

Jeb Bush
Governor



John O. Agwunobi, M.D., M.B.A.
Secretary

LEON COUNTY HEALTH DEPARTMENT

APPLICATION PACKET

FOR AN

ON SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

REPAIR PERMIT

***NOTE: FURNISH PAST 18 MONTHS
WATER USE RECORDS TO ACCOMPANY
THIS REPAIR PERMIT PACKAGE FROM
YOUR UTILITY COMPANY**

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**ONSITE SEWAGE TREATMENT DISPOSAL SYSTEM PERMIT
AGENT AUTHORIZATION FORM**

(COMPLETE AND ATTACH TO PERMIT APPLICATION)

TO: Leon County Health Department
Environmental Health/Onsite Sewage Program

FROM:

Name _____
(PRINT)

Address _____

City _____ State _____ Zip Code _____

Telephones# _____

I, _____, legal property owner

of the land or parcel(s) located at: _____

Parcel # _____

Hereby authorize _____ as my
agent/representative to act on my behalf in all aspects of the application process in
order to obtain an Onsite Sewage Treatment Disposal System Permit from the
Department Of Health, Leon County Health Department, Onsite Sewage Program.
My agent or representative is delegated my authority to submit all documents,
exhibits and fees necessary to obtain the permit in my name. I understand and
agree that I am solely responsible for the accuracy of information submitted and for
compliance with all requirements on my Onsite Sewage Treatment Disposal System
permit.

SIGNED _____

DATE _____



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: _____

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.

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:
TYPE ESTABLISHMENT:**

Check residential or commercial.
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 non-residential 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.

WATERLINES:	Y	N	OBSTRUCTED AREAS:	Y	N
EASEMENTS:	Y	N	OFF SITE FEATURES:	Y	N
SLOPES:	Y	N	DRAINAGE FEATURES:	Y	N
WELLS ON LOT:	Y	N	FILLED AREAS:	Y	N
PUBLIC WELLS:	Y	N	SURFACE WATER:	Y	N

Site plan submitted by: _____

Date _____ Signature _____ Title _____

Plan approved _____ Not approved _____ Date _____

By _____ LEON COUNTY HEALTH DEPT./ENVIRONMENTAL HEALTH
 ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPT.



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#: _____

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. 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: []

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

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, 648-6, 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: _____



THE FOLLOWING ITEMS ON THE CHECKLIST MUST BE COMPLETED IN THEIR ENTIRETY BEFORE THE APPLICATION FOR A REPAIR, FOR SEWAGE TREATMENT AND DISPOSAL SYSTEM PERMIT WILL BE ACCEPTED FOR PROCESSING. ALL (II) ITEMS MUST BE MARKED WITH AN "X".

01. APPLICATION PAGE

Complete all applicable items on the application page, sign and date.

NOTE: If the owner of the property uses an authorized representative to obtain a new system Construction permit, a signed statement from the owner of the property assigning authority for the representative to act on the owner's behalf shall accompany the application.

02. SITE PLAN

Complete the checklist on the site plan. Show all applicable items on the site plan, sign and date.

03. COMPLETED EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION FORM

Minimum of existing tank information to be completed by a licensed septic tank contractor.

04. WHAT IS THE QUANTITY AND TYPE OF WASTE BEING DISCHARGED TO THE SYSTEM?

- A. Domestic
- B. Commercial
- C. Industrial
- D. Quantity – The monthly water usage, according to the Water use records (water bill), is _____ gallons per month.

05. LIST ANY UNUSUAL SITE CONDITIONS WHICH MAY INFLUENCE THE SYSTEM DESIGN OR FUNCTION.

Sloping property, drainage structures such as roof drains or curtain drains, and any obstructions such as patios, decks, swimming pools and parking area.

06. AGE OF EXISTING SYSTEM.

The existing system is _____ years old.

07. EXPLAIN WHAT IS HAPPENING TO THE EXISTING ON SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

08. PLACE AN "X" BY THE APPLIANCES WHICH ARE IN YOUR HOME/BUSINESS

- A. Washing Machine
- B. Dishwasher
- C. Garbage Disposal
- D. Other

09. WHAT TYPE OF WATER SYSTEM DOES THE HOME/BUSINESS UTILIZE?

- A. Private well
- B. Public drinking water well
- C. Public water
- 1. City of Tallahassee
- 2. Talquin Water

10. PROVIDE COMPLETE DIRECTIONS TO THE JOB SITE.

NOTE: The job site must be properly marked with the flags provided by the Leon County Health Department after the application has been accepted.

11. FEE SCHEDULE

- A. Site evaluation and permit fee is \$175.00.
- B. Permit fee with site evaluation provided by a qualified person as set forth in Chapter 64E-6.004(3), F.A.C. is \$100.00.
- C. Permit fee if you can provide this office with the existing on site sewage treatment and Disposal permit number is \$100.00. The existing OSTDS permit # is _____.

If you have any questions, please call (850) 487-3166 or come by our office at 3401 W. Tharpe Street.

THIS APPLICATION PACKET WAS SUBMITTED BY _____

AND ACCEPTED FOR PROCESSING BY _____

DATE: _____