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## 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.
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.).

##### **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 with MAFL as defined in 381.0065 (2) F.S.
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 31<sup>st</sup> 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)

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Orlando, FL 32808



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[www.orchd.com](http://www.orchd.com) • [www.orchd.mobi](http://www.orchd.mobi)

*Protecting Your Health...It's What We Do*

**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**



Charlie Crist  
Governor

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

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## Soil Evaluation by GEO-Technical Engineer

Pursuant to Florida Statute 381.0011 (11) (14), 381.0016 and County Code Article XVII Sec. 37-540, any septic system to be installed in "severe" soils (wet areas) are required to have a geo-technical engineer's pre and post certification.

However, pursuant to Florida Statute 381 the health department is charged with protecting public health. Our responsibility includes assuring that systems are installed that will effect ground water protection and eliminate public nuisances, that may be injurious to public health.

Our department reserves the right to re-evaluate any submittals by engineers, if maintaining mandated location and installation perimeters are in question.

F.S. 381.0016 Municipal Regulations and Ordinances ----Any municipality may enact in a manner prescribed by law, health regulations and ordinances, not inconsistent with state public health laws and rules adopted by the department.

Article XVII Sec.37-540(b) OSTDS will be permitted only where soils are suitable or are made suitable. Soil associations which are classified as "severe" for OSTDS use by the U.S. Department of Agriculture Soil Conservation Service are considered not suitable for OSDTS unless otherwise certified suitable by a geo-technical engineer. Pre and post construction certification shall be made by a geo-technical engineer for any permit issued in "severe" soil or other soils to be made suitable.

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Orange County Health Department  
832 W Central Blvd., Orlando Florida 32805  
[www.orch.com/evh](http://www.orch.com/evh)

*"Providing leadership for superior community"*



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Environmental Health Phone (407) 836-2550  
Fax (407) 836-2622 Website –

*health promotion, protection and preparedness"*



**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>	
[+] SHOT	_____	H.I.	_____	H.I.	_____	H.I.	_____
H.I.	_____	[-] SHOT	_____	[-] SHOT	_____	[-] SHOT	_____
	_____		_____		_____		_____



Charlie Crist  
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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.

