



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

PERMIT NO. 20-0891  
DATE PAID: 11/10/20  
FEE PAID: 310.00  
RECEIPT #: 1600491

APPLICATION FOR:

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

APPLICANT: Woodborough North LLC

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, 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

LOT: 29 BLOCK: U1 SUB: Turkey Creek PLATTED: 2009

PROPERTY ID #: 23-3S-16-02279-129 ZONING:            I/M OR EQUIVALENT: [ Y / (N) ]

PROPERTY SIZE: 0.286 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ >2000GPD

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

PROPERTY ADDRESS: 180 NW Gobbler Dr, Lake City, FL 32055

DIRECTIONS TO PROPERTY: Head W. on NE Franklin St, TR onto US-41N,  
IL onto NW BASCOM Norris Dr, TR onto NW Lake  
Jeffery Rd, TR at NW Scenic Lake Dr, prop is on corner of  
NW Turkey Creek way & NW Gobbler Dr.

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
1	SF Residential	3	1375	
2				
3				

☐ Floor/Equipment Drains ☐ Other (Specify)           

SIGNATURE: William O. Bishop II

DATE: 11/3/2020

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APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

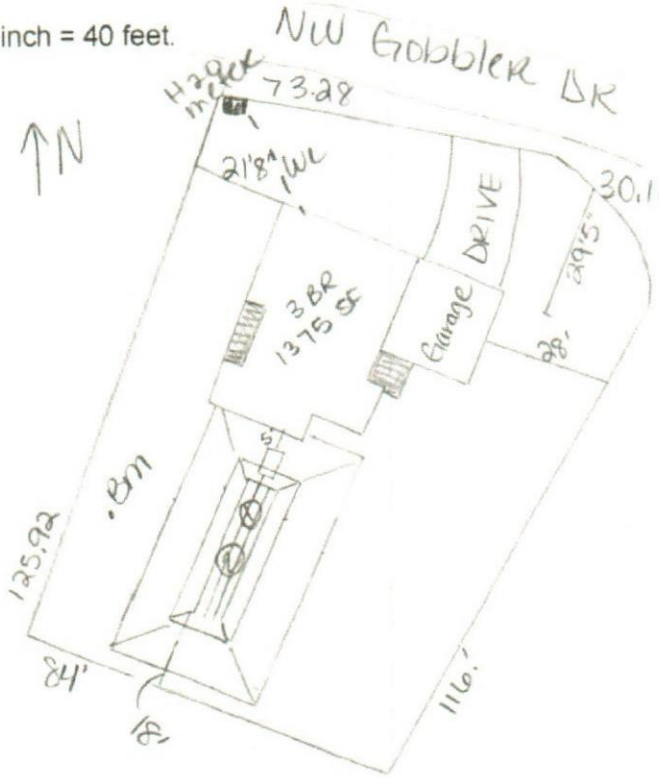
Permit Application Number

20-0891

Woodborough North LLC - Lot 29 Turkey Creek

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



RECEIVED

NOV 12 2020

Initial: \_\_\_\_\_

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

Site Plan submitted by: William D. Bishop II

MASTER CONTRACTOR

Plan Approved X

Not Approved \_\_\_\_\_

Date 11-3-20

By [Signature]

County Health Department

11/17/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT