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

Vision: To be the Healthiest State in the Nation

Contact Info: Michael DeVuyst
FL Department of Health Calhoun/Liberty
OFFICE: 850-674-5645 Ext. 0605
CELL: 850-643-6677

EXISTING PERMIT APPLICATION PROCEDURES $85.00

1. PAGE #1 - FOLLOW DIRECTIONS PROVIDED. MUST have multi-digit parcel ID number. Can be found on tax certificate or contact your property appraiser's office. MUST have a confirmed 911 address. MUST provide accurate directions to the property.

PAGE #2 - SITE PLAN ATTACHMENT - Check Yes or No indicating items currently on the property or proposed to be located on the property.

PAGE #3 - SITE PLAN - Site plan for repairs/existing do not have to be drawn to scale. Measurements must be given in feet from septic tank and existing drainfield. If item is currently on or proposed to be located on the property it must be drawn on the site plan. Site plan must be total size of the property. If property is larger than 5 acres, only 1 acre is required to be drawn to scale. Indicate all features within 75 feet of the property boundary. Site plan example is provided.

PAGE #4 - FLOOR PLAN - A drawn floor plan or blueprint of residence/business is required. Floor plan MUST show outside dimensions of structure. Floor Plan example is provided.

PAGE #5 - EXISTING AND REPAIR EVALUATION - MUST be filled out by a licensed septic pumper. Tank MUST be pumped and evaluation returned with application prior to the departments inspection.

2. A copy of a recorded deed, survey, or legal document showing the parcel ID number, legal description and ownership of the property.

3. Application must be COMPLETED IN FULL AND SIGNED ON ALL PAGES by applicant, authorized representative, or agent. ALL required fees and exhibits must be accompanied with the application before processing or a site evaluation can occur. Incomplete applications will delay processing.

REMEMBER A MODIFICATION OR REPAIR PERMIT MAY BE NECESSARY IF:
- One bedroom and/or 750 sq. ft. is added to the existing residence.
- The existing tank walls are not stable or the tank bottom is not intact.
- Existing tank does not fall within the 2-tank sizes of the minimum criteria.
- The current elevation of the bottom of the drainfield is found to be less than 6 inches below the seasonal high water table.
STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[ ] New System  [ ] Existing System  [ ] Holding Tank  [ ] Innovative
[ ] Repair     [ ] Abandonment   [ ] Temporary   [ ]

APPLICANT: ____________________________________________________________

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)(a) 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.

============================================================================================================

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

<table>
<thead>
<tr>
<th>Unit No.</th>
<th>Type of Establishment</th>
<th>No. of Bedrooms</th>
<th>Building Area Sqft</th>
<th>Commercial/Institutional System Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>______________________</td>
<td>_______________</td>
<td>___________________</td>
<td>Table 1, Chapter 64E-6, FAC</td>
</tr>
<tr>
<td>2</td>
<td>______________________</td>
<td>_______________</td>
<td>___________________</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>______________________</td>
<td>_______________</td>
<td>___________________</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>______________________</td>
<td>_______________</td>
<td>___________________</td>
<td></td>
</tr>
</tbody>
</table>

[ ] Floor/Equipment Drains  [ ] Other (Specify) ____________________________

SIGNATURE: ______________________ DATE: ______________________

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC
| **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#:** | 18/19 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 361.0065, Florida Statutes, and distance to sewer in feet. |
| **PROPERTY ADDRESS:** | Street address for property. For lots without an assigned street address, indicate street or road and locale in county. |
| **DIRECTIONS:** | Provide detailed instructions to lot or attach an area map showing lot location. |
| **BUILDING INFORMATION:** | Check residential or commercial. |
| **TYPE ESTABLISHMENT:** | List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office. |
| **NO. BEDROOMS:** | Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants. |
| **BUILDING AREA:** | Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure. |
| **BUSINESS ACTIVITY:** | For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC. |
| **FIXTURES:** | Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable. |
| **SIGNATURE / DATE:** | Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments. |

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

Permit Number: 

WELLS ON LOT: Yes: ___ No: ___ Private: ___
Proposed: ___ Irrigation: ___
If yes - indicate distance from proposed/existing septic system.
Minimal distance = 75 feet.

PUBLIC WELLS: Yes: ___ No: ___
Minimal distance = 100-200 feet.

SURFACE WATER: Yes: ___ No: ___
Surface water includes: ponds, rivers, creeks, wet ditches, or any water that stands for 180+ days. Minimal distance = 75 feet.

BUILDINGS: Yes: ___ No: ___
Indicate location of residence, sheds, barns, etc.
Minimal distance = 5 feet. Minimal distance roof drip line = 7 feet.

WATER LINES: Yes: ___ No: ___
Minimal distance = 10 feet.

DRAINAGE FEATURES: Yes: ___ No: ___
Locate any ditches cut through the property for the purpose of draining. Minimal distance = 15 feet.

SLOPES: Yes: ___ No: ___
Indicate direction of slope and label as mild, moderate or severe

EASEMENTS: Yes: ___ No: ___
Locate any utility or road right of way easements.

FILLED AREAS: Yes: ___ No: ___
Located areas on lot that dirt has been hauled to elevate the site.

OBSTRUCTED AREA: Yes: ___ No: ___
Locate any driveways, parking areas, sidewalks, pools, concrete slabs, building foundations. Minimal distance = 5 feet.

OFF SITE FEATURES: Yes: ___ No: ___
List any significant features within 75 feet of your property line

I agree that the information provided above is complete and accurate to the best of my knowledge.

Applicant’s Signature: ___________________________ Date: ___________________
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Site Plan Example

PART II - SITE PLAN -

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

Notes:

Locate ALL existing or proposed items on the Site Plan. For lots greater than five acres, you may only show one acre to scale. A small box in the upper right hand corner must be included to indicate the location of that one acre in relation to the entire parcel. Site Plan should show property dimensions in feet. If changes are made from original Site Plan a new Site Plan must be approved and submitted.

Site Plan submitted by: Must Sign Here owner/Agent
Plan Approved Not Approved Date
By County Health Departm

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4016 which may be used)
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
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Floor Plan Example

PART II: Floor Plan

Notes:

3 BR, 2 Bath – 1,728 sq. ft. Heated/Cooled
3 Residents

Site Plan submitted by: Must Sign Here
Plan Approved Not Approved
By:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4016 which may be used)
(Stock Number: 5744-002-4015-6)
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

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)
## Existing Tank Information

<table>
<thead>
<tr>
<th>Gallons</th>
<th>Septic Tank/GPD ATU</th>
<th>Legend</th>
<th>Material</th>
<th>Baffled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

### Existing Drainfield Information

<table>
<thead>
<tr>
<th>Square Feet</th>
<th>Primary Drainfield System</th>
<th>No. of Trenches</th>
<th>Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### System Failure and Repair Information

<table>
<thead>
<tr>
<th>System Installation Date</th>
<th>Type of Waste</th>
<th>Domestic</th>
<th>Commercial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Site Conditions | Drainage Structures | Pool | Patio / Deck | Parking | |
|----------------|---------------------|------|--------------|---------|
|                |                     |      |              |         |

| Nature of Failure | Hydraulic Overload | Soils | Maintenance | System Damage | |
|-------------------|--------------------|-------|-------------|----------------|
|                   | Drainage / Run Off | Roots | Water Table |                 | |
|                   | Sewage on Ground   | Tank  | D Box/Header | Drainfield     | |

### Remarks/Additional Criteria

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Submitted by: DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC