



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

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 (FAC), revisions.

1. Per Chapter 64E-6.004(2), FAC, an application shall be completed in full, signed by the owner or the owner's authorized representative, or a contractor licensed in accordance with Chapter 489, Florida Statutes.
2. Per Chapter 64E-6.004(3), FAC, a copy of the legal description or survey for confirmation of property information to include date of subdivision or date property, platted and recorded, zoning and parcel ID#.
3. Per Chapter 64E-6.004(3)(a), FAC, a site plan drawn to scale is to include: **(must show scale)**
 - a. Boundaries with dimensions.
 - b. Locations of any existing or proposed residences or buildings.
 - c. Location of swimming pools.
 - d. Recorded easements.
 - e. Septic system components, with specific configuration, size and location including shoulders and slope areas if applicable and unobstructed area.
 - f. Show direction of slope on the property.
 - g. Existing and proposed wells. (potable and non-potable)
 - h. Show all water line locations
 - i. Designate drainage features including storm sewer pipes and groundwater interceptor drains.
 - j. Indicate area(s) that will be filled.
 - k. Obstructed areas – driveways, walkways, trees, etc.
 - l. Designate wet/dry retention and/or detention area(s), ditches and/or swaled area(s); include Design High Water Line and Mean Annual Flood Line.
 - m. On contiguous or adjacent property show location of wells, OSTDS, surface waters permanent facilities or other features.
 - n. Show location of any public drinking water well within 200 feet of the property.
4. Per Chapter 64E-6.004(3)(b), FAC, a floor plan delineating number of bedrooms and square footage of building area excluding garages, carports, screened patios or decks.
5. Binding Utility easements, if applicable. 64E-6.004(7)(a)(b), FAC.
6. Must advise if sewer is available per [F.S. 381.0065(2)(a) and F.S. 381.0065(2)(a)2].
7. Additional comments may result after the review of requested information.
8. 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.).

If you have questions, please contact our office at (407) 521-2630.

Permit Fees

Submitted with site evaluation \$294.00

Submitted without site evaluation \$409.00

Rev. 10-13-09

800 North Mercy Drive
Orlando, FL 32808



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www.orchd.com • www.orchd.mobi

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

Nuevo Séptico Residencial Tratamiento de Aguas de Residuales en Exteriores y Requerimientos para Sistema de Disposición
Capítulo 64E-6, del Código Administrativo de Florida

Solicitante para Séptico Residencial Tratamiento de Aguas de Residuales en Local y Requerimientos para Sistema de Disposición (OSTDS abreviación Inglés) necesitan proveer la documentación enumerada para cumplir con revisiones de el Código Administrativo de Florida (FAC).

1. Por Capítulo 64E-6.004(2), FAC, una aplicación debe ser llena completamente, firmada por el propietario ó representante autorizado por el propietario ó por el contratista con licencia de acuerdo con el Capítulo 489, de los Estatutos de la Florida.
2. Por Capítulo 64E-6.004(3), FAC, una copia de la descripción legal ó tasación de la propiedad para confirmar la información que incluya fecha legal de la subdivisión residencial ó fecha de propiedad, registrada legalmente, zona y la identificación de la parcela.
3. Por Capítulo 64E-6.004(3)(a), FAC, un plano de la propiedad dibujado a escala que incluya: (necesita presentar el número de escala)
 - a. Fronteras ó líneas oficiales de la propiedad con dimensiones
 - b. Localizaciones de residencias ó edificios existentes ó propuestos para construcción
 - c. Indique lugar de la piscina ó alberca
 - d. Límites de la propiedad que están registradas
 - e. Componentes o partes de el séptico, con organización especifica para el sistema, tamaño y localización incluyendo inclinaciones ó franja de tierra cerca de carreteras si aplica y áreas libres de construcción
 - f. Indique dirección de inclinaciones en la propiedad
 - g. Indique pozos existentes ó propuestos para construcción (potable y no-potables)
 - h. Indique localizaciones para líneas de agua
 - i. Declare características de el drenaje ó desagüe incluyendo tubería para desagüe de aguas residuales durante tormenta é interceptadores ó drenaje preventivo debajo de el terreno
 - j. Indique área(s) que estarán llenas
 - k. Indique área(s) ocupadas – áreas de parqueo, aceras, etc.
 - l. Indique área(s) mojadas / secas de retención y/o área(s) de detención, zanjas o áreas de inclinación que proveen drenaje o desagüe; incluya diseño de línea de altitud de las aguas y línea de proporción anual de inundación
 - m. En la propiedad contigua ó adyacente muestre localización de pozos, sistema de disposición ó OSTDS, facilidades permanentes de agua superficial y otras características
 - n. Localización de cualquier pozo de agua de consumo pública dentro de 200 pies de la propiedad
4. Por Capítulo 64E-6.004(3)(b), FAC, un plano de suelo de la propiedad delineando el número de dormitorios y el área en pies cuadrados de el edificio excluyendo garajes, áreas cubiertas para parqueo de automóviles, patios cubiertos ó superficies cubriendo la tierra
5. Comentarios adicionales pueden surgir luego de la aplicación haya sido revisada con la información solicitada
6. Límites legales para servicio públicos, si aplica. 64E-6.004(7)(a)(b), FAC.
7. Debe indicar si servicio público de desagüe está disponible por Estatuto de la Florida 381.0065(2)(a) y Estatuto de la Florida 381.0065(2)(a)2.

Si tiene preguntas, por favor llame a nuestra oficina al 407-521-2630.
Revisión 06/10/08



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.

**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

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.

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	_____
	_____		_____		_____		_____



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.

