____ Date 6/15/26

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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