

50

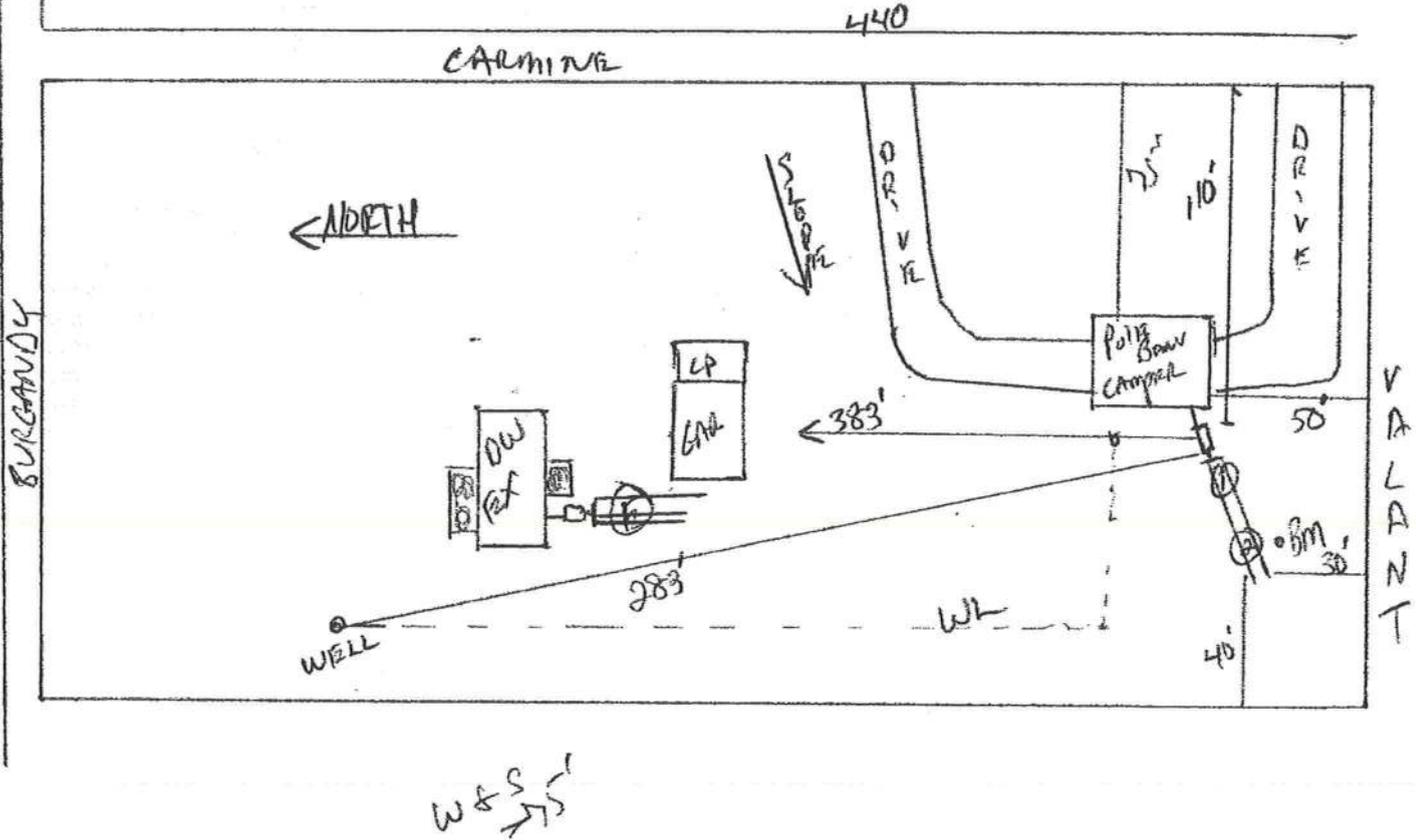
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-0359

Harrison/Burhka

PART II - SITEPLAN

Scale: 1 inch = <sup>60</sup>~~30~~ feet.



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

Site Plan submitted by: [Signature]  
Plan Approved [Signature] Not Approved \_\_\_\_\_  
By [Signature] Columbia

MASTER CONTRACTOR  
Date 8/12/12  
County Health Department

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