



**New Commercial Onsite Sewage Treatment and Disposal System Installation Requirements
Chapter 64E-6, Florida Administrative Code**

COMPLETED APPLICATION PACKET MUST CONTAIN THE FOLLOWING INFORMATION:

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

1. Per Chapter 64E-6.004(2), FAC, an application is to be signed by the property owner or an attached statement from the owner assigning authority for an agent or representative to act on the owner's behalf in all aspects of an application for septic system.
2. Per Chapter 64E-6.004(3)(a), FAC, a copy of the legal description or survey for confirmation of property dimensions including date of subdivision or date of property, platted and recorded.
3. Zoning classification.

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

1. Site plan must be drawn to scale showing all lot boundaries with dimensions
2. Locations of any existing or proposed buildings on the property.
3. Recorded easements and location of closest sewer connection. [F.S. 381.0065(2)a]
4. Septic system components, with specific configuration, size and location including shoulders and slope areas if applicable.
5. The slope of the property (cross section of drainfield configuration when located in sloped areas).
6. Obstructed areas (walkways, driveways, large trees, etc.).
7. Location of irrigation, private, or public wells on property and location of potable and non-potable waterlines.
8. Location of wells, OSTDS, surface waters and other permanent facilities or pertinent features on **contiguous or adjacent property**.
9. Location of any public drinking water well within 200 feet of the property.
10. Surface waters including retention, detention and swale areas – design high-water lines and designation of being either wet or dry.
11. Drainage features such as ditches, swales, retention ponds, storm sewer pipes, and groundwater interceptor drains.
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. Per Chapter 64E-6.004(3)(b), FAC, a floor plan drawn to scale showing the square footage of the establishment and all plumbing drains and fixture types.
2. Per Chapter 64E-6.003(5), an application for OSTDS operating permit for areas zoned Industrial/Manufacturing or its equivalent or establishments with commercial grade wastewater and a Business Survey Form for each business establishment utilizing an OSTDS. The fee is prorated to expire on December 31st of each year. Contact the department to determine the amount due at the time of application.
3. Per 64E-6.004(4) FAC, the system must be designed by an engineer if it meets any of the criteria listed in items a through j.
4. Letter from the wastewater utility provider indicating whether sewer is available, the distance measured in feet to the nearest connection point and whether the connection point is a gravity line or a force main [Chapter 381.0065(2)(a) Florida Statutes].
5. Site Information Documentation Form.
6. \$294.00 fee for applications submitted with a soils report or \$409.00 for applications submitted without a soils report.
7. Churches must submit a schedule of activities.

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

10-09-2009



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 <= 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.

INSTRUCTIONS:

- PERMIT #:** Permit tracking number assigned by County Health Department.
- APPLICANT:** Property owner's full name.
- AGENT:** Property owner's legally authorized representative.
- LOT, BLOCK, SUBDIVISION:** Lot, block, and subdivision for lot.
- PROPERTY ID#:** 27 character number for property (property appraiser ID # or section/township/range/parcel number).
- PROPERTY SIZE:** Check if property size at site conforms to submitted site plan. Record net usable area available - lot area 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.
- SEWAGE FLOW:** Record the estimated sewage flow for the establishment from Table 1 (residential) or Table 2 (non-residential), Chapter 64E-6, FAC. Record the authorized sewage flow for the lot based on net usable area and water supply (1500 gallons per day per acre for private water supplies and 2500 gallons per day per acre for public water supplies). If authorized sewage flow does not equal or exceed the estimated sewage flow, the application must be denied.
- UNOBSTRUCTED AREA:** Record the square feet of unobstructed area available and the amount required. Unobstructed area must be at least 2 times as large as the drainfield absorption area and at least 75 percent of the unobstructed area must meet minimum setbacks in Chapter 64E-6, FAC. The unobstructed area must be contiguous to the drainfield.
- BENCHMARK INFORMATION:** Record the location of the benchmark. If using a surveyor's benchmark record the actual elevation. Record the elevation of the proposed system site in relation (above or below) to the benchmark.
- MINIMUM SETBACKS:** Record minimum setbacks which can be met to all listed features. Actual measurements must be recorded or "NA" for non-applicable features. Features on site plan or within 75 feet of the applicant lot must be measured. The location of any public drinking well within 200 feet of the applicant's lot must also be verified.
- FLOOD INFORMATION:** Record information on lot's subject to flooding. For lots subject to flooding record 10 year flood elevation for site and actual site elevation.
- SOIL PROFILE INFORMATION:** Two soil profiles within the proposed absorption area to a minimum depth of 6 feet or refusal are required. Soil identification will use USDA Soil Classification methodology (Munsell colors and USDA soil textures). Refusals must be clearly documented. Provide USDA soil series if available, record "UNK" if the series cannot be determined.
- WATER TABLE:** Record the depth of the observed water table at the time of the evaluation. Mark "perched" or "apparent" as appropriate. Record the estimated wet season water table elevation based on site evaluation, USDA soil maps, and historical information. Indicate if there is high water table vegetation present. Indicate if mottling is present and depth.
- SOIL TEXTURE:** Record soil texture or loading rate for system sizing.
- DEPTH OF EXCAVATION:** If applicable record depth of excavation required. Record "NA" if not applicable.
- DRAINFIELD CONFIGURATION:** Check drainfield configuration required. If other, specify type.
- ADDITIONAL CRITERIA:** Record any additional remarks pertinent to site or installation. Ex. Dosing required.
- SITE EVALUATED BY:** Signature of evaluator, title, and date of evaluation. Professional engineers must seal all documentation submitted.

ELEVATION WORKSHEET		ELEVATION OF BENCHMARK / REFERENCE POINT IS: _____					
BENCHMARK	_____	SITE 1		SITE 2		SITE 3	
[+] SHOT	_____	H.I.	_____	H.I.	_____	H.I.	_____
H.I.	_____	[-] SHOT	_____	[-] SHOT	_____	[-] SHOT	_____
	_____		_____		_____		_____

**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 Yes to any of the questions, these items must be drawn on the site plan. This is for existing and proposed 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 existing or proposed OSTDS(Septic System)?			
4. Are there any lakes, streams, canals or standing bodies of water within 150 feet of the existing or proposed 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 existing or proposed to this property. Please indicate distance in feet. _____ feet.			
8. Are there any wells (existing or proposed) 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 existing or proposed other than the one that will be served by this existing or proposed OSTDS?			
15. Are there any paved or compacted existing or proposed areas on this property?			
16. Are there any large trees near the existing or proposed 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. New & Existing system approvals, the site plan must be drawn to scale with all lot dimensions? Repair 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

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM OPERATING PERMIT**

Authority: Chapter 381, F.S. & Chapter 64E-6, F.A.C.

Application/Permit Number _____

New: _____ Amended: _____ Renewal: _____

Aerobic: _____ Commercial: _____ Industrial/Manufacturing: _____

GENERAL INFORMATION

Property Owner _____

Work Telephone _____ Home phone: _____

Address of Owner: _____ City: _____ State _____ Zip _____

Owner's Agent: _____

Agent's Address: _____ City: _____ State _____ Zip _____

Agent's Phone: _____ Property Street Address: _____

City: _____ State _____ Zip _____

Section: _____ Township: _____ Range: _____ Parcel: _____ Lot: _____ Block: _____ Subdivision: _____ Unit: _____

EXISTING SYSTEM INFORMATION

Please complete those items shown below which are applicable to the existing permitted onsite sewage disposal system serving the above referenced property: Onsite Sewage Treatment and Disposal System Construction Permit Number (if known): _____

Septic Tank(s)/Aerobic Unit _____ gallons Grease Trap(s) _____ gallons Dosing Tank _____ gallons

Drainfield size is _____ square feet installed in a: standard subsurface _____ filled _____ mound system _____

The drainfield layout is in trenches _____ absorption bed _____ other _____ (describe) _____

Onsite Well? Yes _____ No _____ System Setback to Wells _____ ft. Lot Size _____ Square Feet

Estimated sewage flow into system _____ Gallons/Day Based on _____

Number of businesses or dwellings (circle one) which are being served by this onsite sewage disposal system _____

Additional Comments: _____

COMMERCIAL/INDUSTRIAL/MANUFACTURING FACILITY

Please attach a business survey form for each business which is or will be served by the onsite sewage disposal system. Briefly describe the type of activities that will be supported by the onsite sewage system serving this property. _____

What is the zoning designation for the property? _____ Give a description of the zoning and examples of approved businesses in this type of zoning: _____

AEROBIC TREATMENT UNIT

Date of aerobic system installation approval: _____ / _____ / _____ Is the aerobic treatment unit still under the manufacturer's initial two year warranty? Yes _____ No _____ Aerobic Unit Manufacturer: _____

Type of Aerobic Unit: _____ Class I: _____ Class II: _____ Above 1500 Gallon Capacity: _____

Construction/Installation Permit Number: _____ Are multiple aerobic units used on the site: Yes _____ No _____

Is there an active service agreement on the aerobic treatment unit? Yes _____ No _____ Please Attach a Copy of the Agreement

If yes, when does the service agreement expire? _____ / _____ / _____

Who is the authorized service company providing maintenance to your unit?

Company Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

I hereby certify that the above information is accurate and a reflection of the actual conditions existing on the above referenced property. I understand that any change of occupancy or tenancy at the above location will require me to file an amendment to this operating permit.

Applicant's signature: _____ Date _____ / _____ / _____

Application Status:

Disapproved: _____ Date _____ / _____ / _____ Reason: _____

By: _____ Title: _____ CHD

Approved: _____ Date _____ / _____ / _____

By: _____ Title: _____ CHD