

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

PERMIT NO. 20-2544

DATE PAID: 70428

FEE PAID: 70568

RECEIPT #: 1525500

APPLICATION FOR: [\(\) New System [] Ex [] Repair [] A	xisting System	m [] H	olding Ta	ank [] I	innovative
[] Repair [] Al	oandonment	[] T	emporary	[] _	
APPLICANT: Tania Leiva							
AGENT: ROCKY FORD, A & B CONS	STRUCTION				TELEPH	IONE: _	386-497-2311
MAILING ADDRESS: 546 SW Dorte							
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUAN' APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUES'	OR APPLICANT T TO 489.105() O PROVIDE DOC' TING CONSIDER	'S AUTHOR 3) (m) OR UMENTATION ATION OF	IZED . 489.5 N OF STATU	AGENT. 52, FLOR THE DATE TORY GRA	SYSTEMS IDA STA THE LO NDFATHE	MUST TUTES. T WAS R PROV	BE CONSTRUCTED IT IS THE CREATED OR VISIONS.
PROPERTY INFORMATION							
LOT: NA BLOCK: NA	SUB: NA					PL	ATTED:
PROPERTY ID #: 32-6S-16-040	15-000	ZONING	}:	I/	M OR E	QUIVAL	ENT: [Y / N]
PROPERTY SIZE: 40 ACRES	WATER SUPPLY	: [X] PR	IVATE	PUBLIC	[]<=	2000GE	PD []>2000GPD
IS SEWER AVAILABLE AS PER 38:	1.0065, FS? [Y / N]	ort W	Di	STANCE	TO SE	WER: NA FT
DIRECTIONS TO PROPERTY: 47 S						19 on	Right
BUILDING INFORMATION	[K] RESIDE	NTIAL	1] COMM	ERCIAL		
Unit Type of							System Design
No Establishment	Bedrooms A	Area Sqft	Tabl	e 1, Cha	pter 64	E-6, F	FAC
SF Residential	42	2560					
3							
[] Floor/Equipment Drains	[] Other	r (Specify	7)				
SIGNATURE: Willia D. B.	ikap II				DAT	E: 7/1	13/2020

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_

u Levia Tan	PART	I - SITEPLAN					
Scale: 1 inch = 40 feet.		210'					
- zaoo' Existing I	K' [2510PE 200 40' BR)' Z^			
	DRIVE	DRIVE	DRIVE				
Notes:							
Site Plan submitted by:			MASTER CONTRACTO				
Plan Approved By Kill Ray	Not Ap	oroved	w Date 7132	020			

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT