



Procedure for Applying for Abandonment of a Septic Tank

“Whenever the use of an onsite sewage treatment and disposal system is discontinued following connection to a sanitary sewer, following condemnation or demolition or removal or destruction, of a building or property, or discontinuing the use of a septic tank and replacement with another septic tank, the system shall be abandoned within 90days and any further use of the system for any purpose shall be prohibited. “(64E-6.011FAC)

To apply for the Abandonment of a Septic Tank the following procedure is required:

- (1) An Application must be filled out (form DH 4015)
- (2) A Site Plan must be provided, it must show:
 - a. The Boundaries of the lot(s)
 - b. The Location of the Structure(s) on the lot(s)
 - c. The Location of the Septic Tank(s) on the lot(s)
- (3) The Reason for Abandoning the Septic Tank must be noted
- (4) If the applicant is not the property owner, where the agent is not a licensed contractor pursuant to the requirements of Chapter 489, Florida Statutes, a Letter of Authorization from the property owner assigning authority for the representative to act on the owner’s behalf is required (Chapter 64E-6.0044(2), F.A.C.).
- (5) A fee of \$109 must be paid at the time of the application.

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

Rev 10-13-2009

Procedimiento para Aplicar para el Abandono de un Pozo Séptico

“Whenever the use of an onsite sewage treatment and disposal system is discontinued following connection to a sanitary sewer, following condemnation or demolition or removal or destruction, of a building or property, or discontinuing the use of a septic tank and replacement with another septic tank, the system shall be abandoned within 90 days and any further use of the system for any purpose shall be prohibited.” (64E-6.011, FAC)

“Cada vez que el uso de un séptico residencial tratamiento de aguas de residuales en local es discontinuado proseguido por la conexión a servicio de desagüe público, proseguido por la condenación ó demolición ó remuevo ó destrucción, de un edificio ó propiedad, ó el discontinuo de uso de un tanque séptico y reemplazo con otro tanque séptico, el sistema debe ser abandonado dentro de los 90 días y cualquier uso de el sistema para cualquier uso debe de ser prohibido.” (Traducción literal de 64 E-6.011FAC)

Para aplicar por el Abandono de un Tanque Séptico el siguiente procedimiento es requerido:

- (1) Completar una aplicación (Aplicación DH 4015)
- (2) Un plan de suelo debe ser proporcionado, y debe mostrar lo siguiente:
 - a. Límite de lote(s)
 - b. Localización de la estructura(s) en el lote(s)
 - c. Localización de el tanque séptico en el lote(s)
- (3) La razón para abandonar el pozo séptico debe ser anotada
- (4) Una carta de autorización de el dueño ó propietario asignando autoridad para el representante para actuar en su nombre (64E-6.004(2), FAC)
- (5) Un pago ó cuota de \$109.00 deben ser pagados al entregar la aplicación.

Todas las aplicaciones las puede encontrar en <http://www.orchd.com/evh> (Link: Onsite Sewage Disposal)

Revisión 10/13/2009



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 \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 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



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

CREDIT CARD/CHECK CARD VERIFICATION AUTHORIZATION FORM

Requesting Company: _____ Request Date: _____

Credit Card Number: _____ Expiration Date: _____

Printed Name: _____ Phone Number: _____

Card Holder's Signature: _____ (Required)

Total Charged: _____

Permit Number(s): _____ (If known) or

Permit Address(s): _____

Service Type Requested(i.e.; repair permit, reinspection fee, swimming pool permit, well permit, etc.):

Applicant(s) Name on Permit: _____

CARDHOLDER BILLING ADDRESS: _____

Comments: _____

The credit card will be charged upon receipt unless otherwise noted in the comments section. The Orange County Health Department hereby acknowledges that the signature above denotes authorization to charge the referenced account for payment for this (these) specific services(s). Charges to the above account will not exceed the agreed upon total. The Orange County Health Department also acknowledges that additional charges will not be made unless additional written authorization is received and specified on this or a subsequent Credit Card Verification/Authorization Form.

If you have any questions regarding these charges, please feel free to contact our office.

