

Is per BILL HAFFER

## STATE OF FLORIDA DEPARTMENT OF HEALTH



APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Permit Application Number		
CU/SON	PART II - SITEPLAN		
Scale: 1 inch = 40 feet.			
210	47	NORTH > 110	
	Bu Cal	2 125	
	Poen cogni	76 46	
		1905Q 28 110 HAND PUMP	
		10' NOV DRIVE	
	HE CANDON	well of	
Notes: 1 of 5.04 Acres	EKS SER ATTAC		
		SW CHARTELLY	
Site Plan submitted by:	7-0	MASTER CONTRACTOR	
Plan Approved	Not Approved	Date	
Ву	**************************************	County Health Department	

## ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT