## STATE OF FLORIDA

## DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 2-3-3 FOLLY ------PART II - SITEPLAN -------210. Scale: 1 inch = 40 feet. 47 210 91 180 128 573' 20LATION) WATSON ROMD 5.01 Notes: Site Plan submitted by: MASTER CONTRACTOR Plan Approved X Not Approved Date 7/13/12 \_\_\_\_ County Health Department HANGES 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

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