



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

PERMIT NO. 20-0740  
DATE PAID: 9/21/20  
FEE PAID: 310.00  
RECEIPT #: 1579403

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: 31 BLOCK: U1 SUB: Turkey Creek PLATTED: \_\_\_\_\_

PROPERTY ID #: 23-3S-16-02279-131 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 0.25 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ]  $\leq 2000$  GPD [ X ]  $> 2000$  GPD

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

PROPERTY ADDRESS: 199 NW Turkey Creek Way, Lake City, FL

DIRECTIONS TO PROPERTY: Head W on NE Franklin St, TR onto US-41 N, TL onto NW Bascom Norris Dr, TR onto NW Lake Jeffery Rd, TR at NW Scenic Lake Dr, cont. onto NW Turkey Creekway to 199.

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	4	1665	
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2				
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3				
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[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: William A. Bishop II DATE: 9/17/2020

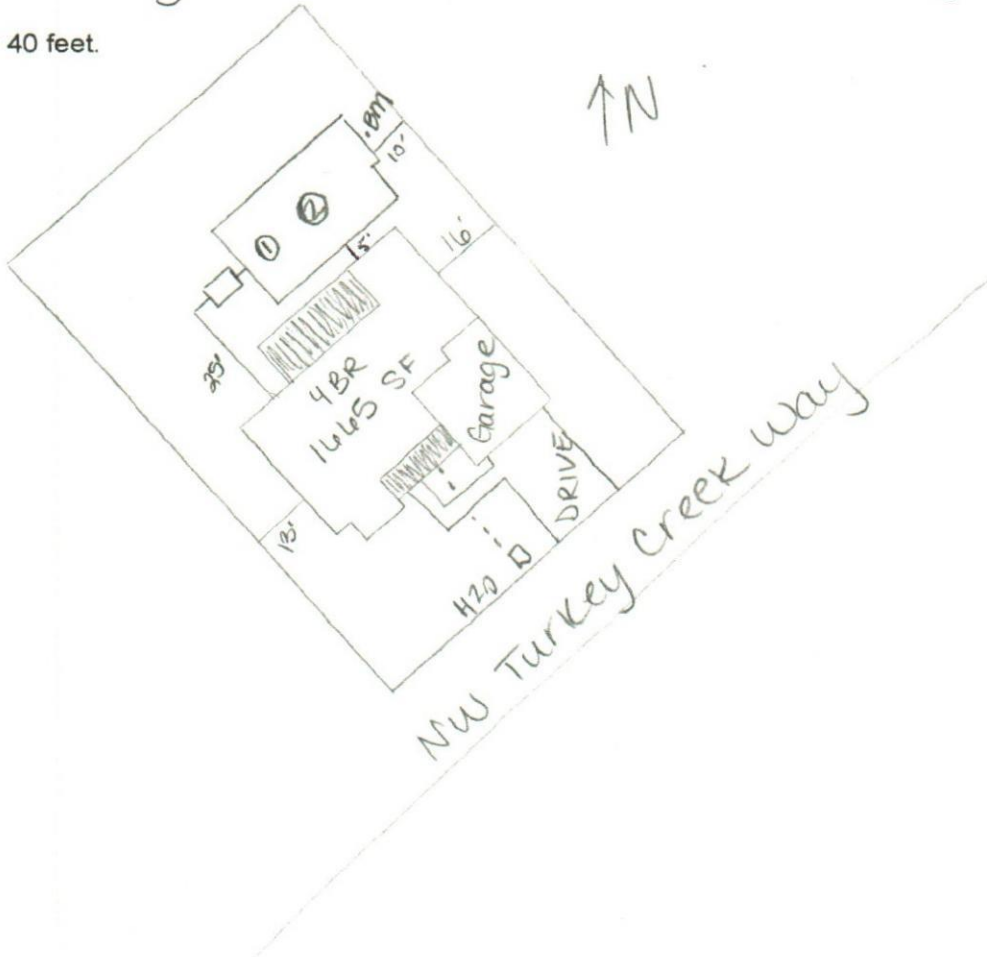
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

20-0762

Woodborough North LLC - lot 31 Turkey Creek  
PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes:

Site Plan submitted by: William O. Bishop II

Plan Approved ☒ Not Approved ☐

By: [Signature] Columbia

MASTER CONTRACTOR

Date 9-17-20

County Health Department

9/25/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT