

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

*	DI 2027
PERMIT NO.	11-070/
DATE PAID:	1174121
FEE PAID:	310:00
RECEIPT #:	1741880

APPLICATION FOR:  [	Existing Systematics   Abandonment	em [	]	Holding Temporar	Tank Y	]	]	Innovative
APPLICANT: GOLDONAYERS (C&	3)							
AGENT: ROBERT FORD III- NORTH	FLORIDA SEPTIO	C TANK INC			TEL	EPHO	NE:	386-755-6372
MAILING ADDRESS: 741 SE STATE								
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUAN APPLICANT'S RESPONSIBILITY T PLATTED (MM/DD/YY) IF REQUES	OR APPLICANT TO 489.105 TO PROVIDE DOG STING CONSIDER	T'S AUTHOR (3)(m) OR CUMENTATIO RATION OF	489. N OF	AGENT. 552, FLO THE DAT	SYSTI RIDA S E THE ANDFA	EMS I STATI LOT THER	MUST UTES WAS	S. IT IS THE CREATED OR OVISIONS.
PROPERTY INFORMATION								
LOT: BLOCK:	SUBDIVISION:	NA					PI	LATTED:
PROPERTY ID #: 14-4S-15-00370-0	02	ZONIN	G: _	I	/M OR	EQU	JIVA	LENT: [ No 🖃 ]
PROPERTY SIZE: 20 ACRES	WATER SUPPLY	Y: [ ] PR	IAVI.	E PUBLIC	c [ ]	]<=2	000G	PD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 38	1.0065, FS?	[ No 🔽 ]		D	ISTAN	CE I	o si	EWER:FT
PROPERTY ADDRESS: 2065 SW ANI								
TRUN ANCURSOR	on 147, 15t, to	bear 20108	R	on 22	42,		-01	n Sabrei
BUILDING INFORMATION	[✓] RESIDE	ENTIAL		[ ] COM	ŒRCIA	AL.		
Unit Type of No Establishment	No. of Bedrooms	Building Area Sqft	Com	mercial/1	Instit	utic 64E-	onal	System Design
1 <u>MH</u>	3	1476						
2	-							
3								
4								
[ ] Floor/Equipment Drains	[ ] Othe	r (Specify	z) _					
SIGNATURE: ROVERT W	. Ford (	W			I	DATE	: 1	1/1/21

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Volt 35

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## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

MEYER G	ndm PART II - SITEPLAN	·
	21	
Scale: 1 inch = 40 feet.	PROPOSED - LL	SO'
Notes:		
104	76 ACRES STEE ATTOX has	/
	The state of the s	1
Site Plan submitted by:		CONTRACTOR
Plan Approved	Not Approved	Date/ / 8 / 2 7
Ву	Compas	County Health Department
	S MUST BE APPROVED BY THE COUNTY HEALTH DE	

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