

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO. 20-0515
DATE PAID: 100 CONTROL OF THE PAID: 100 CONTROL OF T

APPLICATION FOR CONSTR	UCTION PERMIT		67 60
APPLICATION FOR: [] New System [] Existing Syst [] Repair [] Abandonment APPLICANT:	em [] Holding [] Temporar		
MAILING ADDRESS: 5809 Lake T-	efferg Rd	TELEPHONE: 4043	470572
TO BE COMPLETED BY APPLICANT OR APPLICAN BY A PERSON LICENSED PURSUANT TO 489.105 APPLICANT'S RESPONSIBILITY TO PROVIDE DO PLATTED (MM/DD/YY) IF REQUESTING CONSIDE	(3) (m) OR 489.552, FLO CUMENTATION OF THE DAT	RIDA STATUTES. IT IS E THE LOT WAS CREATED	OR OR
PROPERTY INFORMATION		-,	
BLOCK: SUBDIVISION:			
PROPERTY ID #: 35-16-02045 - P	ZONING:	/M OR EQUIVALENT: []	Y / N]
PROPERTY SIZE: 10 ACRES WATER SUPPL			
IS SEWER AVAILABLE AS PER 381.0065, FS? PROPERTY ADDRESS: 5809 Lake V			2 <u>5</u> FT
	,		
DIRECTIONS TO PROPERTY: Head NW	1	1	
from Bassom Noria Rd o Come to 5809 on mail b			
BUILDING INFORMATION [] RESID			
Unit Type of No. of No Establishment Bedrooms	Area Sqft Table 1, Ch	Institutional System apter 64E-6, FAC	Design
1 Pole Barn	1800 ORIG	SINAL ATTACHED	
3			
4			
[] Floor/Equipment Drains [] Oth	er (Specify)	0 . **	
SIGNATURE:		DATE: 26)	une 2020

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

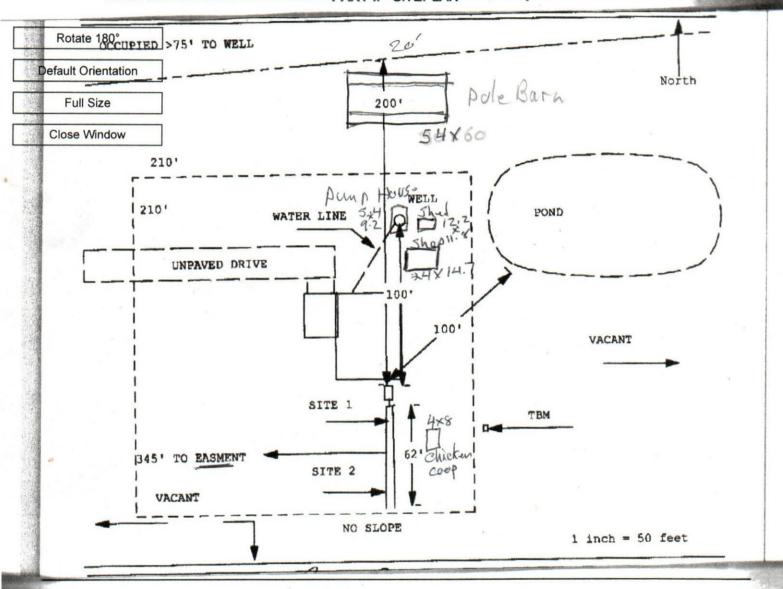
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----- PART II - SITEPLAN -----



Plan Approved Not Approved Date 26 Jun 2026

By County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT