



\$205

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 25-0536
DATE PAID: 6/26/25
FEE PAID: \$205.00
RECEIPT #: 2227124

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [X] MOD

APPLICANT: Daniel & Rachel Shelley EMAIL: mandibconstruction@gmail.com

AGENT: A&B Construction Inc. TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dorton St. Ft. White FL 32038

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: 121 BLOCK: Ph. 2 SUBDIVISION: Oaks of Lake City PLATTED: _____

PROPERTY ID #: 18-55-17-09280-161 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.99 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 1818 SW Mandiba Dr. Lake City

DIRECTIONS TO PROPERTY: 4415 L on 415 R on Tustenuggee Ave R on Mandiba to prop. on R

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	<u>pool house</u>	<u>0</u>	<u>798</u>	
2	<u>existing home</u>	<u>3</u>	<u>3656</u>	
3				
4				

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

SIGNATURE: William D. Bishop II

DATE: 6/25/25

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 25-0536

Shelley

PART II - SITEPLAN

Scale: 1 inch = ~~40~~ ⁶⁰ feet.

↑ N



Notes: _____

Site Plan submitted by: William D. Bishop II

MASTER CONTRACTOR

Plan Approved ☒

Not Approved ☐

Date 6/25/25

By [Signature]

Colum 612

County Health Department

7/2/25

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT