

STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 33-0837
DATE PAID: 777739
FEE PAID: 810.00
RECEIPT #: 2026 883

APPLICATION FOR CONSTRUCTION PERMIT

FOR CONSTRUCTION PERMIT	
APPLICATION FOR: [] New System [] Existing System [] Holding [] Repair [] Abandonment [] Temporapplicant: Deep Paylor G + Daniel Burke AGENT: Jeff Hardee MAILING ADDRESS: 6450 NW 72 Lane Chiefland, Fl 32626	rary [] Innovative rary [] EMAIL: jeffhardeehep@aol.com TELEPHONE: 3562-949-0592
TO PE COMPANY	
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, EAPPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DEPLICANT OF THE DEPLICANT OF THE DEPLICANT OF THE DEPLICANT OF STATUTORY OF THE DEPLICANT OF THE	SYSTEMS MUST BE CONSTRUCTED LORIDA STATUTES. IT IS THE LOT WAS CREATED OR GRANDFATHER PROVISIONS
INTORMATION	
SURDIVISION.	DS REMEDIATION PLAN? [Y / N :
PROPERTY ID #: 10-78-11-09969-004 ZONING:	PLATTED:
ZONING:	I/M OR EQUIVALENT: [Y / N]
PROPERTY SIZE: 1.9 ACRES WATER SUPPLY: [Y] PRIVATE PUBL:	
IS SEWER AVAILABLE PUBL:	IC []<=2000GPD []>2000GPD
TO but on Right DW just about Personnet and	Springs, Il
to the property: 71 South 4/1 SE	haid marine
to but on Right DW just about Personent ands	THE TANK LN
UILDING INFORMATION [V] RESIDENTIAL [] CO	0.5
nit Trans of	- Contraction
O. Establishment Building Commercial	/Institutional System Design
1 Mobile Home 3 Due	hapter 62-6, FAC
1 Mobile Home 3 1216	
2	
3	
4	
] Floor/Equipment Drains [] Other (Specify)	
GNATURE: John Louis	DATE: 12-8-23
P 4015, 06-21-2022 (Obsoletes previous editions which may not	7 0.25
corporated 62-6.004, FAC	be used)

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

	Permit Application Number 33-0837
PAPT	11-SITEPLANPoula Dexp
Scale: Each block represents 10 feet and 1 inch = 40 fe	II OILLI LAN
To leet and 1 Inch = 40 ft	eet.
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224	- Imbly vol
	a 136
	89. 210
	- Luce
112	
90	36,6
7	75' to Postert forther
otes: Line role & Clay Present in of	Ler areas of 6+, Install AF at minimum
10 Bein Gall.	
ite Plan submitted by:	
	Approved Date
	County Health Department
ALL CHANGES MUST BE APPRO	VED BY THE COUNTY HEALTH DEPARTMENT
EP 4015 06-21-2022 (Obsoletes previous aditions which	THE STATE OF THE PARTIE OF THE

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated: 62-6.004, F.A.C.