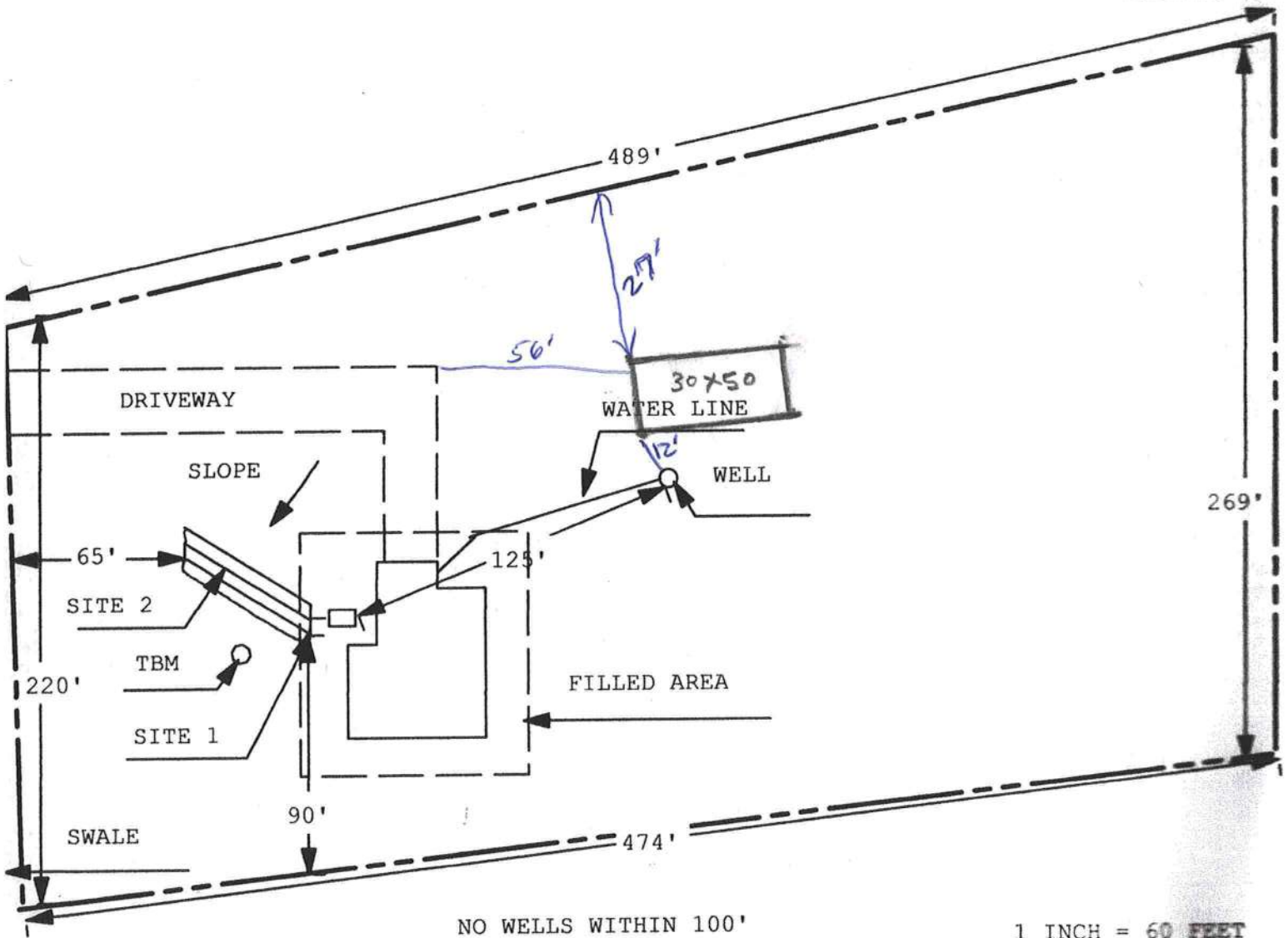


STATE OF FLORIDA  
DEPARTMENT OF HEALTH

CR# 10-6700

58  
NORTH



Site Plan submitted by: \_\_\_\_\_ Agent: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
 Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_  
 By \_\_\_\_\_ COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT