46284



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

PERMIT NO	20-20/0"
DATE PAID:	- THE
FEE PAID:	Short de
RECEIPT #:	(An -DD)
l	504600

[] New System [√ [] Repair [tom		722 (FE) (E) (E) (F) (F)				SOTO
	J Existing Sys J Abandonment		[]	Holding Te Temporary	ank]]	Innovative
APPLICANT: Mamie Wilson				<u> Lang</u>				
AGENT: Dale Burd / Dale Burd LI	c				TET.E	DHO	MD.	386-365-7674
MAILING ADDRESS: 20619 Con	unty Road 137, Lake C	City, FL. 3202	1		TELLE	PHO	NE:	380-363-7674
Agent an earlier and the second and					-		-	
TO BE COMPLETED BY APPLIC BY A PERSON LICENSED PURS APPLICANT'S RESPONSIBILIT PLATTED (MM/DD/YY) IF REC	SUANT TO 489.10	5 (3) (m) OF OCUMENTATI	489 ON OI	552, FLORI THE DATE	YSTEI DA S' THE]	MS M TATU LOT	iust Ves Was	BE CONSTRUCTE . IT IS THE
PROPERTY INFORMATION			*		SERI!	====	PRO	VISIONS.
LOT: NA BLOCK: NA	SUBDIVICION	. Mat. 6 D						
		: Weies & B	ounds				PL.	ATTED: NA
PROPERTY ID #: 09-3S-16-0204	47-000	ZONII	īg: /	g I/M	OR	EOUT	VAT.	FNT: f No.
ROPERTY SIZE: 2 ACR	EG WAMED CLIPS		_			201	. • • • • •	ENT: [No]
ROPERTY SIZE: 2 ACR	SUPPL	Y: [✓] Pi	RIVAT	E PUBLIC]<	=200	OOGE	PD []>2000GPD
S SEWER AVAILABLE AS PER				DIS	TANCE	то	CP	WER: na FT
							951	ner na em
ROPERTY ADDRESS: 6600 NW	Lake Jeffery Road, La	ke City, FL, 3	2055	510		70 100	GEI	MEK: <u>na</u> FT
ROPERTY ADDRESS: 6600 NW IRECTIONS TO PROPERTY: U								FT
ROPERTY ADDRESS: 6600 NW IRECTIONS TO PROPERTY: U								nek. na FT
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IRECTIONS TO PROPERTY: U	S YU West, 1K Lake Jo	effery Koad, A	рргох	o mites to addre	ess on i	right		
JILDING INFORMATION oit Type of Establishment	[✓] RESIDE	effery Koad, A	pprox [COMMERC	CIAL	right	-1 (
IRECTIONS TO PROPERTY: U	[/] RESIDE No. of Bedrooms	effery Koad, A	Comm	COMMERCE arcial/Insta	CIAL	ion:	-1 (
JILDING INFORMATION oit Type of Establishment	[/] RESIDE No. of Bedrooms	effery Koad, A ENTIAL Building Area Sqft	Comm	COMMERC	CIAL	ion:	-1 (
JILDING INFORMATION Dit Type of Establishment 1 SF Residential	[/] RESIDE No. of Bedrooms	effery Koad, A ENTIAL Building Area Sqft	Comm	COMMERCE arcial/Insta	CIAL	ion:	-1 (
JILDING INFORMATION Dit Type of Establishment SF Residential	[/] RESIDE No. of Bedrooms	effery Koad, A ENTIAL Building Area Sqft	Comm	COMMERCE arcial/Insta	CIAL	ion:	-1 (
JILDING INFORMATION Dit Type of Establishment SF Residential	[✓] RESIDE No. of [Bedrooms 2]	ENTIAL Building Area Sqft	Comm Tabl	COMMERCE arcial/Insta	CIAL	ion:	-1 (
JILDING INFORMATION Dit Type of Establishment 1 SF Residential	[✓] RESIDE No. of [Bedrooms 2]	effery Koad, A ENTIAL Building Area Sqft	Comm Tabl	COMMERCE arcial/Insta	CIAL	ion:	-1 (
JILDING INFORMATION Dit Type of Establishment SF Residential	[✓] RESIDE No. of [Bedrooms 2]	ENTIAL Building Area Sqft	Comm Tabl	COMMERCE arcial/Insta	CIAL	ion:	-1 (

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STATE OF FLORIDA DEPARTMENT OF HEALTH

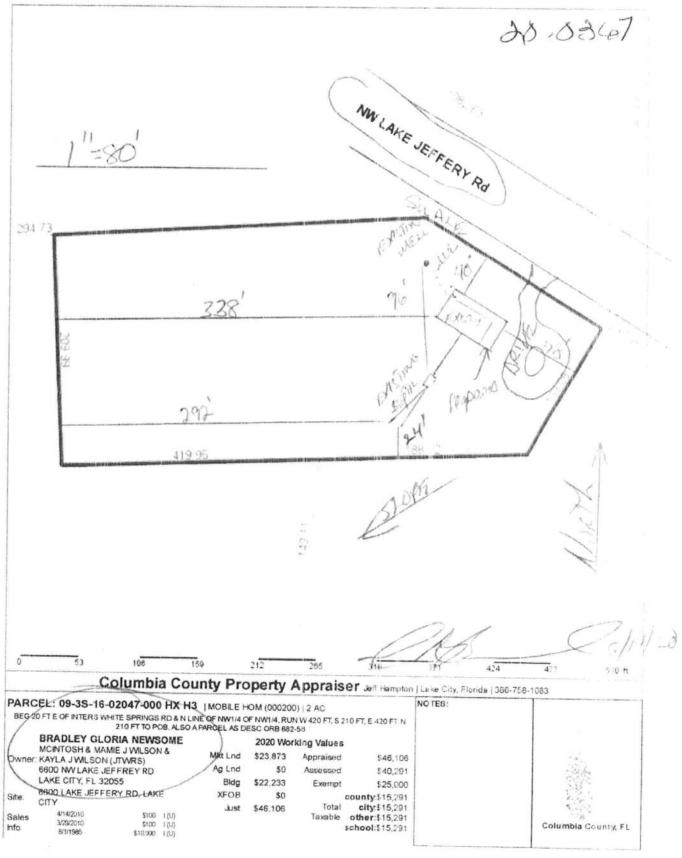
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

AFFLICATION FOR C	Permit Applica	tion Number 20-)367
MISON	PART II - SITEPLAN	
Scale: 1 inch = 40 feet.		
	Λ	
	0 26 140	
	Plansky Harband	
	Mr. S. Br.	
Notes:		
Site Plan submitted by: Plan Approved	Not Approved	CONTRACTOR
. Idii Approvod	Not Approved	Date

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

County Health Department



KM Reg 5/19/2020