



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

PERMIT NO. 21-0629  
DATE PAID: 7/19/21  
FEE PAID: 480.00  
RECEIPT #: 168197

APPLICATION FOR:

[ ] New System [ ☒ ] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: DWAYNE E. Woodruff

AGENT: \_\_\_\_\_ TELEPHONE: 386-288-6668

MAILING ADDRESS: 215 SW SKINNER GIN. 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

LOT: 23 BLOCK: \_\_\_\_\_ SUBDIVISION: HEATHER WOODS S/D PLATTED: \_\_\_\_\_

PROPERTY ID #: 09-65-17-09630-023 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 7.47 ACRES WATER SUPPLY: [ ☒ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ ☒ ] Y / N ] DISTANCE TO SEWER: 75 FT

PROPERTY ADDRESS: 215 SW SKINNER GIN. LAKE CITY FLORIDA 32024

DIRECTIONS TO PROPERTY: HW 41 SOUTH, TR ON OTIS HOWELL RD. TL MANNING BRIV

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	<u>STORAGE</u>	<u>0</u>	<u>2400</u>	<u>OPEN floor PLANN</u>
2				
3				
4				

ORIGINAL ATTACHED

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Dwayne E. Woodruff DATE: 7-16-2021



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

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

See Attached

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

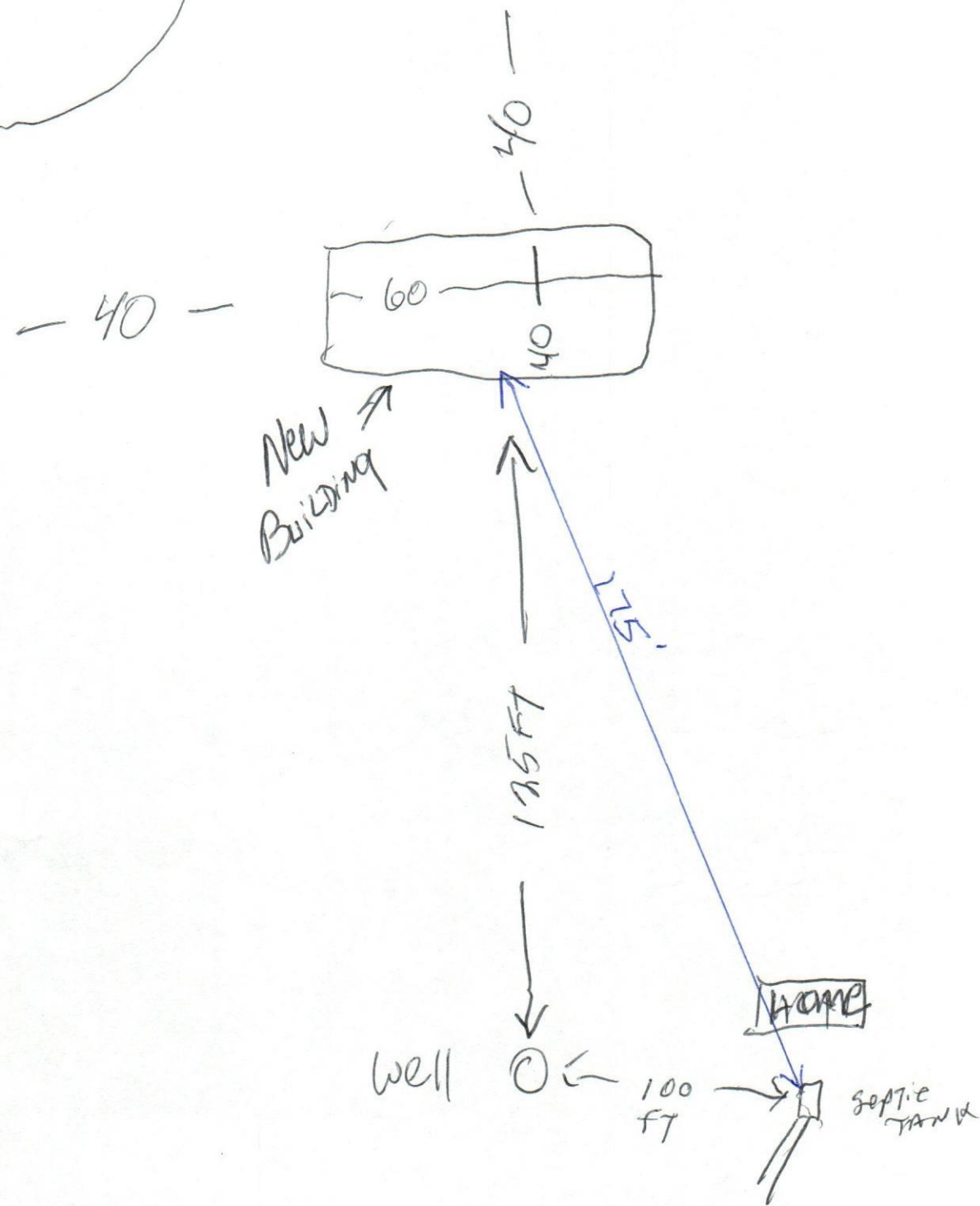
Site Plan submitted by: [Signature] TITLE \_\_\_\_\_ DATE: 7-16-2021

Plan Approved [Signature] Not Approved \_\_\_\_\_ Date 7/20/21

By [Signature] [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21-0627



7 1/2 ac

old permit  
99-0441