STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number 13-0053 Straliz ----- PART II - SITEPLAN ----- 326 Scale: 1 inch = 40 feet. DRIVE nniss NORTH 10 357.85 Notes: MASTER CONTRACTOR Site Plan submitted by Date 2 11/13 Not Approved County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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