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

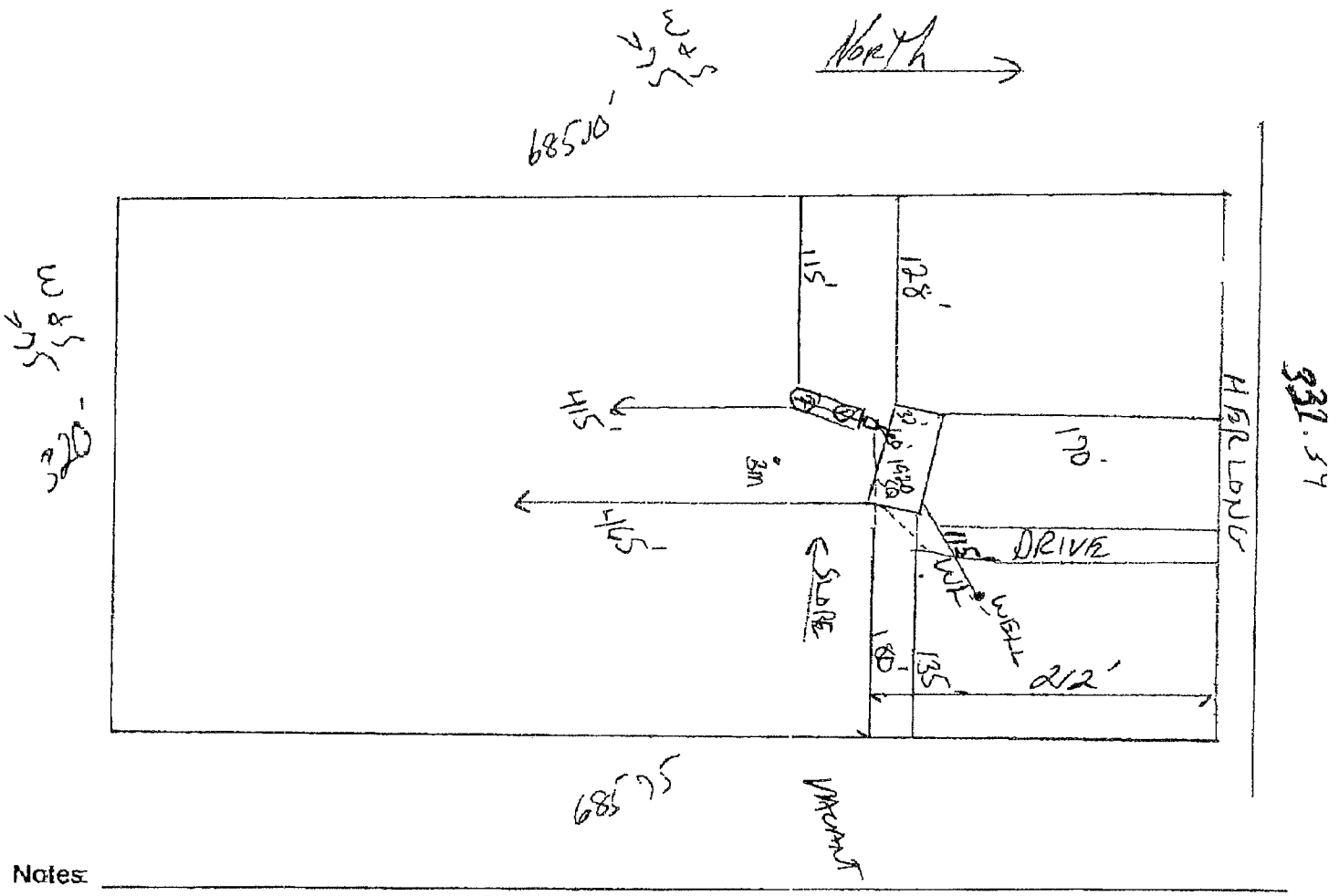
Permit Application Number 14-0176

Hall

100'

PART II - SITEPLAN

Scale 1 inch = ~~40~~ feet



Notes: _____

Site Plan submitted by: _____ MASTER CONTRACTOR

Plan Approved ✓ Not Approved ____ Date 4/14

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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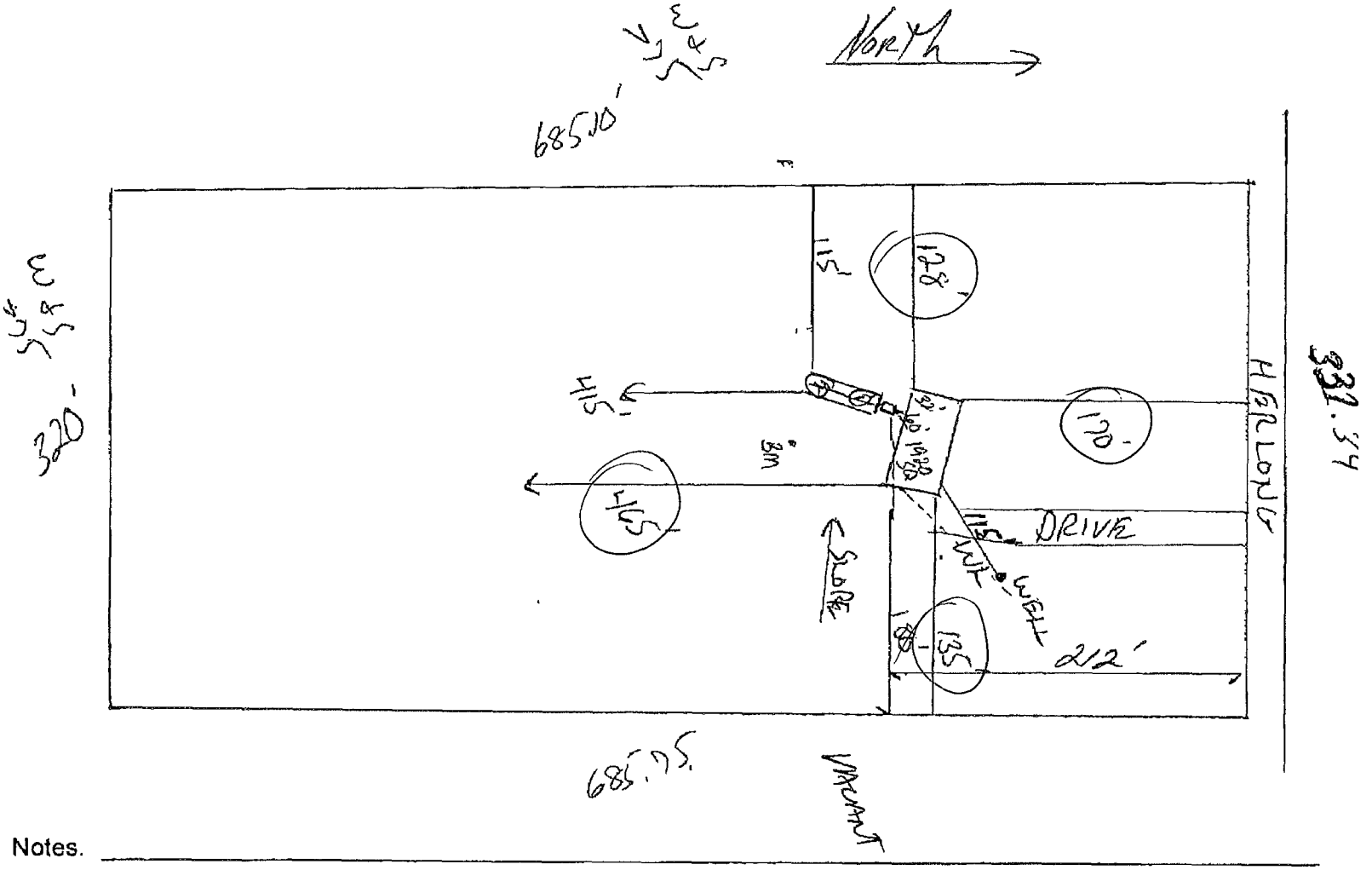

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