



Charlie Crist  
Governor

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State Surgeon General

## **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.

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

### **Permit Fees**

Submitted with site evaluation \$294.00

Submitted with site evaluation \$409.00

Rev. 10-13-09

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Orange County Health Department  
800 N. Mercy Dr., Ste 1, Orlando Florida 32808  
*"Promote, protect and improve the health*



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Environmental Health Phone 407 521-2630  
Fax 407 445-7494 Website – [www.orchd.com/evh](http://www.orchd.com/evh)  
*of all people in Orange County Florida."*



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.

**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**

