

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

	71		11-
PERMIT NO.	al	1	453
DATE PAID:	5	114	1110
FEE PAID:	=	3	173
RECEIPT #:	110	. 2	150
	-		

1.0	150	SYSTEM			2		00.22	RECE	EIPT	#: 14045	365
	CATION	FOR:		FOR CONST					-		
	Repair	rstem	[ ]	Existing Sy Abandonment	stem [	]	Holding Ta Temporary	nk [	]	Innovativ	9
				RRAGANSETT							
AGENT	: PAUL	LLOYD						TELEPH	ONE :	(386) 288-23	17
MAIL	ING ADDI	RESS: 396	NW 008	STERHOUDT LA	NE		LAKE	CITY	-	FL 320	55
BY A APPLI	PERSON CANT'S	LICENSED RESPONSI	PURSUA BILITY	T OR APPLICA INT TO 489.10 TO PROVIDE D STING CONSID	05(3)(m) OOCUMENTAT	R 48	9.552, FLORI OF THE DATE	DA STA	ATUTI	ES. IT IS	THE
PROPE	ERTY INF	ORMATION									
LOT:	F	BLOCK:	С	SUBDIVISION	NORTHW	ANE	ACRES		_ F	LATTED:	
PROPE	ERTY ID	# : <u>02-3S-</u>	16-01945	-005	ZON	NG:	RES I/M	OR EC	QUIV	ALENT: [	NO ]
PROPE	ERTY SIZ	E: 2.000	ACRES	WATER SUPP	TA: [X]	PRIV	ATE PUBLIC	[ ]<=	2000	GPD [ ]>2	000GPD
IS SE	WER AVA	ILABLE A	S PER 3	81.0065, FS?	[ NO	]	DIS	TANCE	TO	SEWER: N/	A FT
PROPE	ERTY ADD	RESS:	NW	OOSTERHOUD	Γ LANE						
DIREC	TIONS TO	O PROPER	TY: TA	KE 41 NORTH, <sup>1</sup>	TURN LEFT	ON (	OOSTERHOUDT	LANE,	SITE	ON LEFT.	
BUILE	ING INF	ORMATION	[X]	RESIDENTIAL	r [ ] c	OMME	RCIAL				
Unit No.	Type of Establi			No. of Bedrooms	Building Area Sqf	t T	ommercial/Ins able 1, Chapt	stituti er 64E	onal	. System Des FAC	sign
1	MOBILE	номе		3	1,064	4					
2											
3											
4	****										
[ ]	Floor/E	quipment	Drain	s My Other	(Specify	7)					
SIGNA	TURE:	1 Con	14	Mel				DAT	E: _	5/12/2,	/

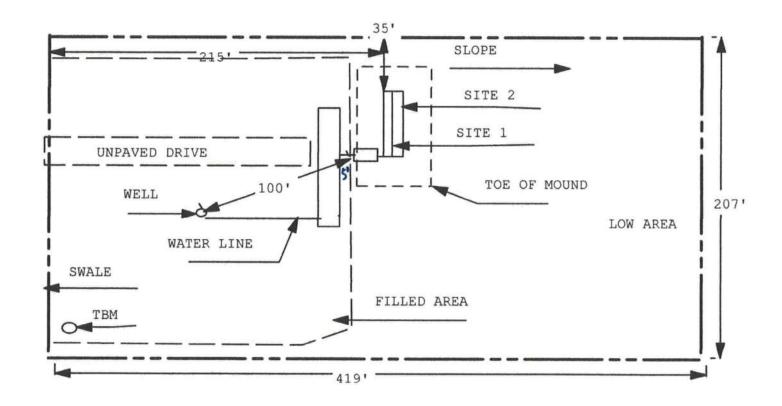
DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

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



CR# 10-8230



NO WELLS WITHIN 100'

1 INCH = 60 FEET

Site Plan	Plan Submitted Approved/	By Con Kl	Date S/18/	5/8/2/ HNH
ву	Keh	her	Columbia	СРНИ
Notes	3:			