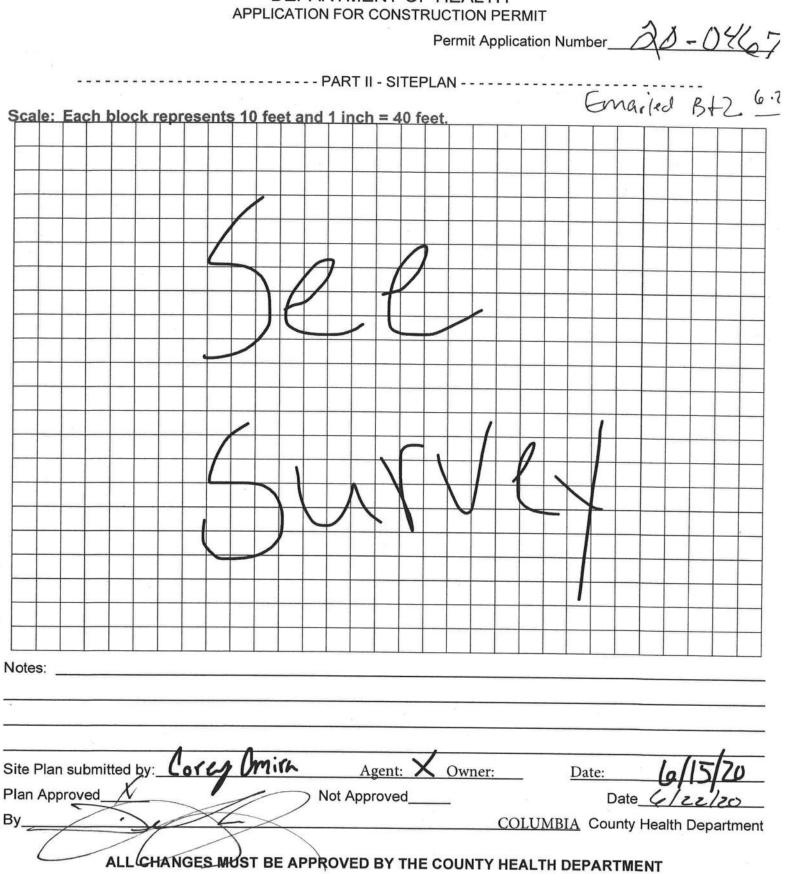
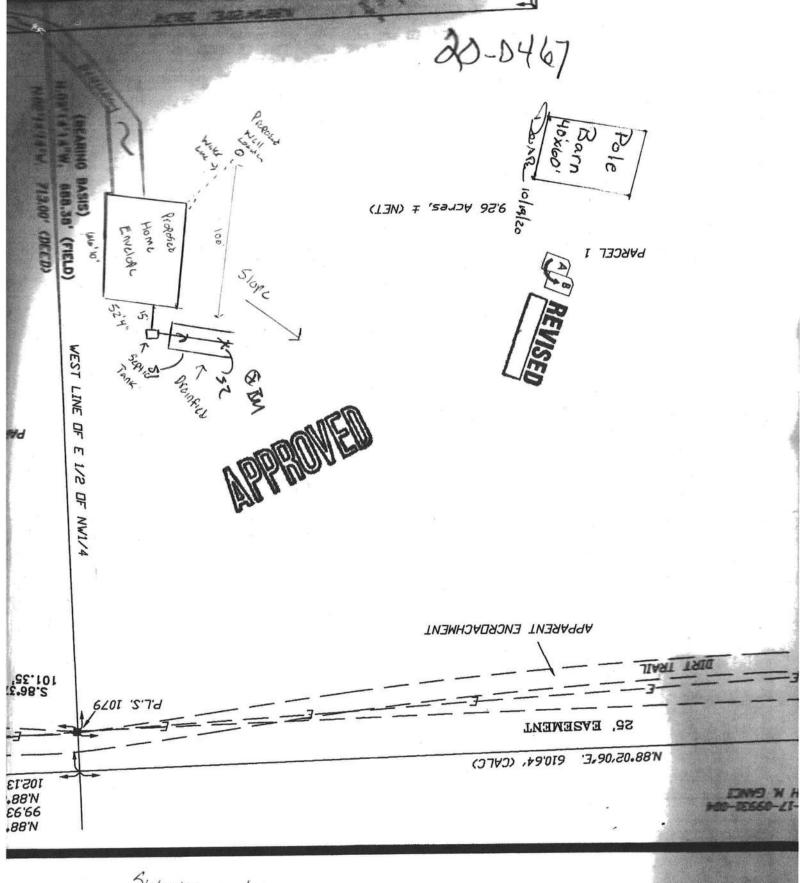
## STATE OF FLORIDA DEPARTMENT OF HEALTH



DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)



Conyh Ce/11/20

## 330 164005aa4



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

PERMIT NO.	20	N	4	27
DATE PAID: FEE PAID:	2	RI	1à	120
RECEIPT #:	15	Ž	75	2

[ ]	CATION FOR: New System [ ] I Repair [ ] I			Tank [ ]	Innovative		
APPLIC	CANT: Don all + Denise	Buck					
AGENT: Coray Amira TELEPHONE: 352-870-906							
MAILIN	MAILING ADDRESS: 14901 Main Street Alachna, FL 32615						
BY A I APPLIC	COMPLETED BY APPLICANT PERSON LICENSED PURSUANT CANT'S RESPONSIBILITY S ED (MM/DD/YY) IF REQUES	NT TO 489.105(3)(m) TO PROVIDE DOCUMENTS	OR 489.552, FL ATION OF THE DA	ORIDA STATUTES TE THE LOT WAS	S. IT IS THE S CREATED OR		
PROPE	RTY INFORMATION						
LOT:	BLOCK:	SUBDIVISION:		P	LATTED:		
	PETY ID #: _07-75-17			51			
PROPEI	RTY SIZE: 9.26 ACRES	WATER SUPPLY: [ 🗸	PRIVATE PUBL	IC [ /]<=20000	SPD [ ]>2000GPD		
IS SEV	VER AVAILABLE AS PER 3	31.0065, FS? [ Y 🕖	) I	DISTANCE TO S	EWER: NA FT		
PROPE	RTY ADDRESS: 650	SW ROCK Way Ft	- White FL				
	TIONS TO PROPERTY: Fro						
	right ofto SW ROL			~			
BOILD	ING INFORMATION	[ /] RESIDENTIAL	[ ] co	MMERCIAL			
Unit No	Type of Establishment		ng Commercial		l System Design FAC		
1	SFR	3 2,18	8	2			
2	POLE BARN	Ø 2400		3V/>			
3			N. S.	12/			
4				4			
<b>C</b> 3	Floor/Equipment Drain	s [ ] Other (Spe	(4.3)				
SIGNA	TURE: Cory h			DATE:	6/11/20		