

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

OKALOOSA COUNTY HEALTH DEPARTMENT

**810 E JAMES LEE BLVD.
CRESTVIEW, FL 32539
850-689-7859**

**221 HOSPITAL DRIVE NE
FT. WALTON BCH., FL 32548-5066
850-833-9247**

**SEPTIC TANK ABANDONMENT PERMIT REQUIREMENTS
EFFECTIVE 7/01/2019**

- 1) COMPLETED APPLICATION PAGE.**

- 2) COPY OF PLOT PLAN OR SURVEY (DOES NOT HAVE TO BE DRAWN TO SCALE). THE LOCATION OF YOUR EXISTING HOUSE AND SEPTIC SYSTEM MUST BE SHOWN ON THE PLOT PLAN.**

- 3) COPY OF LEGAL DESCRIPTION. (lot and block and property ID number)**

- 4) ONCE YOUR SEPTIC SYSTEM HAS BEEN ABANDONED (INSPECTION REQUIRED), A PUMP OUT CERTIFICATE MUST BE PROVIDED TO OUR OFFICE TO RECEIVE FINAL APPROVAL.**

Permit fee \$79.00

WARNING!!!!!!!!!!!!!!

Before adding fill to a lot, contact the Florida Department of Environmental Protection at 850-595-8300 and the Army Corp of Engineers at 850-595-3510. By Florida Law, the Health Department must issue permits, which meet our codes, even though the areas may be considered jurisdictional wetlands by the other agencies. Their laws may prohibit any type of construction/fill on your lot. Please be sure to obtain clearance/permits from these agencies before any fill is added to your lot.



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: _____

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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.

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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	No. of People	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 within 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.

OSTDS APPLICATION INFORMATION

Submission of an incomplete, inaccurate or illegible application will result in unnecessary delays.

A permit application for any onsite sewage treatment and disposal (septic tank) system is required by Florida law.

- Applications must be complete, accurate and legible. A *complete application contains all information required by Chapter 64E-6, Florida Administrative Code (FAC).*
- The applicant or their authorized agent is responsible for **all** the information required in the application. If the application is incomplete, the permitting process is put on hold until **all** the information is received.
- Applications allow the Florida Department of Health to determine if the system, as proposed by the applicant or their agent, can be installed to meet the required standards to protect public health.

Once a complete application is received, the Department has certain timeframes required by statute for issuing a permit for a septic tank. Permit timeframes are different depending on whether a septic tank is considered a performance-based system or a conventional (non-performance) system. For permit timeframe purposes, applications for septic tank system construction may be grouped into the following categories:

1. Applications for Non-Performance-based Treatment Systems

Unless a shorter time frame is prescribed by law, Section 120.60, Florida Statutes (FS) provides specific timeframes for construction permit applications.

Submitted applications must be reviewed within 30 days for errors or omissions. If errors or omissions exist, the department must request, in writing, any additional information that is necessary to complete the application. This serves as the basis by which the department must evaluate the application and is required to ensure that the supporting facts and circumstances indicate regulatory compliance.

Applications must be approved or denied within 90 days once a **completed** application has been received. Note that when additional information is requested, the 90-day time to issue the permit is stopped. Once all corrected information is received, the 30 and 90-day time clock begins anew.

2. Applications for Performance-based Treatment Systems

Sub-paragraph 381.0065(4)(j)2., FS, provides specific timeframes for construction permit applications for Performance-Based Treatment Systems (PBTS).

Within five working days after receiving an engineer-designed PBTS application, the county health department must review and shall request additional information if the application is incomplete. Within 15 working days after the department receives a **completed** application for a PBTS, the county health department must either issue the permit or notify the applicant that the system does not comply with performance criteria, and refer the application to the Onsite Sewage Program Office in Tallahassee, Florida who shall review the application for a determination whether the system should be approved, disapproved, or approved with modifications. Once referred to the Onsite Sewage Program Office, the standard time lines found in Chapter 120, Florida Statutes, and mentioned above, are in effect.

For the calendar year of 2017, there were 16,884 new system permits and 19,882 repair permits issued for the state. The statewide averages for permit issuance was three working days for new permits, and one working day for repair permits.