

**COMMERCIAL REPAIR PERMIT CHECKLIST**  
[Chapter 64E-6.015, F.A.C.]

Applicants for onsite sewage treatment and disposal systems (OSTDS) are required to provide the following documentation to comply with Chapter 64E-6, Florida Administrative Code (F.A.C.), revisions.

**Application for Construction Permit (DH 401, 10/97; Page 1 of 3)**

1. Fill out the application form completely.
2. Sewer availability per 381.0065 (2)(a)(1-4), Florida Statutes. Provide proof of unavailability of sewerage system. (Obtain letter of sewer availability from wastewater service provider in your area.)
3. Directions to property - include nearest cross road.
4. Type of establishment- List per 64E-6.008, Table 1, F.A.C. (e.g., restaurant, doctor's office, etc.)
5. Business activity - List number of employees, shifts and hours of operation. Include quantity and type of waste being discharged [64E-6.015(1)(c), F.A.C. and 64E-6.008, Table 1].

**Site Evaluation and System Specifications (DH 4015, 03/97; Page 3 of 3)**

1. Must be filled out completely by State Registered Engineer, Health Dept. employee or other qualified person.
2. Include indicators of redoximorphic features to justify call for seasonal high water table elevation.

**Existing System and System Repair Evaluation (DH 4015, 10/96; Page 4 of 4)**

1. Certification of tank and drainfield size and integrity from State Registered Contractor or a State Licensed Plumber (DH Form 4015, 10/96; Page 4 or 4). Four corners of drainfield area must be marked off on site.
2. Indicate if the tank(s) and/or drainfield will be replaced.

**Onsite Sewage Treatment Disposal System (OSTDS) Site Information Documentation Form**

1. The form must be completed by property owner, authorized agent, or contractor.

**Site Plan Information Required: 64E-6.015(1)(1-f), F.A.C.**

1. Lot boundaries with dimensions.
2. Existing and proposed system configuration, sizes of tank(s) & drainfield(s), and location on the property.
3. Location of all buildings/structures on property.
4. Location of utility or drainage easements, and location of closest sewer connection.
5. Location of private or public wells on property.
6. Location of wells and septic systems of neighboring properties.
7. Location of potable and non-potable water lines.
8. Location of surface water bodies and storm water systems (retention ponds, ditches, swales).
9. Show obstructed areas (walkways, driveways, large trees, etc.)
10. Show any unusual site conditions which may influence the septic system design or function: sloping property, drainage structures (e.g., roof drains) & other obstructions (e.g., patios, decks, swimming pools, parking areas).

**Other Requirements:**

1. Binding Utility Easement [64E-6.004(7), F.A.C.] may be needed for multiple lots or multiple businesses.
2. OSTDS/IM Operating Permit [381.0065(4)(1-3), F.S.] may be needed.
3. Floor Plan, if requested.

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

Rev. 09-10-2008



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: \_\_\_\_\_

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**

<b>PLEASE ANSWER THE FOLLOWING QUESTIONS YES OR NO</b> If you answer <b>Yes</b> to any questions, these items <b>must be drawn</b> on the site plan. This is for <b>existing</b> and <b>proposed</b> components.	<b>YES</b> (Show on site Plan)	<b>NO</b> None within minimum required setback	<b>N/A</b> <b>Other</b>
1. Is there any slope to your property? If yes, show the direction of the slope. (i.e. front to back, L to R, 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, and 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 the 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.			
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**



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 FAILURE: [ ] HYDRAULIC OVERLOAD [ ] SOILS [ ] MAINTENANCE [ ] SYSTEM DAMAGE

[ ] DRAINAGE / RUN OFF [ ] ROOTS [ ] WATER TABLE [ ] \_\_\_\_\_

FAILURE SYMPTOM: [ ] SEWAGE ON GROUND [ ] TANK [ ] D BOX/HEADER [ ] DRAINFIELD

[ ] PLUMBING BACKUP [ ] \_\_\_\_\_

REMARKS/ADDITIONAL CRITERIA \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ TITLE/LICENSE \_\_\_\_\_ DATE: \_\_\_\_\_



**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.

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