



Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D.
State Surgeon General

LEON COUNTY HEALTH DEPARTMENT

APPLICATION PACKET FOR AN

ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

REPAIR PERMIT

NOTE: Applicant must provide the water use records for the 18 months prior to the system failure. Water use records can be obtained from your utility provider. Homes served by a private drinking water well are exempt from this requirement.



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	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: _____ DATE: _____

APPLICANT: Property owner's full name.

AGENT: Property owner's legally authorized representative.

TELEPHONE: Telephone number for applicant or agent.

MAILING ADDRESS: P.O. box or street, city, state and zip code mailing address for applicant or agent.

LOT, BLOCK, SUBDIVISION: Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.

DATE OF SUBDIVISION: Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.

PROPERTY ID#: 27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.

ZONING: Specify zoning and whether or not property is in I/M zoning or equivalent usage.

PROPERTY SIZE: Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.

WATER SUPPLY: Check private or public <= 2000 gallons per day or public > 2000 gallons per day.

SEWER AVAILABILITY: Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.

PROPERTY ADDRESS: Street address for property. For lots without an assigned street address, indicate street or road and locale in county.

DIRECTIONS: Provide detailed instructions to lot or attach an area map showing lot location.

BUILDING INFORMATION: Check residential or commercial.

TYPE ESTABLISHMENT: List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.

NO. BEDROOMS: Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.

BUILDING AREA: Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.

BUSINESS ACTIVITY: For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.

FIXTURES: Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.

SIGNATURE / DATE: Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

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



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

PERMIT # _____

APPLICANT: _____

CONTRACTOR / AGENT: _____

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

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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.

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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 EXISTING GRADE _____ INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

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

SITE [] 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 department
APPLICANT	Property owner's full name
CONTRACTOR/AGENT	Licensed contractor or property owner's legal agent
LOT,BLOCK,SUBDIVISION	Legal description for property
ID #	Property appraiser identification number for property
EXISTING TANK	
TANK 1	Complete tank size in gallons or gpd and mark appropriately. Complete LEGEND (SHO approval number), MATERIAL (concrete, fiberglass, polyethylene) and whether or not tank in BAFFLED.
TANK 2	Same as TANK 1.
GREASE INTERCEPTOR	Same as TANK 1.
DOSING TANK	Same as TANK 1. Complete # PUMPS installed.
TANK CERTIFICATION	Completed by 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 outletlet filter. If the tanks cannot be certified, note that fact in the remarks section.
EXISTING DRAINFIELD	
FIELD 1	Complete size of drainfield in square feet, NO. OF TRENCHES (if applicable) and DIMENSION (bed width and length or trench width and total length of trenches).
FIELD 2	Same as FIELD 1
TYPE OF SYSTEM	Mark appropriate block
CONFIGURATION	Mark appropriate block
DESIGN	Mark appropriate blocks
ELEVATION	Record elevation of lowest point of bottom of drainfield in reference to natural grade
FAILURE / REPAIR INFORMATION	
INSTALLATION DATE	Record year of original system installation
TYPE OF WASTE	Mark appropriate block
GPD	Provide estimated sewage flow to system based on metered water flow data (if available) or Table 1, whichever is greater.
SITE CONDITIONS	Mark all applicable blocks. Record any other significant conditions.
NATURE OF FAILURE	Mark all applicable blocks.
FAILURE SYMPTOM	Mark all applicable blocks.
REMARKS	Record any other significant criteria that may impact system design. 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.

INSTRUCTIONS:

- PERMIT #:** Permit tracking number assigned by County Health Department.
- APPLICANT:** Property owner's full name.
- AGENT:** Property owner's legally authorized representative.
- LOT, BLOCK, SUBDIVISION:** Lot, block, and subdivision for lot.
- PROPERTY ID#:** 27 character number for property (property appraiser ID # or section/township/range/parcel number).
- PROPERTY SIZE:** Check if property size at site conforms to submitted site plan. Record net usable area available - lot area exclusive of all paved areas and prepared road beds within public rights-of-way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water.
- SEWAGE FLOW:** Record the estimated sewage flow for the establishment from Table 1 (residential) or Table 2 (non-residential), Chapter 64E-6, FAC. Record the authorized sewage flow for the lot based on net usable area and water supply (1500 gallons per day per acre for private water supplies and 2500 gallons per day per acre for public water supplies). If authorized sewage flow does not equal or exceed the estimated sewage flow, the application must be denied.
- UNOBSTRUCTED AREA:** Record the square feet of unobstructed area available and the amount required. Unobstructed area must be at least 1.5 times as large as the drainfield absorption area, be contiguous to the drainfield, be in addition to the setbacks in 64E-6.005(1)-(3).
- BENCHMARK INFORMATION:** Record the location of the benchmark. If using a surveyor's benchmark record the actual elevation. Record the elevation of the proposed system site in relation (above or below) to the benchmark.
- MINIMUM SETBACKS:** Record minimum setbacks which can be met to all listed features. Actual measurements must be recorded or "NA" for non applicable features. Features on site plan or within 75 feet of the applicant lot must be measured. The location of any public drinking well within 200 feet of the applicant's lot must also be verified.
- FLOOD INFORMATION:** Record information on lot's subject to flooding. For lots subject to flooding record 10 year flood elevation for site and actual site elevation.
- SOIL PROFILE INFORMATION:** Two soil profiles within the proposed absorption area to a minimum depth of 6 feet or refusal are required. Soil identification will use USDA Soil Classification methodology (Munsell colors and USDA soil textures). Refusals must be clearly documented. Provide USDA soil series if available, record "UNK" if the series cannot be determined.
- WATER TABLE:** Record the depth of the observed water table at the time of the evaluation. Mark "perched" or "apparent" as appropriate. Record the estimated wet season water table elevation based on site evaluation, USDA soil maps, and historical information. Indicate if there is high water table vegetation present. Indicate if mottling is present and depth.
- SOIL TEXTURE:** Record soil texture or loading rate for system sizing.
- DEPTH OF EXCAVATION:** If applicable record depth of excavation required. Record "NA" if not applicable.
- DRAINFIELD CONFIGURATION:** Check drainfield configuration required. If other, specify type.
- ADDITIONAL CRITERIA:** Record any additional remarks pertinent to site or installation. Ex. Dosing required.
- SITE EVALUATED BY:** Signature of evaluator, title, and date of evaluation. Professional engineers must seal all documentation submitted.

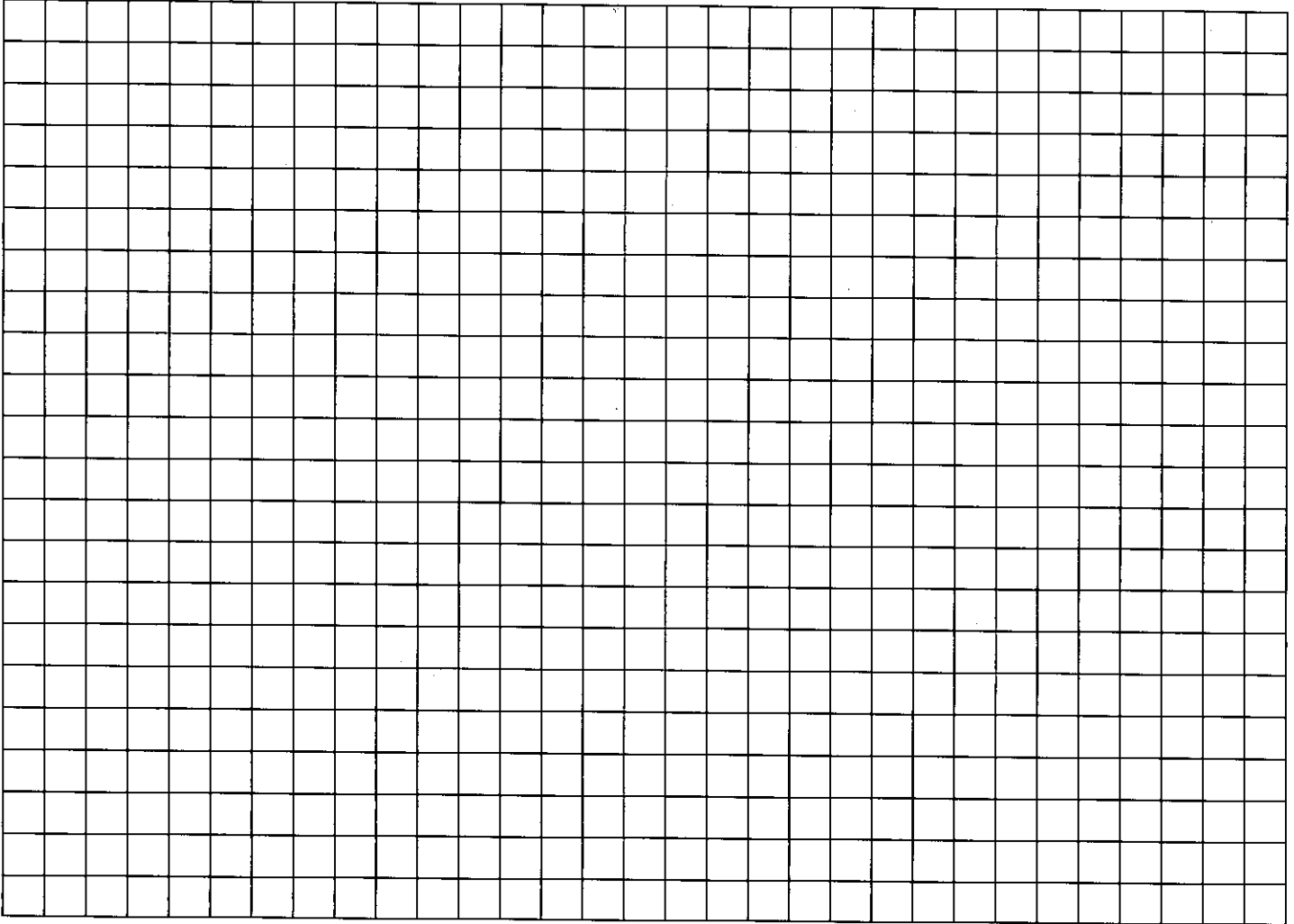
ELEVATION WORKSHEET		ELEVATION OF BENCHMARK / REFERENCE POINT IS: _____					
BENCHMARK	_____	SITE 1		SITE 2		SITE 3	
[+] SHOT	_____	H.I.	_____	H.I.	_____	H.I.	_____
H.I.	_____	[-] SHOT	_____	[-] SHOT	_____	[-] SHOT	_____
	_____		_____		_____		_____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

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

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



Notes: _____

Site Plan submitted by: _____

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

Site plan submitted by: _____
Date _____ Signature _____ Title _____
.....
Plan approved _____ Not approved _____ Date _____
By _____
LEON COUNTY HEALTH DEPT./ENVIRONMENTAL HEALTH
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPT.



Rick Scott
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State Surgeon General

ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM PERMIT AGENT AUTHORIZATION FORM

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

TO: Leon County Health Department
Environmental Health Division

FROM: _____
NAME (Please Print)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EXTENSION: _____

I, _____, legal property owner of the land or parcel(s) located
at: _____
Address City Parcel Number

hereby authorize _____ as my agent(s) /
representative(s) to act on my behalf in all aspects of the application process in order to obtain
an Onsite Sewage Treatment and Disposal System permit from the Department of Health, Leon
County Health Department On site Sewage Program. My agent or representative is delegated
my authority to submit documents, exhibits and fees necessary to obtain the permit in my
name.

I understand and agree that I am solely responsible for the accuracy of information submitted
and for compliance with all requirements of my Onsite Sewage Treatment and Disposal System
permit.

Signed: _____

Date: _____