

**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

**Contact Info: Michael DeVuyst**  
Calhoun County Health Department  
850-5645 EXT: 237

## **REPAIR PERMIT PROCEDURES**

### **\$300.00**

1. Acquire **DH Form 4015 page 1 of 4 "ONSITE SEWAGE DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION PERMIT."** Follow directions on back.
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 **DH Form 4015 page 2 of 4**. Site plan does not have to be drawn to scale. **Please refer to the "SITE PLAN ATTACHMENT" for appropriate directions. Site plan example is located on back of "SITE PLAN ATTACHMENT". Site plan must be signed.** A floor plan is required using **DH Form 4015 page 2 of 4**. Follow expample on back of floor plan attachment.
4. Form **DH 4015 page 4 of 4 must be signed by a licensed septic tank pumper in the appropriate location after you make arrangements to have the tank pumped. Tank must be pumped prior to Health Department inspection.**
5. Give applicant two flags. One flag should be placed at the entrance of their driveway and the other flag should be placed where the septic system is located.
6. A repair permit is valid for 90 days.



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

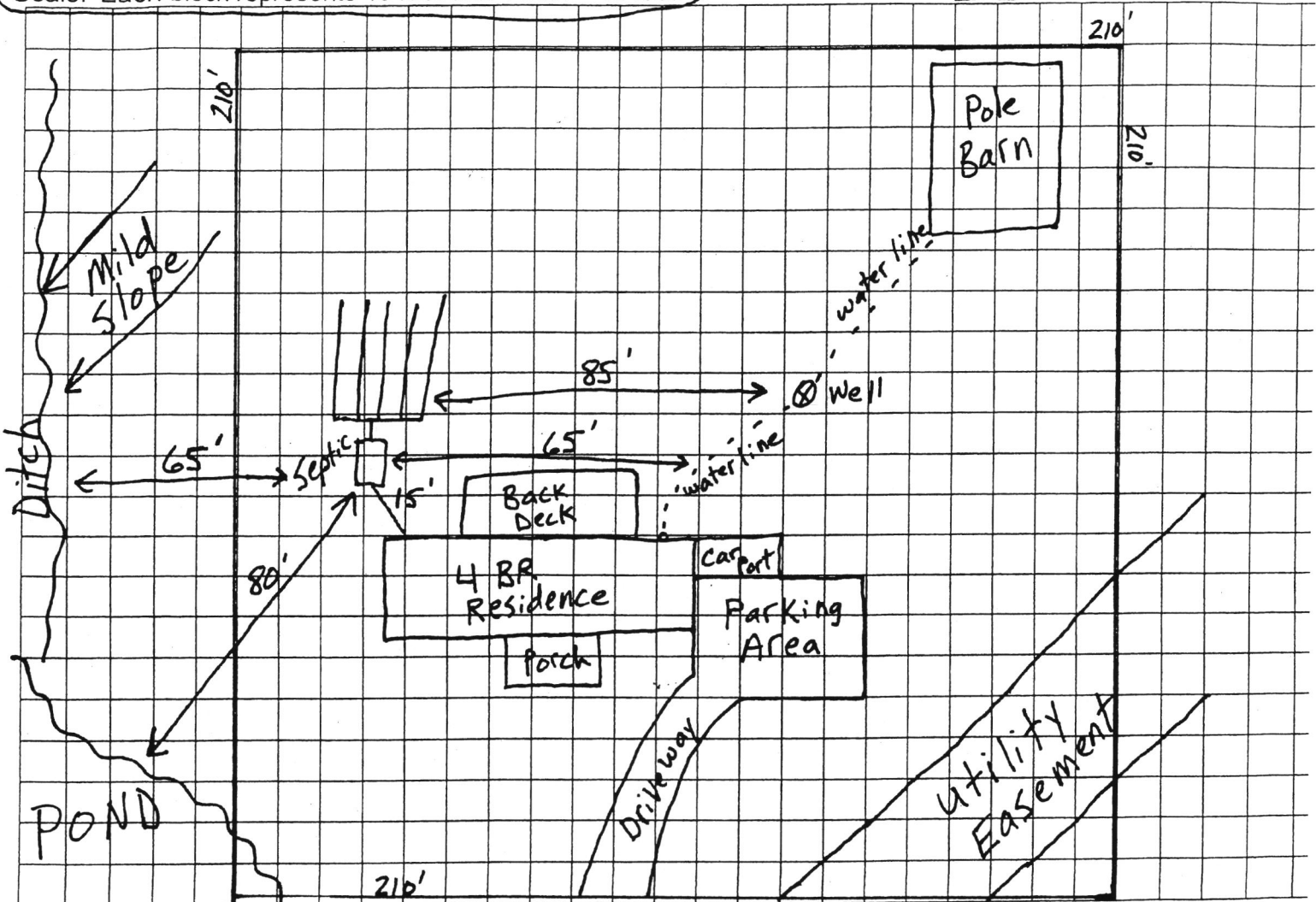
# Site Plan Example

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**

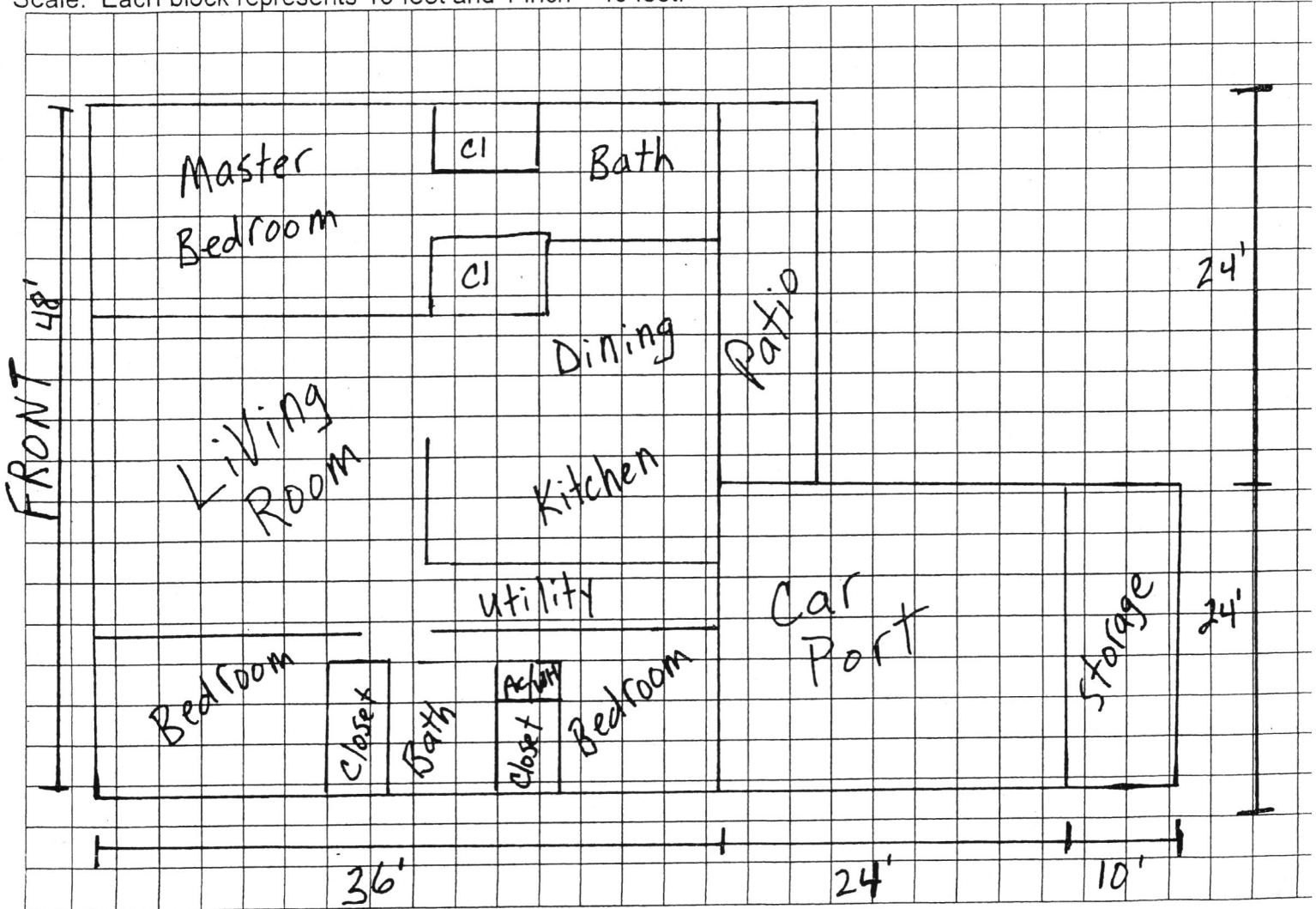
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

# 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.