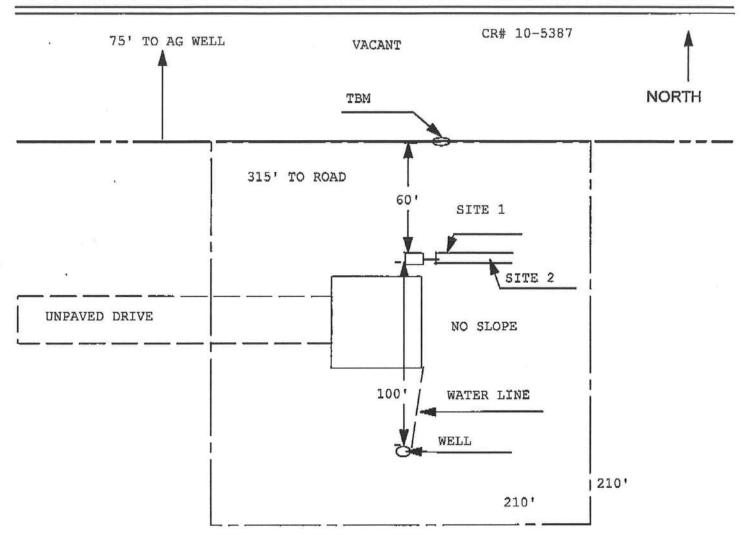
Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



1 inch = 50 feet

	A STATE OF THE PARTY OF THE PAR						
Site	Plan Submit	ted By Not Ap	proved	Hay Dat		2/2	3/12
By_		Lord		Health	Director		CDHA 3 13.15
Note	s: <u>See attac</u>	hed forfu	1		Calum	MA	***
	Property	view.					



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL

CR#	10-5	387	
PERMIT NO.	12	1-D.	115
PAID:	4	1391	TA
TEE PAID:	(3)	00	Tal
ECEIPT #:	18	200	41

APPLICAT	ON FOR CONSTRUCTION	N PERMIT	" TOWNYT					
APPLICATION FOR: [X] New System [[] Repair [[] Innovative					
APPLICANT: BOBBY D. BAIR	D							
AGENT: GAMBLE CONSTRUCTION / PAUL LLOYD TELEPHONE: (386) 364-1234								
MAILING ADDRESS: 8588 US	HWY 90	LIVE OA	K FL 32060					
TO BE COMPLETED BY APPLI BY A PERSON LICENSED PUR APPLICANT'S RESPONSIBILI PLATTED (MM/DD/YY) IF RE	RSUANT TO 489.105(3)(m) TY TO PROVIDE DOCUMENT	OR 489.552, FLORIDATION OF THE DATE T	HE LOT WAS CREATED OR					
PROPERTY INFORMATION								
IOT: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED:								
PROPERTY ID #: 16-5S-17-09272-008 ZONING: AG I/M OR EQUIVALENT: [NO]								
PROPERTY SIZE: 5.300 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD								
IS SEWER AVAILABLE AS PER 381.0065, FS? [NO] DISTANCE TO SEWER: N/A FT								
PROPERTY ADDRESS: SW MIXON DRIVE								
DIRECTIONS TO PROPERTY:	41 SOUTH TURN RIGHT ON RIGHT ON MIXON DR. (JUS LEFT.							
BUILDING INFORMATION [X] RESIDENTIAL []	COMMERCIAL						
Unit Type of No. Establishment	No. of Building Bedrooms Area S		itutional System Design = 64E-6, FAC					
1 EQUIPMENT BARN	02,	500						
2		Held for	clear Plooplan,					
3			cd3.13.12					
4								
[] Floor/Equipment Dr	ains] Other (Speci	ify)						
SIGNATURE: Flan	They I		DATE: 2/29//2					

DH 4015, 08/09 (Obsoletes previous editions which may not be used)

Incorporated 64E-6.001, FAC

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