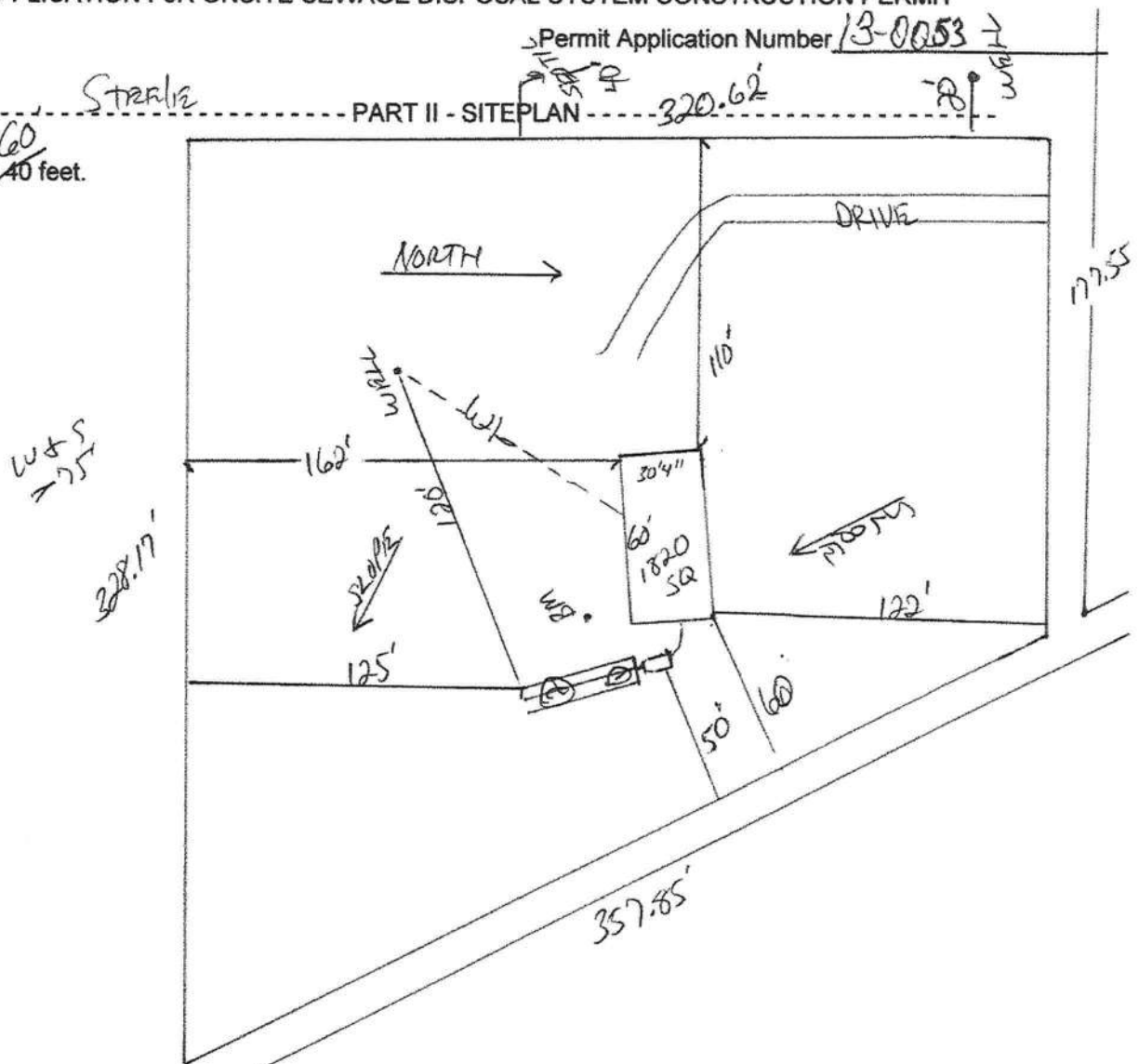


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 13-0053-1

PART II - SITE PLAN

Scale: 1 inch = ~~40~~ feet.



Notes:

Site Plan submitted by:

Plan Approved X

BY _____

Not Approved_____

MASTER CONTRACTOR

Date 2/11/13

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT