

Mission:

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



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

EXISTING SYSTEM PERMIT PROCEDURES

Contact Info: Michael DeVuyst
Calhoun County Health Department
850-674-5645 Ext: 237

EXISTING PERMIT PROCEDURES 0 - 3 YEARS

\$No Fee\$

1. If the Department has a record of a satisfactory final approval within the past three years no fee shall be collected if and only if there is no change in flow characteristics.

EXISTING PERMIT PROCEDURES OVER 3 YEARS

\$85.00

1. Acquire **DOH Form 4015 page 1 of 4** "ONSITE SEWAGE DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION PERMIT." **Follow the directions on the back of the application.**
2. Application must be completed in **FULL** and signed by applicant, authorized representative, or a licensed contractor. **ALL** required fees and exhibits must be accompanied with the application before processing or a site evaluation can occur.
3. A site plan using **DOH 4015 page 2 of 4**. Site plan does not have to be drawn to scale. Please refer to SITE PLAN ATTACHMENT for appropriate directions. Site plan example is on the back of the SITE PLAN ATTACHMENT. Site Plan must be signed.
4. A drawn floor plan is required using **DOH 4015 page 2 of 4**. Please sketch a floor plan of the residence indicating the number of bedrooms, total square footage, and number of occupants. Follow example provided.
5. The tank must be pumped by a licensed sewage disposal service. An **EXISTING SEPTIC TANK EVALUATION** (**DOH 4015 part 4 of 4**) form must be filled out by a licensed septic tank pumping service and received by the department.
6. The tank can now be inspected by Environmental Health personnel. Upgrading the permit may be necessary. If an upgrade is necessary, an additional fee is required to cover the cost of an additional permit.
7. Give the applicant two flags. One flag should be placed at the entrance of their driveway and the other flag should be placed where the existing tank is located.
8. An existing permit is valid for 90 days.

REMEMBER A MODIFICATION OR REPAIR PERMIT MAY BE NECESSARY IF:

- A) 1 bedroom and/or 750 sq. ft. is added to the existing residence.
- B) The existing tank walls are not stable or the tank bottom is not solid concrete.
- C) Existing tank does not fall within the 2 tank size minimum criteria.
- D) The current elevation of the bottom of the drainfield is found to be less than 12 inches below the seasonal high water table.



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: _____

=====

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.

=====

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.

Mission:

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



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

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 dripline = 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

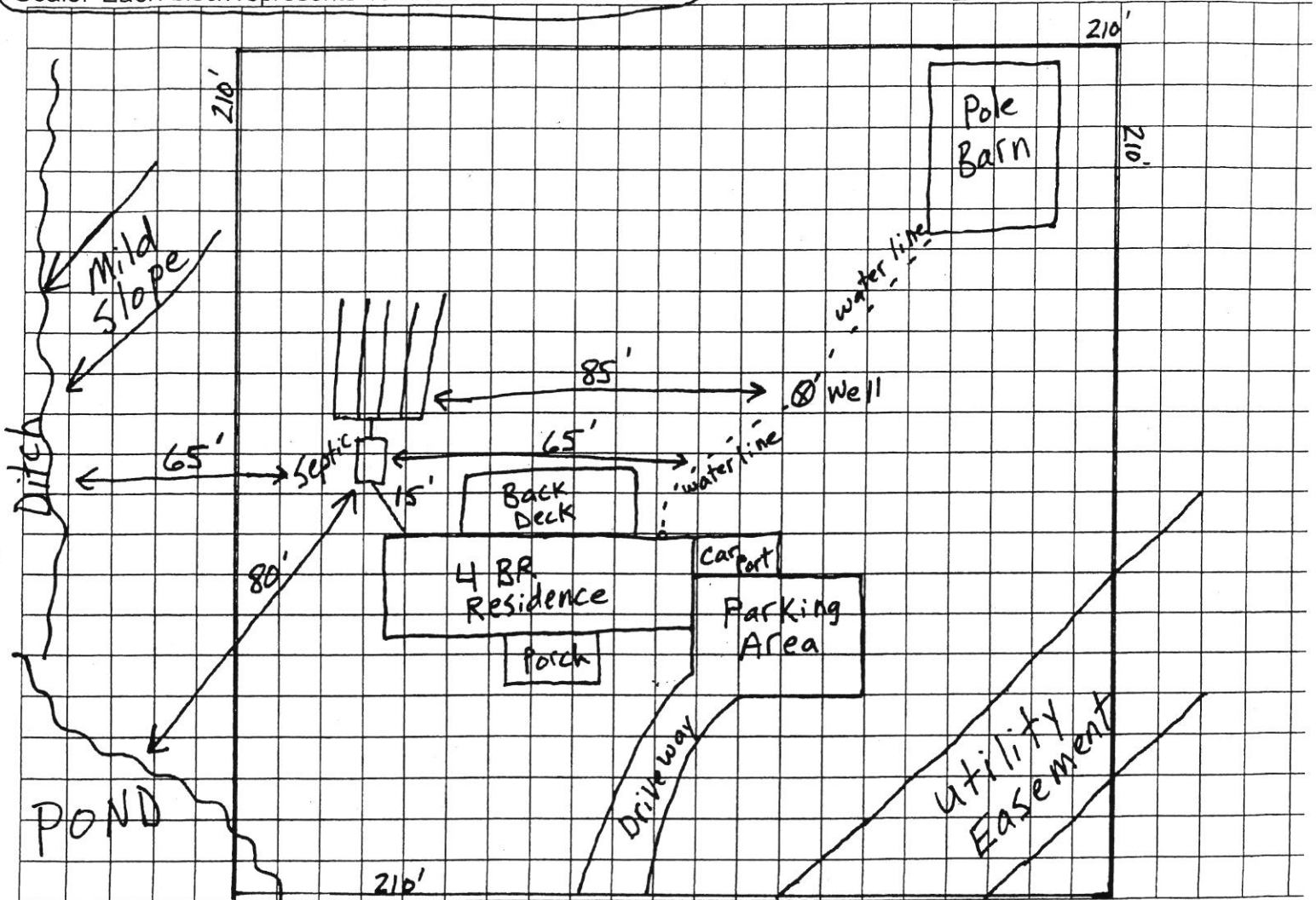
Permit Application Number office

1 Acre of 5

PART II - SITEPLAN



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



Notes: Site Plan must be drawn to scale. 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 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

Permit Application Number _____

----- PART II - SITE PLAN -----

Scale: Each block represents 5 feet and 1 inch = 50 feet.

Notes: _____

Site Plan submitted by: _____ Signature _____ Title _____

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.
Follow Example on Back.

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

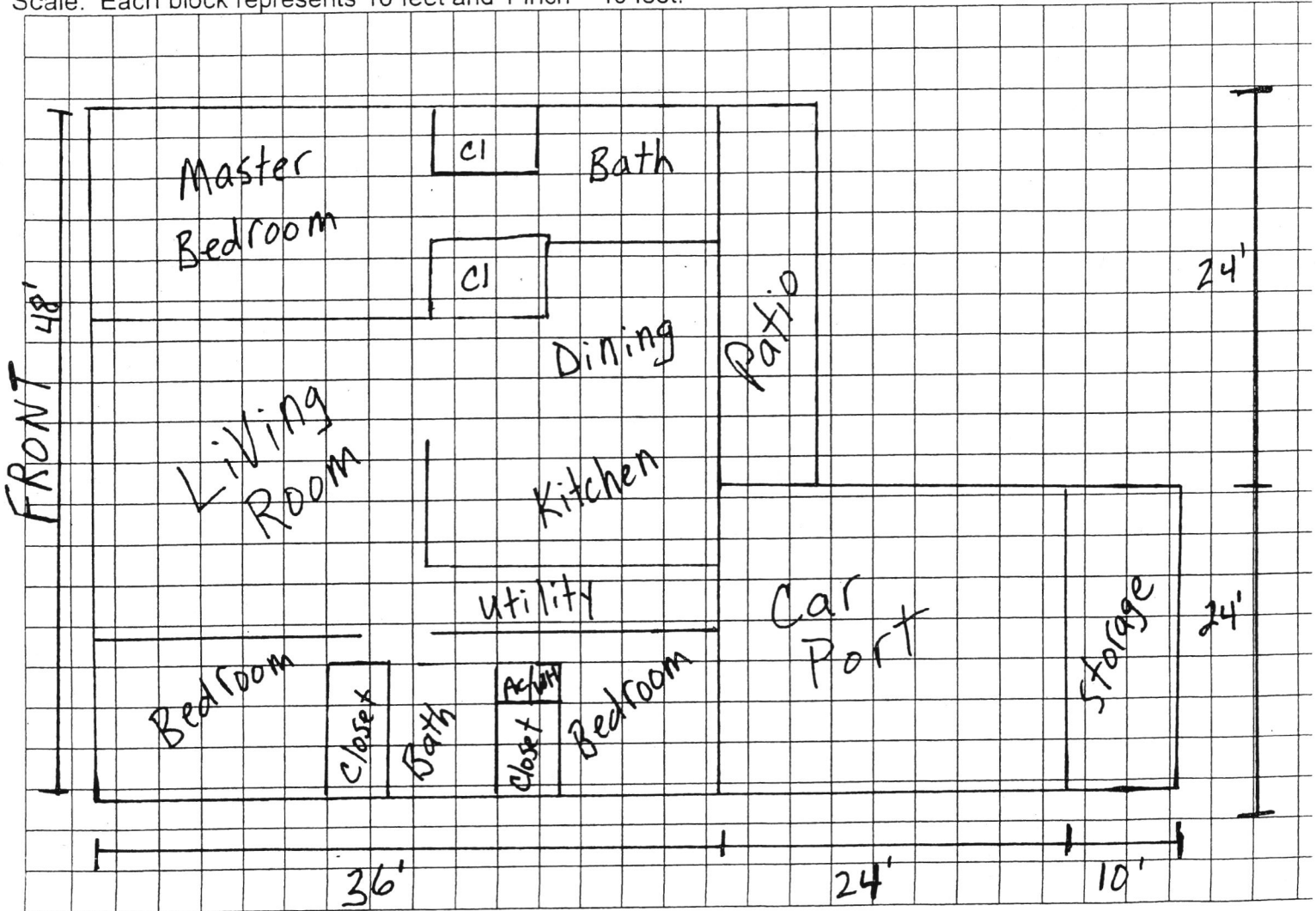
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Floor Plan Example

Permit Application Number _____

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

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



Notes: 3 BR, 2 Bath - 1,728 sq. Ft. Heated/cooled
3 Residents

Site Plan submitted by: Must Sign Here owner/Agent
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
 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 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. |