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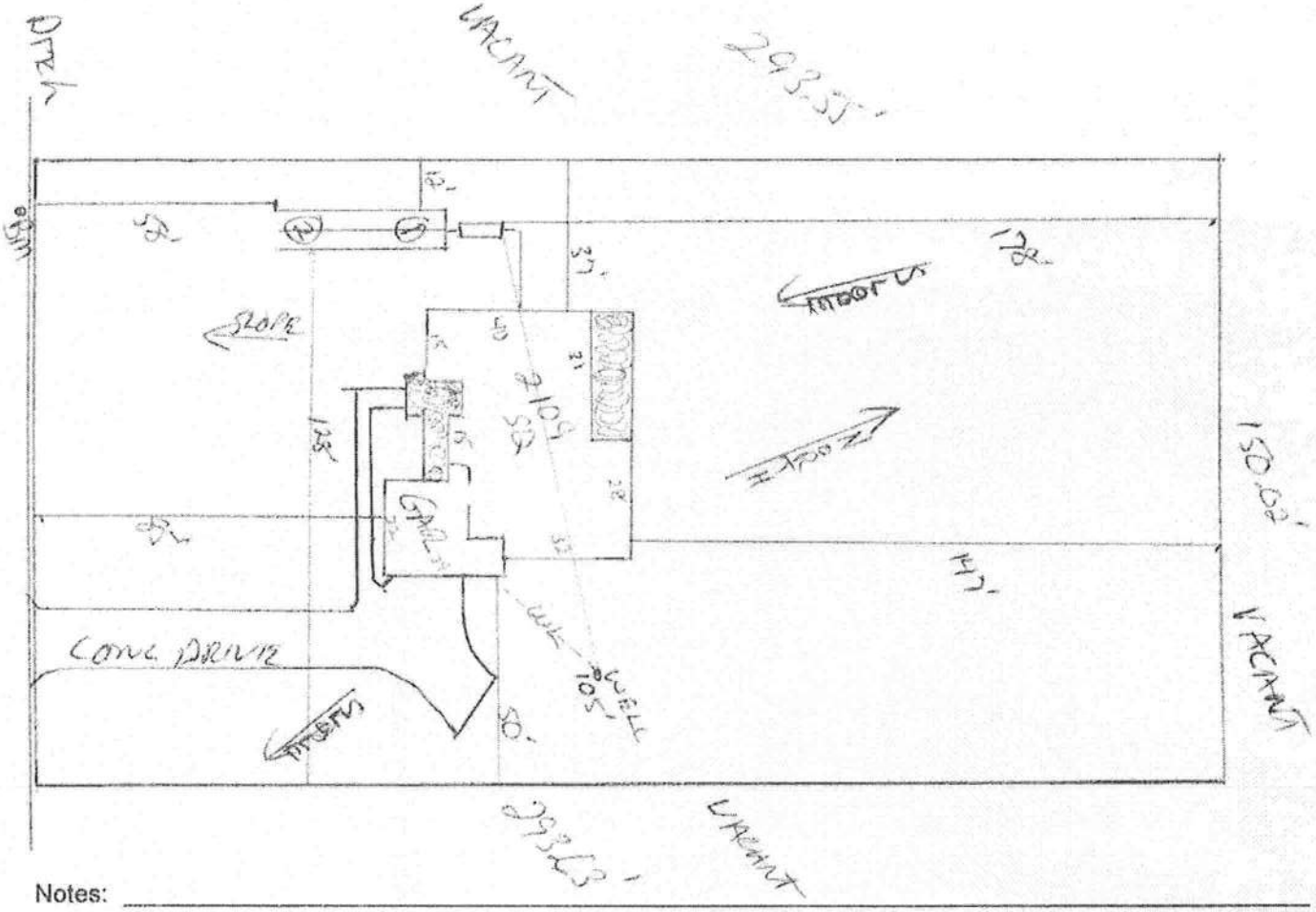
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-3488

Oaks of Lake City --- PART II - SITEPLAN ---

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Rocky D Tyo MASTER CONTRACTOR

Plan Approved X Not Approved ____ Date 11/9/12

By _____ Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT