

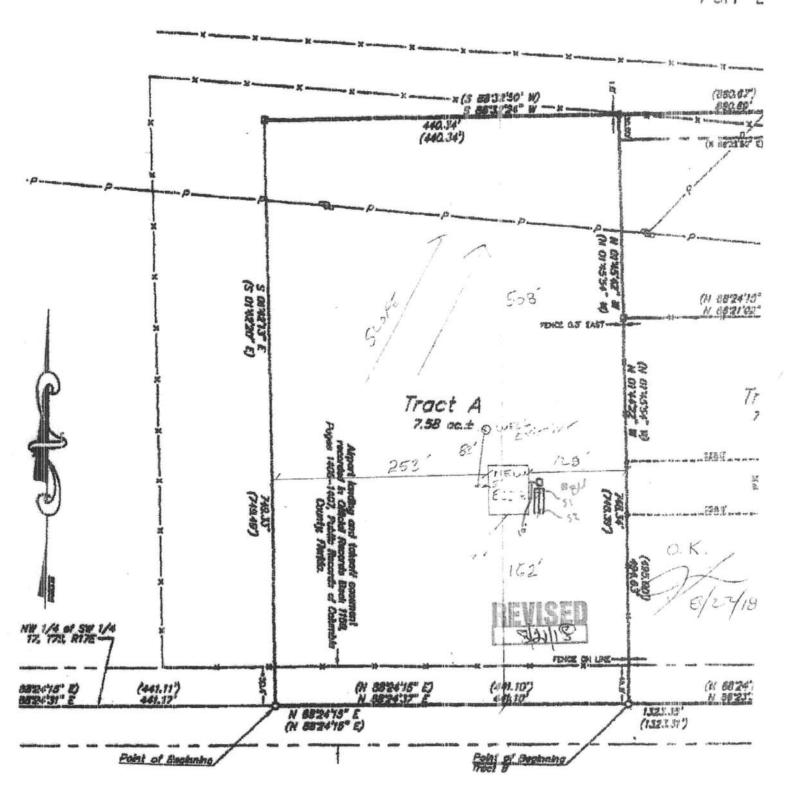
STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL

| | O XMAI |
|------------|---------|
| PERMIT NO. | 0-0(0) |
| DATE PAID: | 8/8/18 |
| FEE PAID: | 72500 |
| RECEIPT #: | 1352001 |

| APPLICATION | FOR CONSTRUCTION | N PERMIT | | |
|---|---|------------------|---------------|-----------------|
| | | [] Holding | Tank [] | Innovative |
| APPLICANT: ANDREW | BENDER | | | |
| | 2NER | | TELEPHONE: | 352-514-8000 |
| MAILING ADDRESS: 292 HE | MITAGE GREN | , 15 GH SPI | vivos 3 | 2643 |
| BY A PERSON LICENSED PURSUAN APPLICANT'S RESPONSIBILITY T | LICATION FOR: New System [] Existing System [] Holding Tank [] Innovative Repair [] Abandonment [] Temporary [] Itemporary [] Abandonment [] Temporary [] Temporary | | | |
| PROPERTY INFORMATION | | | | |
| LOT: BLOCK: | SUBDIVISION: | 12 | P. | LATTED: |
| PROPERTY ID #: WONDY | 1 2 | ONING: | I/M OR EQUIVA | LENT: [Y/N] |
| PROPERTY SIZE: 7.58 ACRES | WATER SUPPLY: [| PRIVATE PUBLI | C []<=20000 | GPD []>2000GPD |
| IS SEWER AVAILABLE AS PER 38 | 1.0065, FS? [Y (| N I | DISTANCE TO S | EWER:FT |
| PROPERTY ADDRESS: 706 S | W RASBONRY C | T. FORT (| WHITE | |
| DIRECTIONS TO PROPERTY: 49 | 115. TURN. | LOPT 778. | Type & | |
| MASBERRY CT. GO | 2 TO END. | TURN RT | | |
| BUILDING INFORMATION | [\(\frac{1}{2}\) RESIDENTIAL | COM | MERCIAL | |
| Unit Type of No Establishment | | | | |
| STORAGE FOR RAM | E 0 48 | 0052 | | |
| 3 | | | | |
| 4 | | | | |
| [] Floor/Equipment Drains | 3 Other (Sp | ecify) For Fu | THE USE | |
| SIGNATURE: | \leq | | DATE: | 8/8/17 |
| DH 4015, 08/09 (Obsoletes pr Incorporated 64E-6.001, FAC | evious editions wh | ich may not be u | sed) | Page 1 of 4 |

18-1701

A Boundary Survey In Section Columbia For: L



STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 18-070/

| | | PART II - SITEP | | | | |
|--|-----------------------------|--------------------|------------|---------|--------------|--------------|
| Scale Esch block repre | sents to feet and | 1 meth # 40 fe | iel, | TTT | TI | |
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| te Plan submitted by: | | _ | | * | | |
| an Approved | 1 No | ot Approved | | 1/2 | Date_ | /22/18 |
| | 4/ | | | | | Ith Departme |
| | fo | | | | | |
| | S MUST BE APPRO | | | ALTH DE | PARTMENT | |
| 4015, 08/09 (Obsoletes previous edit ock Number: 5744-002-4015-6) | ions which may not be used) | Incorporated: 64E- | 6.001, FAC | | | Page 2 o |