

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

PERMIT NO.	12-2079
DATE PAID:	Kalle
FEE PAID:	310.00,
RECEIPT #:	1790304

APPLICATION FOR: [Existing System Abandonment		[] Innovative
APPLICANT: JAMES HATIN (IRO	NWOOD)		
AGENT: ROBRT FORD III- NORTH			LEPHONE: 386-755-6372
MAILING ADDRESS: 741 SE STAT	TE ROAD 100, LAKE CITY FI	LA 32025	
TO BE COMPLETED BY APPLICAN BY A PERSON LICENSED PURSUA APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUE	NT OR APPLICANT'S AUT ANT TO 489.105(3)(m) TO PROVIDE DOCUMENTA ESTING CONSIDERATION	HORIZED AGENT. SYST OR 489.552, FLORIDA FION OF THE DATE THE OF STATUTORY GRANDER	FEMS MUST BE CONSTRUCTED STATUTES. IT IS THE E LOT WAS CREATED OR ATHER PROVISIONS.
PROPERTY INFORMATION			
LOT: 3 BLOCK: B	SUBDIVISION: COUNT	RY LANE ESTATES	PLATTED:
PROPERTY ID #: 27-28-16-01770- PROPERTY SIZE: 5.34 ACRES IS SEWER AVAILABLE AS PER 3 PROPERTY ADDRESS: 197 NW AL DIRECTIONS TO PROPERTY: 4	S WATER SUPPLY: [v] B81.0065, FS? [No T YSSA GLN, LAKE CITY FLA North + L on	PRIVATE PUBLIC [] DISTA B BAUGHN Rd]<=2000GPD []>2000GPD INCE TO SEWER:FT FO NW MULE WAY
BUILDING INFORMATION Unit Type of No Establishment 1 MH	No. of Building Bedrooms Area So	g Commercial/Insti ft Table 1, Chapter	IAL itutional System Design r 64E-6, FAC
3			
4			
[] Floor/Equipment Drain	ns [] Other (Spec	eify)	
SIGNATURE: Roban Jd	@		DATE: 1-30-2022

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

1=40 210 20 301 210 30×48' 3 BR AC of 5.34 AC 210' ALYSSA GIN. NW Plan submitted by Ralust w 1-30-2022 Approved Not Approved 2/8/22 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY MEALTH DEPARTMENT