FLORIDA DEPARTMENT OF HEALTH

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

LEON COUNTY HEALTH DEPARTMENT

APPLICATION PACKET FOR AN

ONSITE SEWAGE TREATEMENT AND DISPOSAL SYSTEM

MODIFICATION SYSTEM APPROVAL

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

PERMIT NO. _____
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: _____

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: _____

==========

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

==========

PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____FT

PROPERTY ADDRESS: _____

DIRECTIONS TO PROPERTY: _____

_____

_____

BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1				
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: _____ DATE: _____

APPLICANT:	Property owner's full name.
AGENT:	Property owner's legally authorized representative.
TELEPHONE:	Telephone number for applicant or agent.
MAILING ADDRESS:	P.O. box or street, city, state and zip code mailing address for applicant or agent.
LOT, BLOCK, SUBDIVISION:	Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.
DATE OF SUBDIVISION:	Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.
PROPERTY ID#:	27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.
ZONING:	Specify zoning and whether or not property is in I/M zoning or equivalent usage.
PROPERTY SIZE:	Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.
WATER SUPPLY:	Check private or public <= 2000 gallons per day or public > 2000 gallons per day.
SEWER AVAILABILITY:	Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.
PROPERTY ADDRESS:	Street address for property. For lots without an assigned street address, indicate street or road and locale in county.
DIRECTIONS:	Provide detailed instructions to lot or attach an area map showing lot location.
BUILDING INFORMATION:	Check residential or commercial.
TYPE ESTABLISHMENT:	List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.
NO. BEDROOMS:	Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.
BUILDING AREA:	Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.
BUSINESS ACTIVITY:	For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.
FIXTURES:	Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.
SIGNATURE / DATE:	Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

ATTACHMENTS: A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are with 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT #. _____

APPLICANT: _____ AGENT: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: _____ [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTEMENT EMPLOYEE,OR OTHER QUALIFIED PERSON. ENGINNEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: [ ] YES [ ] NO NET USABLE AREA AVAILABLE: _____ ACRES
TOTAL ESTIMATED SEWAGE FLOW: _____ GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE2]
AUTHORIZED SEWAGE FLOW: _____ GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: _____ SQFT UNOBSTRUCTED AREA REQUIRED: _____ SQFT

BENCHMARK/REFERENCE POINT LOCATION: _____
ELEVATION OF PROPOSED SYSTEM SITE IS _____ [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: _____ FT DITCHES/SWALES: _____ FT NORMALLY WET? [ ] YES [ ] NO
WELLS: PUBLIC: _____ FT LIMITED USE: _____ FT PRIVATE: _____ FT NON-POTABLE: _____ FT
BUILDING FOUNDATIONS: _____ FT PROPERTY LINES: _____ FT POTABLE WATER LINES: _____ FT

SITE SUBJECT TO FREQUENT FLOODING: [ ] YES [ ] NO 10 YEAR FLOODING? [ ] YES [ ] NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: _____ FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

MUNSELL #/COLOR	TEXTURE	DEPTH
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO

USDA SOIL SERIES: _____

SOIL PROFILE INFORMATION SITE 2

MUNSELL #/COLOR	TEXTURE	DEPTH
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO

USDA SOIL SERIES: _____

OBSERVED WATER TABLE: _____ INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE:[PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: _____ INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: [ ] YES [ ] NO MOTTLING: [ ] YES [ ] NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: _____ DEPTH OF EXCAVATION: _____ INCHES
DRAINFIELD CONFIGURATION: [ ] TRENCH [ ] BED [ ] OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: _____ DATE: _____

INSTRUCTIONS:

PERMIT #:	Permit tracking number assigned by County Health Department.
APPLICANT:	Property owner's full name.
AGENT:	Property owner's legally authorized representative.
LOT, BLOCK, SUBDIVISION:	Lot, block, and subdivision for lot.
PROPERTY ID#:	27 character number for property (property appraiser ID # or section/township/range/parcel number).
PROPERTY SIZE:	Check if property size at site conforms to submitted site plan. Record net usable area available - lot area exclusive of all paved areas and prepared road beds within public rights-of-way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water.
SEWAGE FLOW:	Record the estimated sewage flow for the establishment from Table 1 (residential) or Table 2 (non-residential), Chapter 64E-6, FAC. Record the authorized sewage flow for the lot based on net usable area and water supply (1500 gallons per day per acre for private water supplies and 2500 gallons per day per acre for public water supplies). If authorized sewage flow does not equal or exceed the estimated sewage flow, the application must be denied.
UNOBSTRUCTED AREA:	Record the square feet of unobstructed area available and the amount required. Unobstructed area must be at least 2 times as large as the drainfield absorption area and at least 75 percent of the unobstructed area must meet minimum setbacks in Chapter 64E-6, FAC. The unobstructed area must be contiguous to the drainfield.
BENCHMARK INFORMATION:	Record the location of the benchmark. If using a surveyor's benchmark record the actual elevation. Record the elevation of the proposed system site in relation (above or below) to the benchmark.
MINIMUM SETBACKS:	Record minimum setbacks which can be met to all listed features. Actual measurements must be recorded or "NA" for non-applicable features. Features on site plan or within 75 feet of the applicant lot must be measured. The location of any public drinking well within 200 feet of the applicant's lot must also be verified.
FLOOD INFORMATION:	Record information on lot's subject to flooding. For lots subject to flooding record 10 year flood elevation for site and actual site elevation.
SOIL PROFILE INFORMATION:	Two soil profiles within the proposed absorption area to a minimum depth of 6 feet or refusal are required. Soil identification will use USDA Soil Classification methodology (Munsell colors and USDA soil textures). Refusals must be clearly documented. Provide USDA soil series if available, record "UNK" if the series cannot be determined.
WATER TABLE:	Record the depth of the observed water table at the time of the evaluation. Mark "perched" or "apparent" as appropriate. Record the estimated wet season water table elevation based on site evaluation, USDA soil maps, and historical information. Indicate if there is high water table vegetation present. Indicate if mottling is present and depth.
SOIL TEXTURE:	Record soil texture or loading rate for system sizing.
DEPTH OF EXCAVATION:	If applicable record depth of excavation required. Record "NA" if not applicable.
DRAINFIELD CONFIGURATION:	Check drainfield configuration required. If other, specify type.
ADDITIONAL CRITERIA:	Record any additional remarks pertinent to site or installation. Ex. Dosing required.
SITE EVALUATED BY:	Signature of evaluator, title, and date of evaluation. Professional engineers must seal all documentation submitted.

ELEVATION WORKSHEET

ELEVATION OF BENCHMARK / REFERENCE POINT IS: _____

BENCHMARK	_____	SITE 1		SITE 2		SITE 3	
[+] SHOT	_____	H.I.	_____	H.I.	_____	H.I.	_____
H.I.	_____	[-] SHOT	_____	[-]- SHOT	_____	[-] SHOT	_____
	_____		_____		_____		_____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: _____

CONTRACTOR / AGENT: _____

LOT: _____ BLOCK: _____ SUBDIV: _____ ID#: _____

==========

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR ATTACH LETTER FROM A PERMITTED SEPTAGE DISPOSAL SERVICE.

==========

EXISTING TANK INFORMATION

[ ] GALLONS SEPTIC TANK/GPD ATU LEGEND:_____ MATERIAL:_____ BAFFLED:[Y / N]
[ ] GALLONS SEPTIC TANK/GPD ATU LEGEND:_____ MATERIAL:_____ BAFFLED:[Y / N]
[ ] GALLONS GREASE INTERCEPTOR LEGEND:_____ MATERIAL:_____
[ ] GALLONS DOSING TANK LEGEND:_____ MATERIAL:_____ # PUMPS:[ ]

==========

I CERTIFY THAT THE ABOVE NOTED TANKS WERE PUMPED ON ___/___/___, HAVE THE VOLUMES SPECIFIED, ARE STRUCTURALLY SOUND, AND HAVE A [SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE] INSTALLED.

_____ _____ _____
SIGNATURE OF LICENSED CONTRACTOR BUSINESS NAME DATE

==========

EXISTING DRAINFIELD INFORMATION

[ ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [ ] DIMENSIONS: _____X_____
[ ] SQUARE FEET _____ SYSTEM NO. OF TRENCHES [ ] DIMENSIONS: _____X_____
TYPE OF SYSTEM: [ ] STANDARD [ ] FILLED [ ] MOUND [ ] _____
CONFIGURATION: [ ] TRENCH [ ] BED [ ] _____
DESIGN: [ ] HEADER [ ] D-BOX [ ] GRAVITY SYSTEM [ ] DOSED SYSTEM
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE _____ INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[ ] SYSTEM INSTALLATION DATE TYPE OF WASTE [ ] DOMESTIC [ ] COMMERCIAL
[ ] GPD ESTIMATED SEWAGE FLOW BASED ON [ ] METERED WATER [ ] TABLE 1, 64E-6, FAC

SITE CONDITIONS: [ ] DRAINAGE STRUCTURES [ ] POOL [ ] PATIO / DECK [ ] PARKING
[ ] SLOPING PROPERTY [ ] _____

NATURE OF FAILURE: [ ] HYDRAULIC OVERLOAD [ ] SOILS [ ] MAINTENANCE [ ] SYSTEM DAMAGE
[ ] DRAINAGE / RUN OFF [ ] ROOTS [ ] WATER TABLE [ ] _____

FAILURE SYMPTOM: [ ] SEWAGE ON GROUND [ ] TANK [ ] D BOX/HEADER [ ] DRAINFIELD
[ ] PLUMBING BACKUP [ ] _____

REMARKS/ADDITIONAL CRITERIA_____

SUBMITTED BY:_____TITLE/LICENSE_____DATE:_____

INSTRUCTIONS:

PERMIT #	Permit tracking number assigned by department
APPLICANT	Property owner's full name
CONTRACTOR/AGENT	Licensed contractor or property owner's legal agent
LOT,BLOCK,SUBDIVISION	Legal description for property
ID #	Property appraiser identification number for property
EXISTING TANK TANK 1	Complete tank size in gallons or gpd and mark appropriately. Complete LEGEND (SHO approval number), MATERIAL (concrete, fiberglass, polyethylene) and whether or not tank in BAFFLED.
TANK 2	Same as TANK 1.
GREASE INTERCEPTOR	Same as TANK 1.
DOSING TANK	Same as TANK 1. Complete # PUMPS installed.
TANK CERTIFICATION	Completed by or letter attached from permitted septage disposal service pumping tank.
EXISTING DRAINFIELD FIELD 1	Complete size of drainfield in square feet, NO. OF TRENCHES (if applicable) and DIMENSION (bed width and length or trench width and total length of trenches).
FIELD 2	Same as FIELD 1
TYPE OF SYSTEM	Mark appropriate block
CONFIGURATION	Mark appropriate block
DESIGN	Mark appropriate blocks
ELEVATION	Record elevation of lowest point of bottom of drainfield in reference to natural grade
FAILURE / REPAIR INFORMATION INSTALLATION DATE	Record year of original system installation
TYPE OF WASTE	Mark appropriate block
GPD	Provide estimated sewage flow to system based on metered water flow data (if available) or Table 1, whichever is greater.
SITE CONDITIONS	Mark all applicable blocks. Record any other significant conditions.
NATURE OF FAILURE	Mark all applicable blocks.
FAILURE SYMPTOM	Mark all applicable blocks.
REMARKS	Record any other significant criteria that may impact system design.
SUBMITTED BY	Signature of person performing evaluation
TITLE/LICENSE	Title of department person or license number of other evaluators.
DATE	Date of evaluation.

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

Permit Application Number_____

---------- PART II - SITEPLAN ----------

Scale: Each block represents 10 feet and 1 inch = 40 feet.

Notes: _____

_____

_____

_____

Site Plan submitted by:_____ _____

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

WATERLINES:	Y	N	OBSTRUCTED AREAS:	Y	N
EASEMENTS:	Y	N	OFF SITE FEATURES:	Y	N
SLOPES:	Y	N	DRAINAGE FEATURES:	Y	N
WELLS ON LOT:	Y	N	FILLED AREAS:	Y	N
PUBLIC WELLS:	Y	N	SURFACE WATER:	Y	N

Site plan submitted by: _____

Date _____ Signature _____ Title _____

Plan approved _____ Not approved _____ Date _____

By _____

LEON COUNTY HEALTH DEPT./ENVIRONMENTAL HEALTH
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPT.

FLORIDA DEPARTMENT OF HEALTH

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM PERMIT AGENT AUTHORIZATION FORM

(Complete and Attach to OSTDS Permit Application if using an Agent who is not a Register Septic System Contractor, Building Contractor or Licensed Plumber)

TO: Leon County Health Department
Environmental Health Division

FROM: _____
NAME (Please Print)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EXTENSION: _____

I, _____, legal property owner of the land or parcel(s) located

at: _____
Address City Parcel Number

hereby authorize _____ as my agent(s) / representative(s) to act on my behalf in all aspects of the application process in order to obtain an Onsite Sewage Treatment and Disposal System permit from the Department of Health, Leon County Health Department On site Sewage Program. My agent or representative is delegated my authority to submit documents, exhibits and fees necessary to obtain the permit in my name. I understand and agree that I am solely responsible for the accuracy of information submitted and for compliance with all requirements of my Onsite Sewage Treatment and Disposal System permit.

Signed: _____

Date: _____

FLORIDA DEPARTMENT OF HEALTH

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

Onsite Sewage Treatment and Disposal System Application Checklist

Please use this checklist to ensure that your application packet is complete and that all supporting documents are included. Failure to provide all required information will delay issuance of your onsite sewage treatment and disposal system construction permit.

- ☐ Application form DH 4015, 10/97 completed in full and signed by the property owner or owner's authorized agent.
- ☐ Agent Authorization Form if applicable (Contractors licensed under Chapter 489, Florida Statutes do not need to complete Agent Authorization Form)
- ☐ Pump Out Form (Including drain field evaluation)
- ☐ Site Plan (Must be drawn to scale)
  - ☐ Lot Boundaries with Dimensions
  - ☐ Structures/Buildings (Existing and Proposed)
  - ☐ Swimming Pools (Existing and Proposed)
  - ☐ Recorded Easements
  - ☐ Location of Septic System(s)
  - ☐ Slope of Property
  - ☐ Wells
  - ☐ Water Lines (Potable and Non-Potable)
  - ☐ Drainage Features
  - ☐ Filled Areas
  - ☐ Driveways and Other Obstructed Areas
  - ☐ Surface Water Bodies
  - ☐ Location of System Elevation Benchmark (If lot is within the 100 year flood a certified engineer must establish a benchmark on the lot referencing the elevation of the 100 year flood)
  - ☐ Show Wells, Water Lines, Septic Systems, Water Bodies, Drainage Features, and Slope of Property on adjacent lots of these features are within 75 feet of applicant's lot

  Note: If lot is 5 acres or larger, applicant may submit a scale drawing of a minimum of a 1 acre portion of the lot showing all required features. A drawing of the entire lot showing the location of that 1 acre must be submitted with the scale drawing.
- ☐ Floor Plan of the Proposed Building

Heavy Loading Appliances (Check <u>all</u> that apply)

- ☐ Washing Machine
- ☐ Dishwasher
- ☐ Garbage Disposal