STATE OF FLORIDA **DEPARTMENT OF HEALTH**

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number Permit Application Number -/ - PART II - SITEPLAN - -219.93 Scale: 1 inch = 40 feet. 43 DRIVE Notes: Site Plan submitted by: MASTER CONTRACTOR Plan Approved Not Approved Date Ziung 2/21/14 Celuxa County Health Department By_ L CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT.

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)