



Ana M. Viamonte Ros, M.D., M.P.H. Secretary of Health

## Plan Addendum

	STA#:		-									
In order for your application to be processed, the following must completed, signed, dated, and attached to your site plan.												
1.	Is your lot sloped?	☐ Yes	☐ No									
2.	Are there any public wells on or within 200 ft of your lot?	☐ Yes	☐ No									
3.	Are there any existing or proposed wells on or within 100 of your lot?	ft	□No									
4.	Are there any easements on your lot?	☐ Yes	☐ No									
5.	Are there any drainage features (i.e. ditches, swales, retention, areas) on or within 75 ft of your lot?	☐ Yes	□No									
6.	Are there any surface waters on or within 75 ft of your lot	?	□No									
7.	Are there any underground utilities (i.e. water, electric,	☐ Yes	☐ No									
8.	gas or cable lines) on or proposed on your lot?	☐ Yes	☐ No									
9.	Are there any septic systems on or within 100 ft of your lo	ot?	☐ No									
10	. Are there any obstructed areas (i.e. driveways, slabs) exion proposed on your lot?	isting Yes	☐ No									
to be	u answered yes to any of the above questions, indicated on your site plan with distances fro ic system noted.		No Required posed									
Sign	ature: Da	nte:										

## STATE OF FLORIDA DEPARTMENT OF HEALTH

## APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number\_\_\_\_\_

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Site Plan submitted by:  Not Approved										Date														
Plan Approved Not Approved										1 12														

## ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT