

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

PERMIT NO. 20. 3571
DATE PAID: 310.30
RECEIPT #: 150.20944

APPLICAT	TION FOR: w System	[] Ex	cisting Sys	tem	[]	Holding Temporar	Tank	1	1	Innovative
	T: Wayne Sn		, and oranger o				•			
AGENT: R	OCKY FORD, A	& B CONS	TRUCTION				TEL	ЕРНС	NE:	386-497-2311
MAILING	ADDRESS: 546	SW Dorte	ch Street,	FT. WHITE	, FL,	32038			tione et al con	
TO BE CO BY A PER APPLICAN PLATTED	MPLETED BY A RSON LICENSED IT'S RESPONSI (MM/DD/YY) I	PPLICANT PURSUANT BILITY TO	OR APPLICA T TO 489.10 D PROVIDE D TING CONSID	NT'S AUTHO 5(3)(m) OF OCUMENTAT ERATION OF	ORIZE R 489 ION O	D AGENT. .552, FLO F THE DAT TUTORY GE	SYST ORIDA TE THE NANDFA	EMS STAT LOT THER	MUS' UTE: WA: PRO	
	INFORMATION									
LOT: 12_	BLOCK:	NA	SUB: Briar	Patch Es	tate	9			P	LATTED:
PROPERTY	ID #: <u>05-78</u>	S-16-041	38-112	ZON	NG:		I/M OF	EQU	JIVA	LENT: [Y [N]
PROPERTY	SIZE: 10.02	2 ACRES	WATER SUPP	ra: [X] 1	PRIVA	TE PUBLI	c []<=2	0000	3PD []>2000GPD
IS SEWER	AVAILABLE A	S PER 381	.0065, FS?	[X \ [M]	I		DISTAN	ICE 7	ro s	EWER: NA FT
	ADDRESS:									
DIRECTIO	NS TO PROPER	TY: He	ad W.	ON NE	F	rank	lin	S	t,	TL onto
NW r	naun E	31Vd,	Stight	t nia	nt	onto	F	1-	4	1S, TR
ont	W. rio	ent of	way tar Pat	StIT	Lt	Mto	Wil	Sm	1	Springs Ro
	pe of		~						onal	L System Design
	tablishment		Bedrooms			ble 1, Ch				77
1 s	SF Residenti	ial	3_	1624						
3									-	
[] F1	.oor/Equipmen				fy)					
SIGNATUR	E: 177.	ellea	D. Biskop	4				DATE	: 7	/17/2020

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

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STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	``	Permit Application Number	er ov to III
Snodgrass	5 (DOWSON) PART II - SITEP	LAN	3
		DAN	SW Briar 20
Scale: 1 inch = 40 feet.	210'		THE DITE
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	Α.	1624 8	
	William	\ /	
	(cos		
	wells	Y	
	Wee		
		39,	
Notes:			
A 0000 00	10.00		
1 acre of	10.02		
Site Dlan submitted by Will	lin D. Bishop IF		
Site Flair submitted by		MA	STER CONTRACTOR
Plan Approved	Not Approved	- , , , .	Date_7-17-20
Ву		churtica (County Health Department
ATT CHANGES MUS	ST BE APPROVED BY THE	COUNTY HEAT THINED	7/22/20
C TILL STIMINGES MO	o. Deminoted Di IIII	- COUNTY HEALTH DEF	THE PROPERTY I

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