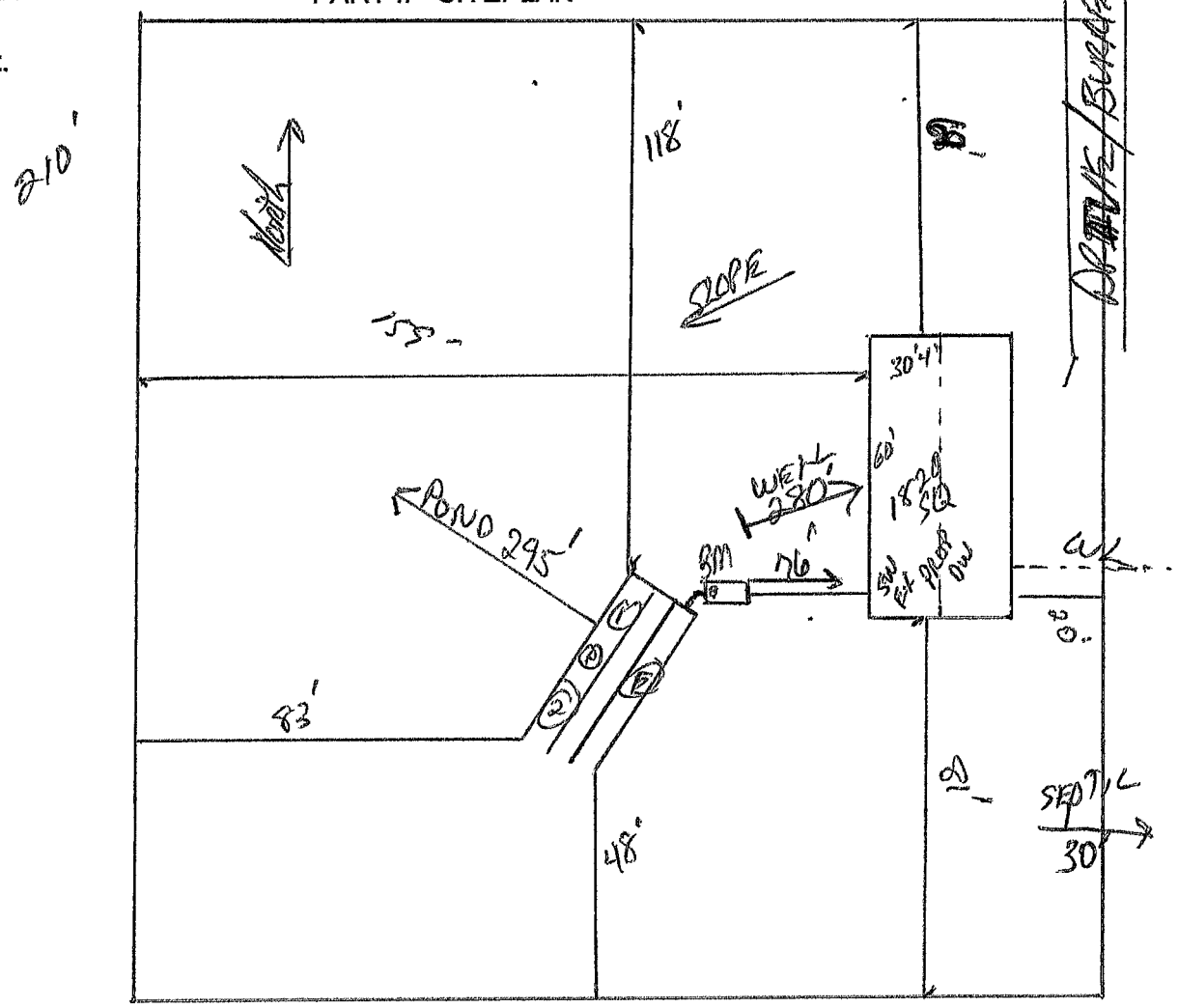
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_____

Burgess ---------- PART II - SITEPLAN ---------- 210'

Scale: 1 inch = 40 feet.



Notes: (P) = PROPOSED (E) EXISTING

1 of 14.33 Acres Survey attached

Site Plan submitted by: Rocky D [illegible] MASTER CONTRACTOR

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT