SU

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0301E

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.

See attached

Notes: Kuhn

Site Plan submitted by:

Plan Approved ✓ Not Approved Date 6.21.12

By [signature] Salli Ford County Health Department

Columbia CHD

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

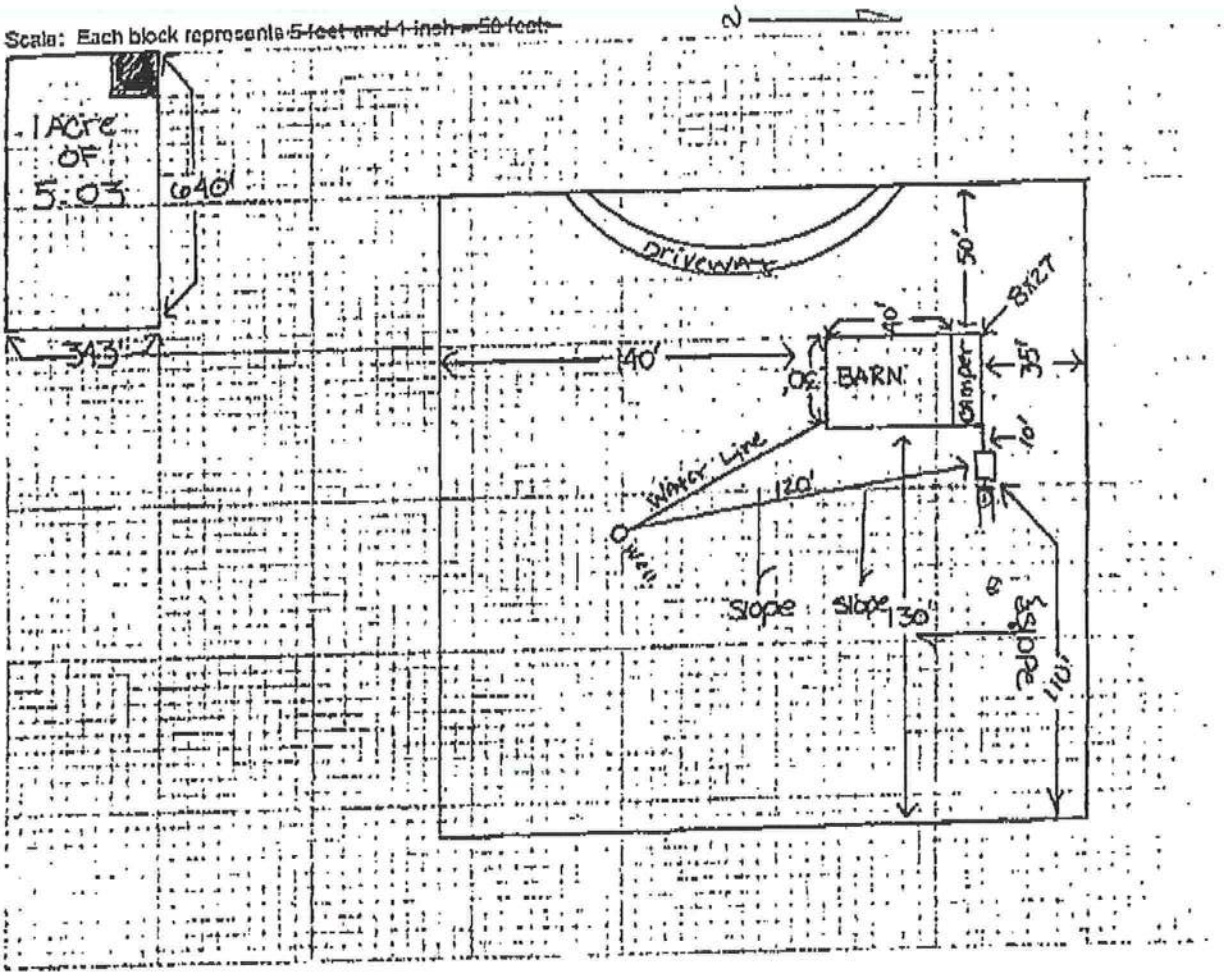
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number – 120301E

PART II - SITE PLAN

Scale: Each block represents ~~5 feet and 1 inch = 50 feet~~



Notes: Kuhn

Site Plan submitted by _____ Signature _____ Title _____

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/00 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 6744-002-4015-5)

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