



Incorporated 64E-6.001, FAC

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

PERMIT NO.	12-0324
DATE PAID:	(21/2/18)
FEE PAID:	310.00
RECEIPT #:	1924030
AP10802	91

Page 1 of 4

M N	TION FOR: ew System epair	[] Ex	isting Syst	tem []	Holding Tank Temporary	E]	Innovative
APPLICA	NT: Christoph	er & Tamn	i Wilson						
AGENT: I	ROCKY FORD, A	& B CONS	TRUCTION			TE	LEPH	ONE :	386-497-2311
MAILING	ADDRESS: P.O	. BOX 39	FT. WHITE,	FL, 32038		×-5			
BY A PER APPLICAL PLATTED	RSON LICENSED NT'S RESPONSI (MM/DD/YY) I	PURSUANT BILITY TO F REQUEST	TO 489.10	5(3)(m) OR OCUMENTATION	489 ON C	D AGENT. SYS .552, FLORIDA OF THE DATE TH TUTORY GRANDF	STATE LOT	TUTE WA	S CREATED OR
	Y INFORMATION								
LOT: 15	BLOCK:	na s	UB: Icheti	cknee Wil	lder	ness (unr)		- P	LATTED:
PROPERT	Y ID #: 6-6S-	-16-03784	1-115	ZONII	NG:	I/M (OR EQ	UIVA	ALENT: [Y N]
	the state of the s			~					GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y N DISTANCE TO SEWER:FT									
PROPERT	Y ADDRESS: 52	0 SW Qua	rter Lane	, Fort Wh	ite,	FL, 32038			
DIRECTI	ONS TO PROPER	TY: 47 Se	outh, TR o	n Herlong	, T	R on Drew Fe	agle	, TI	on Quarter
lane,	90 right, 90	left, t	hen straig	pht off er	nd a	t next turn			
								_	
BUILDIN	G INFORMATION	ı	ÎXÎ RESI	DENTIAL		[] COMMERC	IAL		
	ype of stablishment					mmercial/Inst ble 1, Chapte			l System Design FAC
1	SF Residenti	al	3	1901					
2									
3					-				
IN F	loor/Equipmen	t Drains	[N Oti	er (Speci:	fy)				
SIGNATU	RE: Koch	7	1-5			No. 16 that had been seen as the second	DAT	E: 8	7/6/2012
DW 4015	08/09 (05-4	lotos pre	wione edit	ione which	may	not be used)			

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

. 1	Pem	nit Application Number_	10-1014			
W/son			* *************************************			
	PART II - SITEPLAN					
Scale: 1 inch = 40 fact	310		<u> </u>			
Scale: 1 inch = 40 feet.		North	125			
	Ž	19050	T Port			
	Feet Janker	167 well	13			
Notes: 185.04 Ac	CKS SEER ATTAC	HED				
20110	July 11 11	11100				

01	7					
Site Plan submitted by:) / /	MASTI	ER CONTRACTOR			
Plan Approved X	Not Approved	D	late \$16110			
By Mallonia	Celi	woig Cou	nty Health Department			
		ane of Muser a sink w	ave: 17			
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT						
DH 4015, 08/09 (Obsoletes previous editions which ma	y not be used). Incompreted: 64E 6 00:	I FAC	Page 2 of 4			
(Stock Number: 5744-002-4015-6)	y not be used) incorporated: 64E-6.00	i, rao	Page 2 01 4			

