

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
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

**NEW SEPTIC SYSTEM REQUIREMENTS
EFFECTIVE 7/01/2024**

- 1) COMPLETED APPLICATION PACKAGE.
- 2) COPY OF PLOT PLAN AND LEGAL DESCRIPTION. (lot and block and property ID number)

- A. Lot less than 5 acres drawn to scale showing the location of the septic tank, drain lines, and all obstructed areas with dimensions.
- B. Lot greater than 5 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.

- 3) COPY OF FLOOR PLANS FOR ALL BUILDING STRUCTURES AS APPLICABLE.
- 4) SEWER NON-AVAILABILITY LETTER FROM YOUR LOCAL SEWER AUTHORITY (CITY OF CRESTVIEW, CITY OF NICEVILLE, DESTIN WATER USERS AND OKALOOSA COUNTY WATER AND SEWER ONLY.)
- 5) PLEASE SIGN AND DATE EACH PAGE.

THE COST FOR A NEW SEPTIC TANK PERMIT IS \$495.00

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 ENVIRONMENTAL PROTECTION
 ONSITE SEWAGE TREATMENT AND DISPOSAL
 SYSTEM (OSTDS)

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

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: _____ EMAIL: _____

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 OSTDS REMEDIATION PLAN? [Y / N]

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 I, Chapter 62-6, 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.
EMAIL: Email address for applicant or agent.
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.

OSTDS REMEDIATION PLAN: Is the property subject to the requirements of an Onsite Sewage Treatment and Disposal System (OSTDS) Remediation Plan developed pursuant to 403.067(7)(a), Florida Statutes?

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. County Health Department 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: Area of lot in acres (square footage divided by 43,560 square feet). List only the square footage contained within the bounds of the legal description.

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 I, Chapter 62-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office and number of occupants.

NO. BEDROOMS: Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants per 381.0065(2)(b), Florida Statutes.

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 I, Chapter 62-6, 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 County Health Department 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 floorplan 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: _____

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

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

Scale: 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

FOR NEW/EXISTING/MODIFICATION SYSTEM APPLICATIONS: The plan must be **DRAWN TO SCALE** and must be for the property where the system is to be installed.

1. The site plan must **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 *Requires a surveyor to set the Mean High Water Line boundary for tidally influenced surface water bodies. Requires a surveyor or department staff to set the Mean Annual Flood Line for permanent non-tidal surfacewater bodies.*
 - 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 must **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 is 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 62-6.002(44)(b), F.A.C., within 200 feet of the applicant's lot must 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 must 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. Requires a surveyor to set the Mean High Water Line boundary for tidally influenced surface water bodies. Requires a surveyor or department staff to set the Mean Annual Flood Line for permanent non-tidal surface water bodies.*
- The existing drainfield type shall be described. For ex., 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.

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 and legal description.
- NET USABLE AREA:** Record net usable area available per Rule 62-6.005(7)(c), F.A.C. Net usable area does not include paved areas and prepared road beds within public rights-of-way or easements and does not include surface water bodies. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions that would affect the operation of drainfield systems may be included.
- SEWAGE FLOW:** Record the total estimated sewage flow for the establishment from Chapter 62-6.008(1)(a) or (b), F.A.C. 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 1.5 times as large as the drainfield absorption area and must meet minimum setbacks in Chapter 62-6, 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 for the most restrictive profile.
- 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 (WSWT) elevation based on site evaluation, USDA soil maps, and historical information. Indicate if there is high water table vegetation present and list in comments. Indicate presence and depth of shallowest WSWT indicator.
- SOIL TEXTURE:** Record soil texture or loading rate for system sizing based on the most restrictive profile.
- DEPTH OF EXCAVATION:** If applicable record depth of excavation required based on the most restrictive profile. 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 and document any WSWT indicators.
- 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	_____
[+] SHOT	_____	H.I.	_____	H.I.	_____
H.I.	_____	[-] SHOT	_____	[-] SHOT	_____
	_____		_____		_____