

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

PERMIT NO.	21	09	45
DATE PAID:	11	17	21
FEE PAID:	31	3,0	181-
RECEIPT #:	17	et-	515

	ting System [donment [] Holding Tank [] Temporary [
AGENT: ROCKY FORD, A & B CONSTRU	CTION	TELEPH	ONE: 386-497-2311
MAILING ADDRESS: 546 SW Dortch 5			
Note the last of t			
TO BE COMPLETED BY APPLICANT OR BY A PERSON LICENSED PURSUANT TO APPLICANT'S RESPONSIBILITY TO PE PLATTED (MM/DD/YY) IF REQUESTING	0 489.105(3)(m) OR 4 ROVIDE DOCUMENTATION	89.552, FLORIDA STATE OF THE DATE THE LO	TUTES. IT IS THE T WAS CREATED OR
PROPERTY INFORMATION			
LOT: NA BLOCK: NA SUB	: NA		PLATTED:
PROPERTY ID #: 31-38-16-02415-	ood zoning	: I/M OR EQ	QUIVALENT: [Y / N]
PROPERTY SIZE: 5,28 .CRES WAT	ER SUPPLY: [X] PRI	VATE PUBLIC []<=	2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.00	65, FS? [Y/N]	DISTANCE	TO SEWER: NA FT
PROPERTY ADDRESS: 557 SW Hunter			
US-90W, TL by to H		ain Blud,	TR byto
BUILDING INFORMATION	() RESIDENTIAL	[] COMMERCIAL	
	. of Building drooms Area Sqft	Commercial/Instituti Table 1, Chapter 64	ional System Design 2-6, FAC
1 SF Residential 2	3_1586.5	1	-
3	-		
[] Floor/Equipment Drains [] Other (Specify)		
SIGNATURE: William S. B.	iskap II	DATE	E: 11/11/2021
DH 4015, 08/09 (Obsoletes previo Incorporated 64E-6.001, FAC			Page 1 of 4

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

		Permit Application Number	21-0170
Mactalou	10		, ,
Castagr	PART II - SITER	PLAN	
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Scale: 1 inch = 40 feet.	1		010
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Notes:			
1	acre of 5.28		
	WALE DT 5.98		
	7		
Site Plan submitted by:	illian S. Bishop IF	MASTER	CONTRACTOR
Plan Approved	Not Approved		11 11 01
Ву)	Date	
	F52	<u>Lolumbia</u> County	Health Department
ALL CHANGES	WIST DE ADDROVED DU		11/18/51
ALL CHANGES	MUST BE APPROVED BY THE	COUNTY HEALTH DEPARTME	NT
DH 4015, 08/09 (Obsoletes previous editions	which may not be used) Incorporated: 64E	-6.001, FAC	Page 2 of 4
(Stock Number: 5744-002-4015-6)			1 280 2 01 4

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