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**EXISTING COMMERCIAL SYSTEM VERIFICATION CHECKLIST  
[64E-6.001(4) F.A.C.]**

**COMPLETED APPLICATION PACKET MUST CONTAIN THE FOLLOWING INFORMATION:**

**Application (DH 4015 (1 of 4)) [64E-6.004 F.A.C.]**

1. Type of Establishment, office space square footage, number of occupants. Indicate whether the septic system has been out of service for more than one year.
2. Section, Township and Range, property ID and date of subdivision / plat date.
3. Specific directions to property.
4. Zoning classification.
5. Type of water system utilities on property.

**Pump-out Sheet (DH 4015 (4 of 4))**

1. Certification of drainfield / tank size and integrity from licensed Septic Contractor for all septic systems on the property (four corners of drainfield area must be flagged at the site)
2. Date of existing septic system construction prior to 1972, 1983 or after.
3. Indicate if a solids deflection device or outlet filter is present.

**Site Plan Information Required [64E-6.004(3)(a) F.A.C.]**

1. Site plan must be drawn to scale.
2. Lot boundaries with dimensions.
3. Existing system configuration, tank and drainfield size, and location on the property.
4. The building location.
5. Utility or drainage easements and location of closest sewer connection.
6. Obstructed areas (walkways, driveways, large trees, etc.).
7. Location of irrigation, private, or public wells on property.
8. Location of wells and septic systems on adjoining property.
9. Location of surface water bodies, storm water systems (ditches, swales, retention ponds).
10. Location of potable water and non-potable lines on the property.
11. General slope of the property.
12. Unusual site conditions which may influence the system design such as roof drains, patios, decks, swimming pools or parking areas.

**Additional Information Required**

1. Letter of authorization from the property owner assigning authority for the representative to act on the owner's behalf [64E-6.004(2) F.A.C.]
2. Letter from the wastewater utility provider indicating whether sewer is available, the distance in feet to the nearest connection point and whether that connection is a gravity line or force main. [381.0065(2)(a) Florida Statutes].
3. Site Information Documentation Form.
4. Floor Plan drawn to scale, showing existing and proposed.
5. Submit any previous approvals from this department for the septic system.
6. \$35.00 fee.
7. Churches must submit a schedule of activities.

**All forms can be found at <http://www.orchd.com/evh/> (Link: Onsite Sewage Disposal)**

Revised 10.09.09

Orange County Health Department  
800 N Mercy Dr.#1.,Orlando Florida 32808



Environmental Health Phone (407) 521-2630  
Fax (407)445-7493 Website – [www.orchd.com/evh](http://www.orchd.com/evh)

*"Providing leadership for superior community health promotion, protection and preparedness"*



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  $\leq$  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 ATTACH LETTER FROM A PERMITTED SEPTAGE DISPOSAL SERVICE.

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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: [ ]

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I CERTIFY THAT THE ABOVE NOTED TANKS WERE PUMPED ON \_\_\_/\_\_\_/\_\_\_, HAVE THE VOLUMES SPECIFIED, ARE STRUCTURALLY SOUND, AND HAVE A [ SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE ] INSTALLED.

_____	SIGNATURE OF LICENSED CONTRACTOR	_____	BUSINESS NAME	_____	DATE
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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 or letter attached from permitted septage disposal service pumping tank.
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.
SUBMITTED BY	Signature of person performing evaluation
TITLE/LICENSE	Title of department person or license number of other evaluators.
DATE	Date of evaluation.

**ONSITE SEWAGE TREATMENT DISPOSAL SYSTEM (OSTDS)  
SITE INFORMATION DOCUMENTATION FORM**

**IMPORTANT PLEASE READ CAREFULLY AND PROVIDE ALL REQUESTED INFORMATION.**

PLEASE ANSWER THE FOLLOWING QUESTIONS YES OR NO. If you answer <b>Yes</b> to any of the questions, these items <b>must be drawn</b> on the site plan. This is for <b>existing</b> and <b>proposed</b> components.	YES  (Show on site Plan)	NO None within minimum required setback	N/A  Other
1. Is there any slope to your property? If yes, show the direction of the slope? (i.e. front to back, left to right, etc.) If yes, what is the percentage of slope? (1%= 1' to 100') _____			
2. Are there any public wells within 200 feet of your lot?			
3. Are there any existing private wells within 75 feet of the <b>existing</b> or <b>proposed</b> OSTDS(Septic System)?			
4. Are there any lakes, streams, canals or standing bodies of water within 150 feet of the <b>existing</b> or <b>proposed</b> OSTDS?			
5. Are there any drainage features, ditches, swales, retention areas) within 75 feet of the existing or proposed OSTDS?			
6. Are there any recorded easements on your property?			
7. Is there public sewer available <b>existing</b> or <b>proposed</b> to this property. Please indicate distance in feet. _____ feet.			
8. Are there any wells ( <b>existing</b> or <b>proposed</b> ) on the property or adjacent properties within 200 feet of the proposed or existing OSTDS? If none, please indicate none on site plan. If yes continue and indicate what distance from existing or proposed OSTDS			
9. Location of non-potable wells on contiguous or adjacent property			
10. Location of private potable wells on contiguous or adjacent property			
11. Location of limited-use potable wells on contiguous or adjacent property (less than or equal to 2000 gallons / day)			
12. Location of Public-use potable wells within 200 feet of the property. (more than 2000 gallons / day)			
13. Are there any potable or non-potable waterlines on the property?			
14. Are there any buildings <b>existing</b> or <b>proposed</b> other than the one that will be served by this existing or proposed OSTDS?			
15. Are there any paved or compacted <b>existing</b> or <b>proposed</b> areas on this property?			
16. Are there any large trees near the <b>existing</b> or <b>proposed</b> OSTDS?			
17. Is there or will there be a pool located on this property?			
18. Are there any existing OSTDS on this property or adjacent properties?			
19. Does the site plan show all septic system components?			
20. <b>New &amp; Existing</b> system approvals, the site plan must be drawn to scale with all lot dimensions? <b>Repair</b> approvals the site plans need to show accurate lot dimensions. ( scale not required )			

**IMPORTANT!!** The size and location of all buildings are required to be drawn on the site plan. Please complete this information before submitting the application for an OSTDS system permit. **Failure to do so will slow your permitting process.** Also, your permit will be issued based on the above information. Therefore if any of this information changes, an amended site plan will need to be submitted.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print)

Signature: \_\_\_\_\_

Circle One: **Property Owner**

**Authorized Agent**

**Contractor**