



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

FW

PERMIT NO. 22-0289  
DATE PAID: 4/4/22  
FEE PAID: 31000  
RECEIPT #: 1815327

APPLICATION FOR:

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

APPLICANT: IC Construction LLC

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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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

LOT: 77 BLOCK: NA SUB: Oaks of Lake City Pd PLATTED: \_\_\_\_\_

PROPERTY ID #: 18-5S-17-09280-177 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1.02 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 766 SW Mandiba Dr, Lake City, FL 32024

DIRECTIONS TO PROPERTY: TL onto US-41S, TR onto SW Tustenuggee Ave, TR onto SW mandiba Dr., prop. on left 2nd lot after SW custom made cir.

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
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1	SF Residential	3	2153	
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2				
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3				
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☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: William D. Bishop II DATE: 3/29/2022



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APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 22-0289

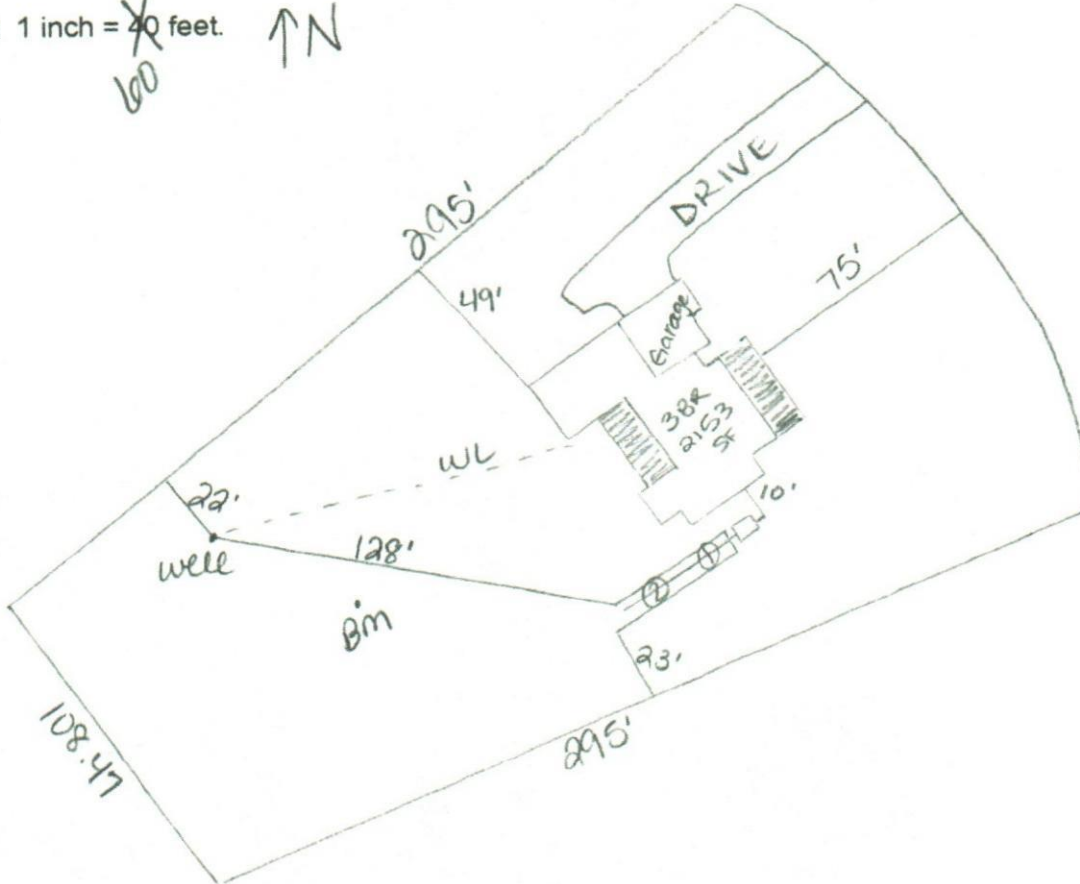
IC Construction LLC

PART II - SITEPLAN

Scale: 1 inch = ~~40~~ feet.

60

↑ N



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: William J. Bishop II

MASTER CONTRACTOR

Plan Approved X Not Approved \_\_\_\_\_

Date 3-29-22

By [Signature] Columbia CHD

County Health Department

4/5/22

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

