

## STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION DEPARTS

PERMIT NO.	22-1001
DATE PAID:	LE HILL
FEE PAID:	400
RECEIPT #:	1921291
	04010

APPLICATION FOR: [ ] New System [X]	Existing System Abandonment	[ ]	Holding Tank	[ ] Innovative
APPLICANT: Hugh Richardson				
				LEPHONE: 904-368-9777
MAILING ADDRESS: 800 N Thor	mpson St Starke,	FL 32091		
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUES	F OR APPLICANT'S NT TO 489.105(3) FO PROVIDE DOCUME STING CONSIDERATI	AUTHORIZE (m) OR 489 ENTATION OF	D AGENT. SYST	STATUTES. IT IS THE E LOT WAS CREATED OR
PROPERTY INFORMATION				
LOT: 12 BLOCK:	SUBDIVISION: Sp	oringfield E	states	PLATTED: 1/21/93
PROPERTY ID #: <u>27-4S-16-03</u>				
PROPERTY SIZE: 443 ACRES				
IS SEWER AVAILABLE AS PER 38				
PROPERTY ADDRESS: 581 SW D				
DIRECTIONS TO PROPERTY:				
BUILDING INFORMATION	[X] RESIDENTI	AL	[ ] COMMERCE	TAT
Unit Type of				tutional System Design
No Establishment	Bedrooms Are	a Sqft Ta	ble 1, Chapter	: 64E-6, FAC
1 SFR	3 2.	206		
2 In-ground fiberglass pool	and the same of th			
3	14	X30		
4				
[ ] Floor/Equipment Drains	[ ] Other (	Speci ful		
SIGNATURE:		-poorty/	-	DATE: 10/11/22

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 2 -100

	Lauri	block	гер	rese	nts	101	eet	and	1 In	ch	= 4(	J te	et.														
T			T	T				П						1								1	-		П	T	
+	++		+	+	-		_			_		-	-	-													
																										1	
	1		+									-	_						-							-	-
+	+-	-	+	-								_															
																										1	1
1	$\forall$		+		_				-					-					_			-				-	-
-	+	_	+	-																							
					100000																						
		_	+						-	-		-				-			-			-				-	-
-		-	-																								
																										$\neg$	1
1		_	+						+				_		-		-	-	-	-	-	-			-	+	-
-		-	+						_																		
																										_	
		+	+		_			-	+	-	_				-		-	-	-		-	-	_			-	-
-			-																								
																										_	
-	+	+	+					-	-	-				_	_	-	-	-			-	-			_	_	-
			-																								
									1													1			-	$\overline{}$	1
	-		1					-	-						_		-	-	-		_	-	_		_	-	-
es:																											
- 0183001				6256	000	a att	ache	ed sit	to n	lan													-				-
										all																	
																					Victorial Control						
		omitte									7																
				_	1		-		1		1	-	/		)			-				-					
Pla	n sub	mitte	d by:		1-	_	-	~	7	_	_	_		_										-			
An	nrove	od V								N	lot /	Арр											240			Depa	

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

