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 department's 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)(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

<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>
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<td>2</td>
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<td>4</td>
<td></td>
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<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
to determine composition and features 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.
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: ____________

Page #2
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Site Plan Example

PART II - SITEPLAN -

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

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-0)
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: 5744-002-4015-5)
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

---------------------------------- PART II - Floor PLAN ----------------------------------

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
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

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