

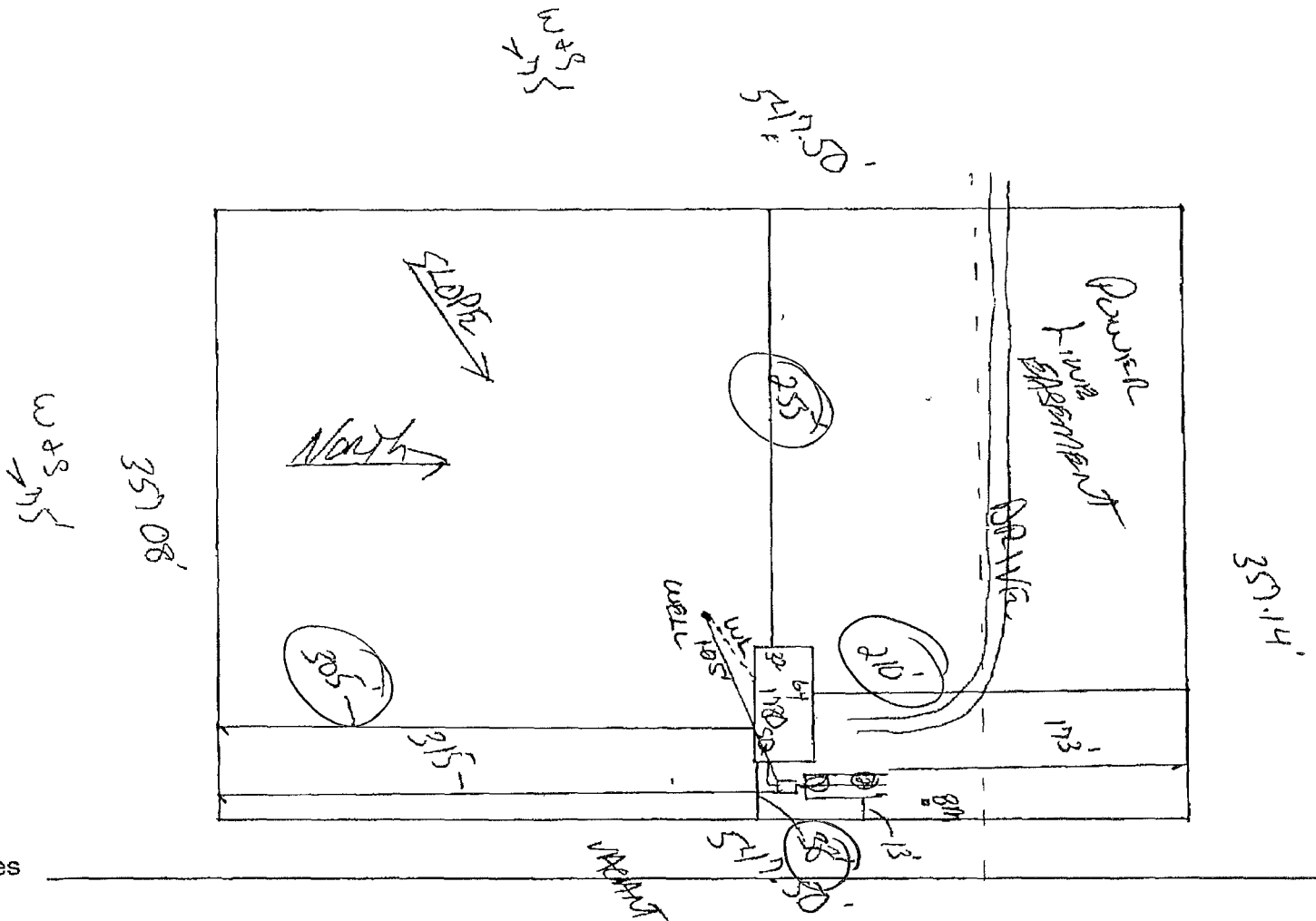
STATE OF FLORIDA 8
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

Schneider
100'

PART II - SITEPLAN

Scale: 1 inch = ~~40~~ feet.



Notes

Site Plan submitted by: 2017

MASTER CONTRACTOR

Plan Approved _____ Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT