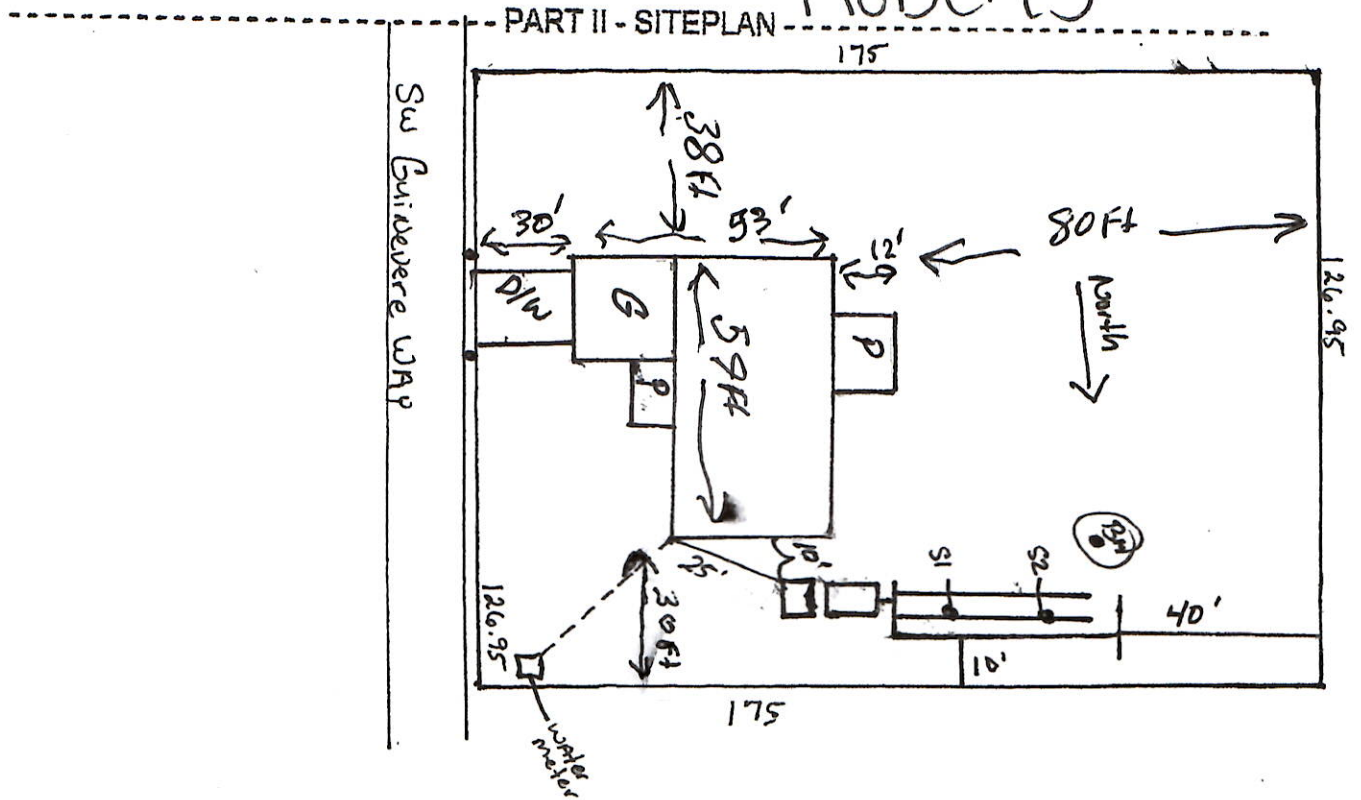


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

1" = 40'

Permit Application Number _____

Roberts



Notes: _____

Site Plan submitted by: *Robert Ford 999* Date: *8-29-2022*

MASTER CONTRACTOR

Plan Approved _____

Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT