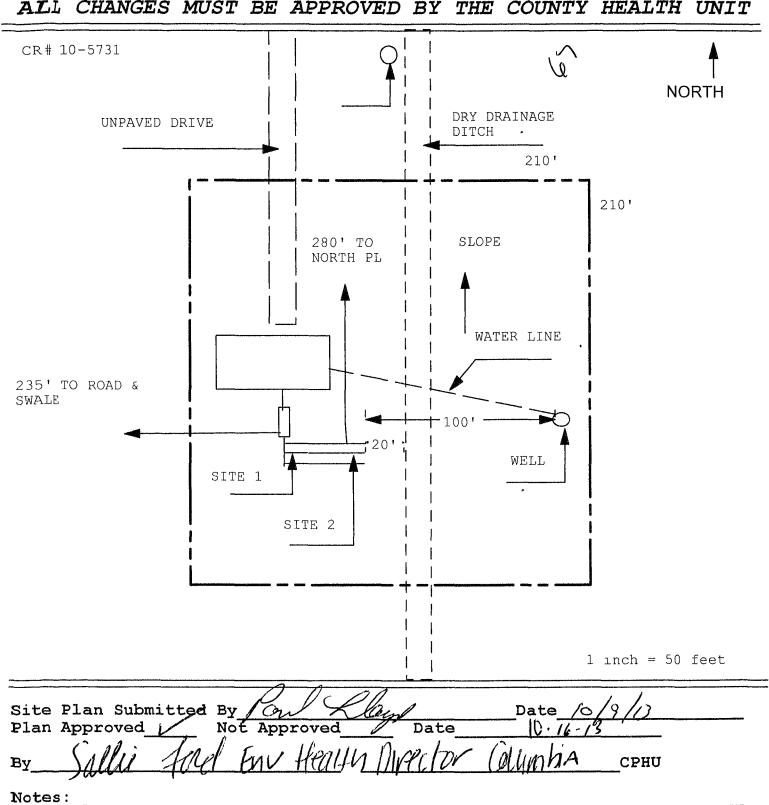
Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number: 13-053

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



CR # 10-5731



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL

DA!

PERMIT NO.	13-	近	35
DATE PAID:	[0])))	16
FEE PAID:	310	3.0	50
RECEIPT #:	77.	~ 4	1 /-

SYSTEM APPLICATI	ON FOR CONSTRUCTION	T DEPOMENT .	WEETER #. 1193012
APPLICATION FOR: [X] New System [] Existing System] Abandonment		
APPLICANT: RICKIE L. PRIES	iT	**************************************	
AGENT: PAUL LLOYD			TELEPHONE: (386) 755-1616
MAILING ADDRESS: 184 ST.	IOHNS ST	LAKE	CITY FL. 32025
TO BE COMPLETED BY APPLI BY A PERSON LICENSED PUR APPLICANT'S RESPONSIBILI PLATTED (MM/DD/YY) IF RE	RSUANT TO 489.105(3)(m) TTY TO PROVIDE DOCUMENTA	OR 489.552, FLORI ATION OF THE DATE	THE LOT WAS CREATED OR
PROPERTY INFORMATION			
LOT: N/A BLOCK: N/A	SUBDIVISION: METES	AND BOUNDS	PLATTED:
PROPERTY ID #: 07-5S-16-03	3487-000 ZO	NING: AG I/M	OR EQUIVALENT: [NO]
PROPERTY SIZE: 5.210 AC	RES WATER SUPPLY: [X]	PRIVATE PUBLIC	[]<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PE	R 381.0065, FS? [NO] DIS	TANCE TO SEWER: N/A FT
PROPERTY ADDRESS:	SW ICHETUCKNEE AVE		
DIRECTIONS TO PROPERTY:	SR 47 SOUTH TOR COLUME ICHETUCKNEE AVE. 2ED PR		ON CR 240, TURN RIGHT ON
BUILDING INFORMATION (X] RESIDENTIAL []	COMMERCIAL	
Unit Type of No. Establishment	No. of Buildir Bedrooms Area Sc	-	stitutional System Design ter 64E-6, FAC
MOBILE HOME	31,8	530	
2			
4			
[] Floor/Equipment Dr	cains [] Other (Speci	.fy)	
SIGNATURE: Par	Rlayf		DATE: 10/7/13

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