

STATE OF FLORIDA
DEPARTMENT OF HEALTH

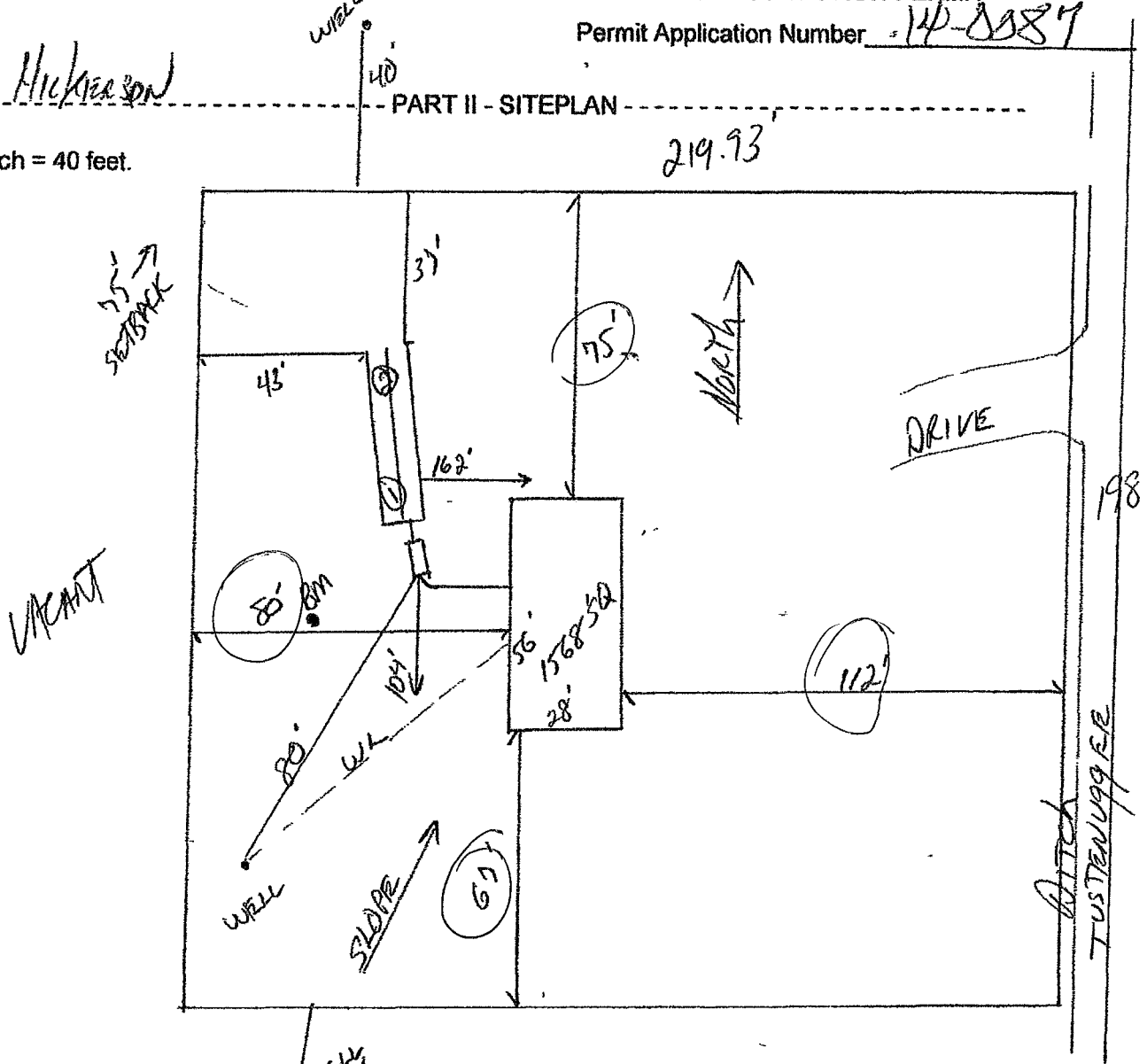
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 14-8887

Hickerson

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: *Rocky D F* MASTER CONTRACTOR
 Plan Approved *Y* Not Approved _____ Date *2/21/14*
 By *[Signature]* *252114 Celena* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

(SF)