



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

PERMIT NO. 25-0954
DATE PAID: 12/30/25
FEE PAID: 2000
RECEIPT #: 2288305

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Justin & Sarah Moses

EMAIL: NorthFloridaPools@aol.com

AGENT: Yadami Mendoza

TELEPHONE: 386-208-4762

MAILING ADDRESS: 709 Duval St NW Live Oak, Florida 32064

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 #: 13-3S-15-00176-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 15.04 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 40 FT

PROPERTY ADDRESS: 189 NW Ridge Gln Lake City, Florida 32094

DIRECTIONS TO PROPERTY: Turn right onto N Marion Ave, Turn left onto NW Wilson St, Turn right onto NW Lake Jeffery Rd
Turn left onto NW Nash Rd, Drive along Co Rd 135, Turn right onto NW Brown Rd,
Continue onto Co Rd 135, Drive to your destination

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	Inground Concrete Swimming Pool	<u>3</u>	<u>2394 Ft²</u>	
2	<u>20' x 40' = 800</u>			
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature]

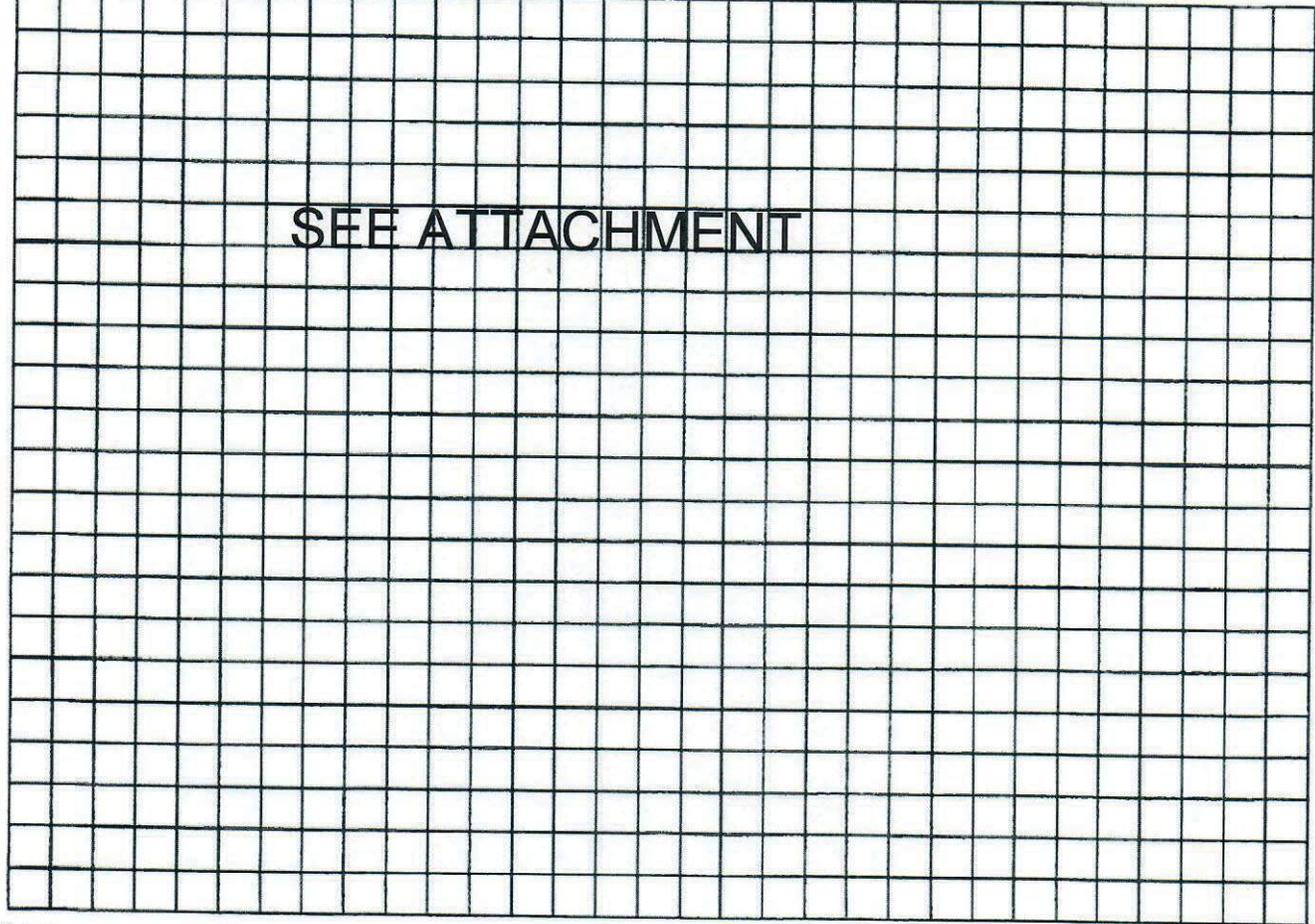
DATE: 12/9/2025

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

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



Notes: _____

Site Plan submitted by: Yadami Mendoza (Contractor) 12/09/2025

Plan Approved _____ Not Approved _____ Date _____

By _____ 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.

25-0454



Sarah Moses
189 NW Ridge Gl'n.
Wellborn, FL 32094.

Parcel ID# 13-35-15-00170-001

Layout