

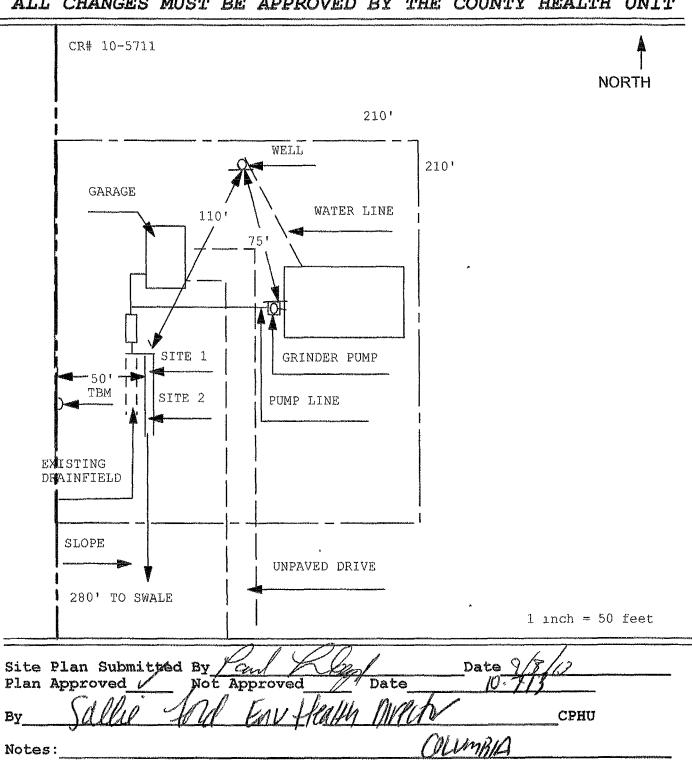
STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

CR # 10-5711

1	SYSTEM		rate with the		RECEIPT	r #: 177	数党
APPLI	CATION FOR: New System [ION FOR CONST Existing Sy Abandonment			nk [] [X]	Innovati MODIFICA	Lve ATION
APPLI	CANT: ROBERT & KA					Water 100 pt 100	think the same of
AGENT	: EDGLEY CONSTRUC	CTION		4	TELEPHONE	: (386) 752-6	0580
	ING ADDRESS: 590 SW						The state of the s
BY A APPLI	COMPLETED BY APPI PERSON LICENSED PU CANT'S RESPONSIBIL ED (MM/DD/YY) IF R	RSUANT TO 489.10 LITY TO PROVIDE D REQUESTING CONSIL	05(3)(m) OR OCCUMENTATION DERATION OF	489.552, FLORI ON OF THE DATE STATUTORY GRAN	DA STATU: THE LOT V DFATHER I	res. It i Was create Provisions	S THE D OR
PROPE	RTY INFORMATION				Miles belde land, entire place a declaration and		Control of the Contro
LOT:	2 BLOCK: N	/A SUBDIVISION	N: SEDGEFIE	LD PH 4	allahannanyakan ga panyalpahapan bahapaga	PLATTED:_	
PROPE	RTY ID #: 03-68-16-0)3767-402	ZONIN	G: AG I/M	OR EQUIT	VALENT: [NO]
PROPE	RTY SIZE: 5.000 A	CRES WATER SUPP	PLY: [X] PF	LIVATE PUBLIC	[]<=200	DOGPD []	>2000GPD
IS SE	WER AVAILABLE AS P	ER 381.0065, FS?	e [NO]	DIS	TANCE TO	SEWER:	n/a ft
	RTY ADDRESS: 511 SV						
	TIONS TO PROPERTY:		ST COLUMBIA	CITY, TURN LEFT	ON ROLLI	NG MEADO	W
BUILD	ING INFORMATION	[X] RESIDENTIA	r [] con	MERCIAL			
Unit	Type of Establishment	No. of Bedrooms		Commercial/Ins Table 1, Chapt			Design
1	HOUSE	۸	A 075				
2	HOUSE	3	2,275	Antini voormantiis een reeroonii -	2-1-1-1-1000		rannos and diddly printer year agree as pro-
3		Strong day of the strong day o	ablimation and the state of the		nharima tenerrania erano		, , , , , , , , , , , , , , , , , , ,
4			**************************************		ngga gaga da ayumman libra nga nasa sa digan sa sanan Atlanaya ng	ma ^s tas sunti process	May to the August August State
[]	Floor/Equipment D	rains [] Othe	r (Specify)	**************************************	, , , , , , , , , , , , , , , , , , ,	ann an ann an ann an an ann an	

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



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