OKALOOSA COUNTY HEALTH DEPARTMENT

810 E JAMES LEE BLVD.
CRESTVIEW, FL 32539
850-689-7859 EXT 1301

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

EXISTING SEPTIC SYSTEM AND MODIFICATION PERMIT REQUIREMENTS
EFFECTIVE 07/01/2014

1) **COMPLETED APPLICATION PACKAGE.**
2) **COMPLETED PUMP OUT CERTIFICATE (Required if Adding a Bedroom or Commercial).**
3) **COPY OF PLOT PLAN AND LEGAL DESCRIPTION. (lot and block and property ID number)**
   A. **5 acres or less drawn to scale showing the location of the septic tank, drain lines, and all obstructed areas with dimensions.**
   B. **If more than five acres, two drawings are required. One to show property layout and dimensions (not to scale) and the other to show one acre drawn to scale with all obstructed areas with dimensions. Note: the drawings of the entire property must indicate where the one-acre shown in drawing 2 is located.**

   NOTE: USE AN APPROPRIATE SCALE OF 1”-10’; 1”–20’; 1”-30’; 1”-40’; 1”-50’ or 1”-60’. ANY OTHER SCALES WILL NOT BE ACCEPTED. BE SURE THE SCALE IS NOTED ON THE SITE PLAN. ANYONE IS WELCOME TO USE OUR ENGINEER RULERS. PLOT PLANS LARGER THAN 11 X 17 WILL NOT BE ACCEPTED.

4) **WATER USAGE FOR PREVIOUS 12 MONTHS (Required for Residential if Adding Bedroom) or 24 MONTHS FOR ALL COMMERCIAL.**
5) **FLOOR PLANS FOR PROPOSED ADDITION/NEW HOME AND EXISTING STRUCTURE. FLOOR PLANS DO NOT HAVE TO BE TO SCALE BUT MUST SHOW DIMENSIONS. FLOOR PLANS LARGER THAN 11X17 WILL NOT BE ACCEPTED.**
6) **SEWER NON-AVAILABILITY LETTER FROM YOUR LOCAL SEWER AUTHORITY. (CITY OF CRESTVIEW, DESTIN WATER USERS AND OKALOOSA COUNTY WATER AND SEWER ONLY)**

THE COST FOR EXISTING SYSTEM <5 YEARS $35.00.
THE COST FOR EXSTING SYSTEM >5 YEARS WITH NO BEDROOM ADDED $103.00
THE COST FOR AN EXISTING >5 YEARS WITH BEDROOM ADDED $153.00
SHOULD YOUR SEPTIC SYSTEM NEED TO BE MODIFIED,
A MODIFICATION PERMIT WILL BE REQUIRED.

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.

4015 PG 2:SITE PLAN INSTRUCTIONS – 64e-6.004, FAC

FOR NEW/EXISTING/MODIFICATION SYSTEM APPLICATIONS: The site plan shall be **DRAWN TO SCALE** and shall be for the property where the system is to be installed. 1. The site plan shall **SHOW BOUNDARIES WITH DIMENSIONS** and any of the following **FEATURES THAT EXIST OR THAT ARE PROPOSED**:

☐ a. Structures;
☐ b. Swimming pools;
☐ c. Recorded easements;
☐ d. Onsite sewage treatment and disposal system components;
☐ e. Slope of the property;
☐ f. Wells;
☐ g. Potable and non-potable water lines and valves;
☐ h. Drainage features;
☐ i. Filled areas;
☐ j. Excavated areas for onsite sewage systems;
☐ k. Obstructed areas;
☐ l. Surface water bodies; and
☐ m. Location of the reference point for system elevation.

☐ 2. If the county health department is responsible for performing the site evaluation, the applicant or applicant's authorized representative shall **indicate the approximate location of wells, onsite sewage treatment and disposal systems, surface water bodies and other pertinent facilities or features on contiguous or adjacent property. If the features are within 75 feet of the applicant lot, the estimated distance to the feature must be shown but need not be drawn to scale.**

☐ 3. If the county health department will not be performing the site evaluation, the applicant or authorized agent shall be responsible for the measurements to all features, including the pertinent features within 75 feet of the applicant lot. **The location of any public drinking water well, as defined in paragraph 64E-6.002(44)(b), F.A.C., within 200 feet of the applicant's lot shall also be shown, with the distance indicated from the system to the well.**

☐ 4. If an individual lot is five acres or greater, the applicant may draw a minimum one acre parcel to scale showing all required features, or the minimum size drawing necessary to properly exhibit all required features, whichever is larger. The applicant must also show the location of that one acre or larger parcel inside the total site ownership. *To scale parcel must be large enough to provide sufficient authorized flow.*

☐ 5. All information that is necessary to determine the total sewage flow and proper setbacks on the site ownership shall be submitted with the application. The applicant lot shall be clearly identified. **A copy of the legal description or survey must accompany the application for confirmation of property dimensions only.**

FOR REPAIR APPLICATIONS: A site plan (*NOT REQUIRED TO BE DRAWN TO SCALE)* showing:

☐ property dimensions
☐ the existing and proposed system configuration and location on the property
☐ the building location
☐ potable and non-potable water lines, within the existing and proposed drainfield repair area
☐ the general slope of the property
☐ property lines and easements
☐ any obstructed areas
☐ any private well show *private potable wells if within 100 feet of system, non-potable within 75 feet*
☐ any public wells show *if within 200 feet of system*
☐ any surface water bodies and stormwater systems *show if within 100 feet of system*
☐ The existing drainfield type shall be described. For example, mineral aggregate, non-mineral aggregate, chambers, or other.
☐ **Any unusual site conditions which may influence the system design or function** such as sloping property, drainage structures such as roof drains or curtain drains, and any obstructions such as patios, decks, swimming pools or parking areas.

FOR ALL SITE PLANS (IF APPLICABLE)

☐ A Coastal Construction Control Line Permit or an exemption notice from the Department of Environmental Protection if any component of the onsite sewage treatment and disposal system or the shoulders or slopes of the system mound will be seaward of the Coastal Construction Control Line, established under Section 161.053, F.S. Should the location of the proposed onsite system relative to the control line not be able to be definitively determined based on the site plan and the online products available on the DEP website, the applicant shall provide a survey prepared by a certified professional surveyor and mapper showing the location of the control line on the subject property.
☐ All plans and forms submitted by a licensed engineer shall be dated, signed and sealed.
☐ The evaluator shall document the **locations of all soil profiles** on the site plan.

Sign _____ Date:_____

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 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.

SITE DATA:

1) Is there any slope to the property Yes_____No_____
   If yes, what is the direction of the slope? _____
   (example – left to right, front to back, etc.)
   A. If yes, what is the percent of slope? _____
   (1% = 1' in 100')
2) Are there any wells currently on or planned for your property? Yes_____No_____
   Drinking water_____ irrigation_____ abandoned_____
3) Are there any wells within 75 feet of your property lines or proposed septic system? (Drinking water and/or Irrigation) Yes_____ No_____
4) Are there any public wells within 200 feet of your property lines? Yes_____No_____
5) Are there any lakes, streams, ditches, standing water, swales, wetlands, storm water holding ponds within 75 feet of your property lines or proposed septic system? Yes_____No_____
6) Are there any easements (roads, utility, right-of-ways, etc.) on your property? Yes_____ No_____
7) Is there more than one dwelling, current or proposed, for this property? Please indicate all structures on plot plan. Yes_____ No_____
8) Are there any obstructed areas, current or proposed, for this property other than the dwelling? If so, please indicate on plot plan. This includes existing septic systems and swimming pools. Yes_____ No_____
9) Are there any driveways, pavement or parking areas existing or proposed on your property? Yes_____No_____
10) Are there any filled areas on the property? Yes_____No_____
11) Is your property located in a flood zone? Yes_____No_____
    If yes, what is your flood zone designation? _____
(If you are unsure, contact the Department of Growth Management or your local Planning Department)
12) Would you like a separate laundry system? Yes____No_____

IMPORTANT

Flags given to you are to mark the property location and the area you wish to have the septic system installed or where your system already exists. If circumstances occur which require the septic system to be installed in an area other than that previously identified a re-site must be performed and drain field requirements may change.

In an effort to provide you with timely service, protect your property and our personnel, all underground utility lines (such as gas, water, electric, cable, phone, etc.) must be property marked prior to our employees visiting your site. Should utility lines not be marked prior to a site evaluation and an underground utility line is struck when we perform a soil boring (6 feet deep) the property owner will be responsible for any damage, including injury to our personnel.

The fees charged for re-inspection or re-site will be based on the current fee schedule in effect at the time of the request.

NAME:_____(PLEASE PRINT)

SIGN:_____ DATE:_____