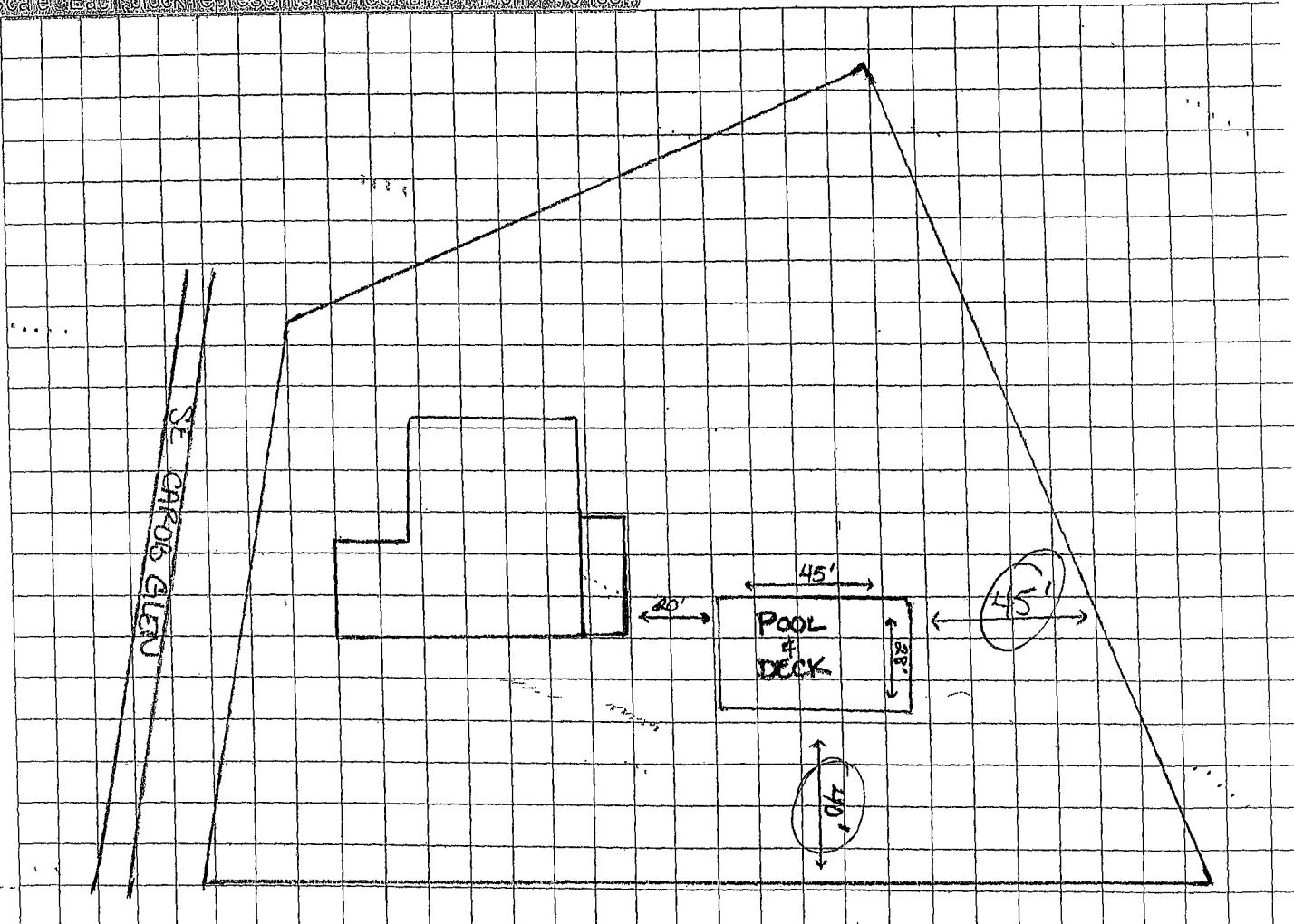


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

67
Permit Application Number _____

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet



Notes _____

Site Plan submitted by _____

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 13-8653E
DATE PAID: 10/13/13
FEE PAID: GS-13
RECEIPT #: _____

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Claude and Agathia Bradford

AGENT: James Nash or Frank Federmeyer TELEPHONE: 758-7522

MAILING ADDRESS: 230 SE Carob Glen Lake City, FL 32025

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 23 BLOCK: _____ SUBDIVISION: Suzanne SID PLATTED: _____

PROPERTY ID #: 03-45-17-07570-023 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.7 ACRES WATER SUPPLY: [] PRIVATE PUBLIC []<=2000GPD []>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 230 SE Carob Glen, Lake City, FL 32025

DIRECTIONS TO PROPERTY: Hwy 90 to Baya - Baya to 10 take a right - take right on CR245 - take 1st right onto Plant keep right at fork - Go down to Goldie 4th Rd. on right then go down and turn left on Carob - they will be the last house on the left.

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
---------	-----------------------	-----------------	--------------------	--

1	Single Family home	3	1621	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Agathia Bradford DATE: 12-20-13
PDA says speaks

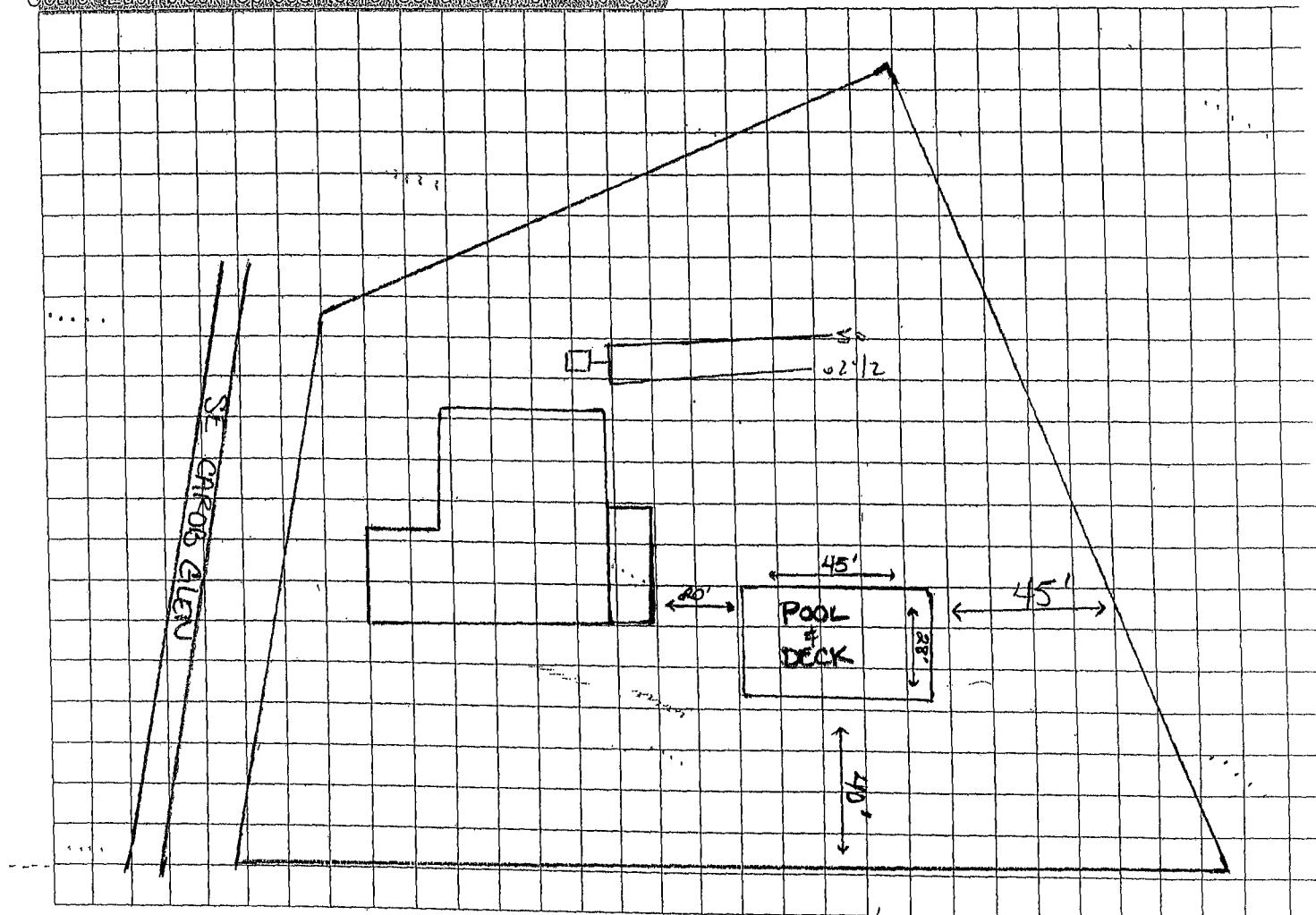
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-1053E

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1/2 block = 40 feet



Notes _____

Site Plan submitted by:

James Nash

Plan Approved

By

Not Approved

Columbia

Date 12/23/13

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT