

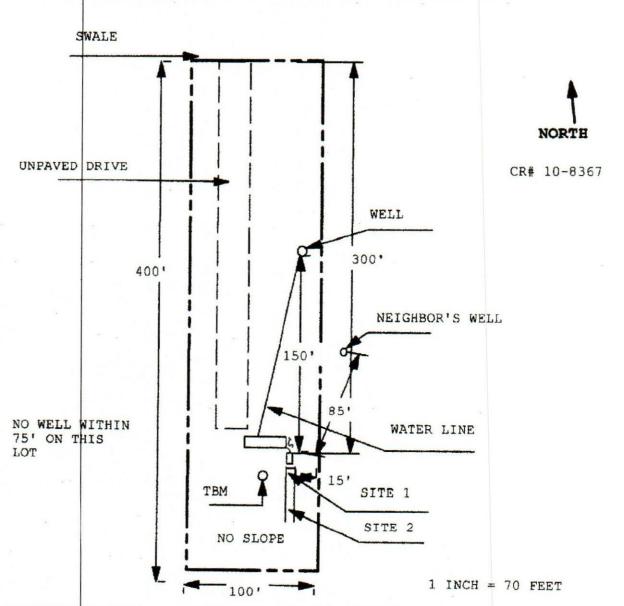
STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATME

ONSITE SEWAGE TREATMENT AND DISPOSAL

| | ION FOR CONSTRU | CTION PER | | GECEIPT #: 1 | 18200 |
|--|--|------------------------------|---|---------------|-------------|
| [] Repair [|] Existing Syst] Abandonment | [] | Holding Tank Temporary | [] Inno | vative |
| APPLICANT: DONNA JENKIN | IS & MARGARET CLAI | RK | | | |
| AGENT: HOWARD SEPTIC | | | TEL | EPHONE: (813) | 230-0824 |
| MAILING ADDRESS: P.O. BO | X 180 | | BRANFOR | RD FL | 32008 |
| TO BE COMPLETED BY APPLE BY A PERSON LICENSED PUR APPLICANT'S RESPONSIBILE PLATTED (MM/DD/YI) IF RE | RSUANT TO 489.105 (ITY TO PROVIDE DOC EQUESTING CONSIDER | (3) (m) OR 48 CUMENTATION | 9.552, FLORIDA OF THE DATE THE | STATUTES. : | TT IS THE |
| PROPERTY INFORMATION | | | | | |
| LOT: 9 BLOCK: E | SUBDIVISION: | THREE RIVER | S ESTATES UNIT | 23 PLATTE | D: |
| PROPERTY ID #: 00-00-00-0 | 1438-309 | ZONING: | RES I/M OF | EQUIVALENT | : [NO] |
| PROPERTY SIZE: 0918 A | CRES WATER SUPPLY | : [X] PRIV | ATE PUBLIC [|]<=2000GPD | []>2000GPD |
| IS SEWER AVAILABLE AS P | ER 381.0065, FS? | NO] | DISTA | NCE TO SEWER | : N/A FT |
| PROPERTY ADDRESS: S | W TEXAS LANE, THRE | E RIVERS EST | TATES | | |
| DIRECTIONS TO PROPERTY: | TAKE SR 47, TURN F UTAH, TURN RIGHT | | | | |
| BUILDING INFORMATION | X) RESIDENTIAL | [] COMME | RCIAL | L | |
| Unit Type of No. Establishment | | | ommercial/Insti- able 1, Chapter | | em Design |
| 1 CAMPER | 1 | 256 | 7 | Zone X | |
| 2 | *************************************** | | | | |
| 3 | | | | | |
| 4 | SPANISH AND ADDRESS OF THE PARTY OF THE PART | | | | |
| [] Floor/Equipment Dr | rains [] Other | (Specify) | *************************************** | | |
| SIGNATURE Letter | Hund | | | DATE: 7 | 30/21 |
| DH 4015, 08/09 (Obsolet Incorporated 64E-6.001 | tes pravious adit , FAC | ions which | may not be use | | Page 1 of 4 |

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

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



| ite Plan Submitte | Not Approved | Date Date | 7/27/24 |
|-------------------|--------------|-----------|---------|
| sy My | 2 | Columbe | СРНИ |
| lotes: | | | |