

**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

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**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

**EXISTING SEPTIC SYSTEM AND MODIFICATION PERMIT REQUIREMENTS  
EFFECTIVE 07/01/2022**

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

**EXISTING SYSTEM: NO BEDROOM ADDED \$169.00  
EXISTING SYSTEM BEDROOM ADDED OR COMMERCIAL < 5 YEARS \$169.00  
EXISTING SYSTEM BEDROOM ADDED > 5 YEARS \$219.00  
EXISTING SYSTEM COMMERCIAL>5 YEARS \$334.00  
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.



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: \_\_\_\_\_

=====

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: \_\_\_\_\_

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

# 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.

|                          |                                                                                                                                                                                                                                                     |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.

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

[illegible]

.....



By \_\_\_\_\_ County Health Department

Page 2 of 4

**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 surface water 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.



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ON-SITE 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 DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS 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 [TABLE I / OTHER]  
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    |
| USDA SOIL SERIES: _____ |         |       |

SOIL PROFILE INFORMATION SITE 2

| MUNSELL #/COLOR         | TEXTURE | DEPTH |
|-------------------------|---------|-------|
|                         |         | 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 WSWT Indicator: ☐ 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: \_\_\_\_\_



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
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 NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

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 LISTED TANKS WERE PUMPED ON \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BY \_\_\_\_\_, HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [ DIMENSIONS / FILLING / LEGEND ], ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, 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 NATURAL 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 I, 62-6, FAC  |

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

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

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

REMARKS/ADDITIONAL CRITERIA \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ TITLE/LICENSE \_\_\_\_\_ DATE: \_\_\_\_\_

# INSTRUCTIONS:

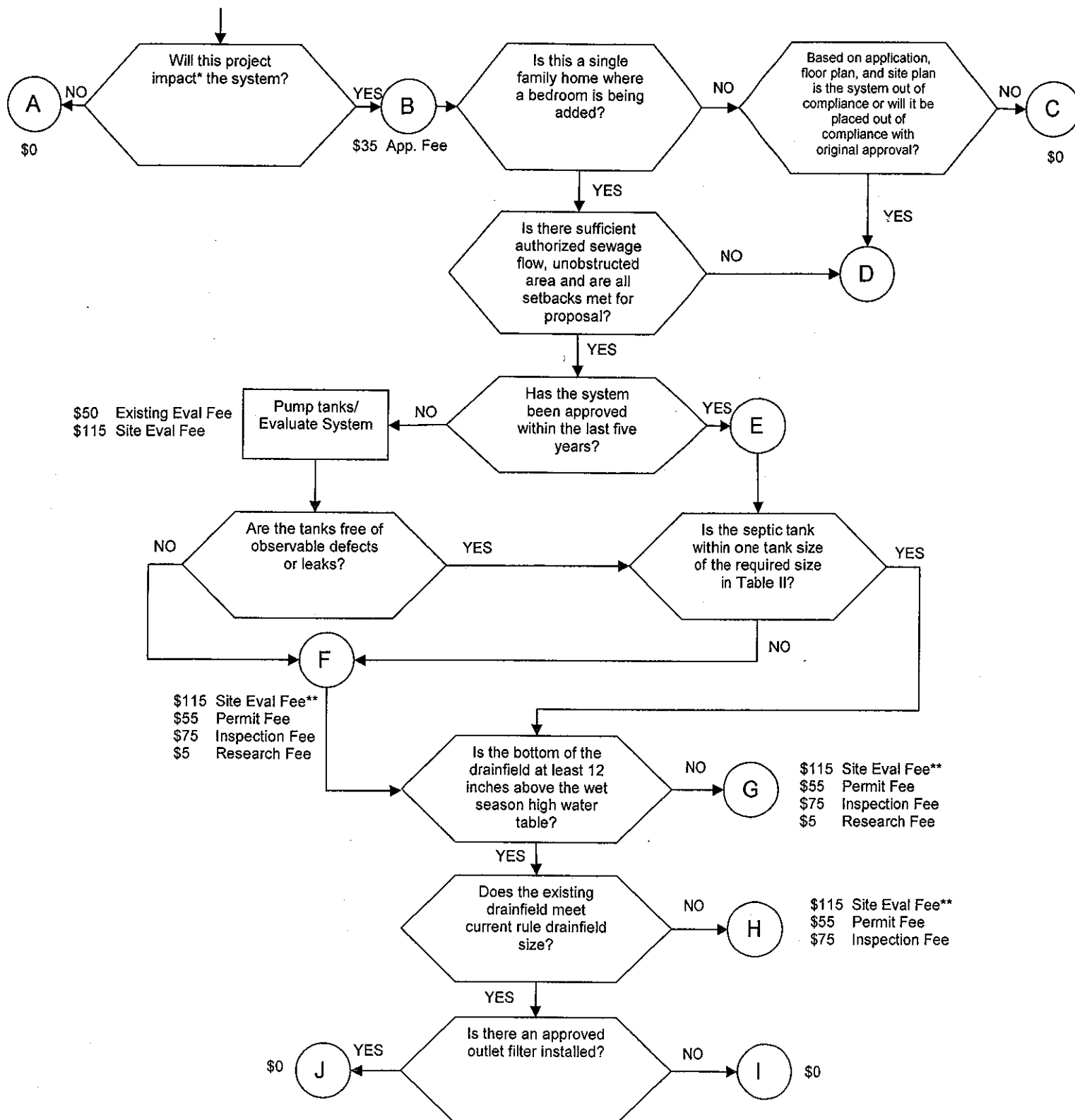
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 <u>and legal description</u> .                                                                                                                                                                                                                                                                                                                                         |
| 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 | _____ |
|                     | _____ |                                                    | _____ |          | _____ |

**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<br>TANK 1                           | Complete tank size in gallons or gpd and mark appropriately.<br>Complete LEGEND (SHO approval number), MATERIAL (concrete, fiberglass, polyethylene) and whether or not tank is 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 registered septic tank contractor, state-licensed plumber, certified EH professional, or master septic tank contractor. Show the date the tanks were pumped, the name of the pumping company, how the tank volumes were determined (measurement of tank dimensions and calculation of volume, filling the tank from a metered water source, or recording the tank legend for known tanks). If tank dimensions are used, list the tank dimensions in the remarks section. Indicate whether the tank has a solids deflection device or an outlet filter. If the tanks cannot be certified, note that fact in the remarks section. |
| EXISTING DRAINFIELD<br>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<br>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 I, 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. If dimensions are used to determine tank volumes, list the tank dimensions in the remarks section. If the tanks cannot be certified as free of observable defects or leaks, explain in remarks.                                                                                                                                                                                                                                                                                                                                                                         |
| SUBMITTED BY                                      | Signature of person performing evaluation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| TITLE/LICENSE                                     | Title of department person or license number of other evaluators.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| DATE                                              | Date of evaluation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

# EXISTING RESIDENTIAL ESTABLISHMENT DECISION TREE (10/4/13)



This chart assumes there is an existing, approved system in satisfactory operating condition. Any repair required would be handled using the appropriate repair process. Existing system evaluation fee and site evaluation fee are collected only when performed by the department.

A - No action required – no fee.

B - Application fee, site plan and floor plan required. [64E-6.030(1)(b)]

C - Issue no objection letter – no fee.

D - Issue denial w/variance/hearing rights, or this may be a modification or new permit depending on facts and circumstances.

E - Use most recent system approval.

F - Replace tank or supplement to meet current sizing requirements-modification permit fees. [64E-6.030(1)(e, g, h, i, j)]

G - Bring drainfield into full compliance with current rule – modification permits fees. [64E-6.030(1)(e, g, h, i, j)]

H - Increase drainfield to current rule requirements; maintain current separation (12" min) – modification fees. [64E-6.030(1)(e, g, h, i, j)]

I - Require outlet filter installation and certification – no additional fee.

J - Issue approval – no additional fee.

\* Alterations that change the conditions under which the existing system was permitted and approved.

\*\* Fee only required if not already paid.