

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

Contact Info: Michael DeVuyst
FL Department of Health Calhoun/Liberty
OFFICE: 850-674-5645 Ext: 0605
CELL: 850-643-6677

REPAIR PERMIT APPLICATION PROCEDURES

\$300.00

- PAGE #1 - FOLLOW DIRECTIONS PROVIDED. MUST have multi-digit parcel ID number. Can be found on tax certificate or contact your property appraiser's office. MUST have a confirmed 911 address. MUST provide accurate directions to the property.**

PAGE #2 – SITE PLAN ATTACHMENT – Check Yes or No indicating items currently on the property or proposed to be located on the property.

PAGE #3 – SITE PLAN – Site plan for repairs do not have to be drawn to scale. Measurements must be given in feet from septic tank and existing drainfield. If item is currently on or proposed to be located on the property it must be drawn on the site plan. Site plan must be total size of the property. If property is larger than 5 acres, only 1 acre is required to be drawn to scale. Indicate all features within 75 feet of the property boundary. Site plan example is provided.

PAGE #4 – FLOOR PLAN – A drawn floor plan or blueprint of residence/business is required. Floor plan MUST show outside dimensions of structure. Floor Plan example is provided.

PAGE #5 – EXISTING AND REPAIR EVALUATION – MUST be filled out by a licensed septic pumper. Tank MUST be pumped and evaluation returned with application prior to the departments inspection.
- A copy of a recorded deed, survey, or legal document showing the parcel ID number, legal description and ownership of the property.
- Application must be **COMPLETED IN FULL AND SIGNED ON ALL PAGES** by applicant, authorized representative, or agent. **ALL** required fees and exhibits must be accompanied with the application before processing or a site evaluation can occur. Incomplete applications will delay processing.
- A repair permit is valid for 3 months.

Florida Department of Health

FloridaHealth.gov

DOH Calhoun
19611 SR 20 W
Blountstown FL 32424
850.674.5645

DOH Liberty
10971 NW Spring St
Bristol FL 32321
850.643.2415



Accredited Health Department
Public Health Accreditation Board



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.

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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#: 18/19' 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.

Page 1
Instructions

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SITE PLAN ATTACHMENT

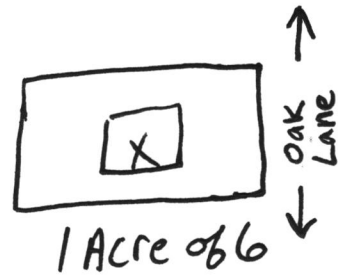
Permit Number: _____

- WELLS ON LOT:** Yes: No: Private:
Proposed: Irrigation:
If yes - indicate distance from proposed/existing septic system.
Minimal distance = 75 feet.
- PUBLIC WELLS:** Yes: No:
Minimal distance = 100-200 feet.
- SURFACE WATER:** Yes: No:
Surface water includes: ponds, rivers, creeks, wet ditches, or any water that stands for 180+ days. Minimal distance = 75 feet.
- BUILDINGS:** Yes: No:
Indicate location of residence, sheds, barns, etc.
Minimal distance = 5 feet. Minimal distance roof drip line = 7 feet.
- WATER LINES:** Yes: No:
Minimal distance = 10 feet.
- DRAINAGE FEATURES:** Yes: No:
Locate any ditches cut through the property for the purpose of draining. Minimal distance = 15 feet.
- SLOPES:** Yes: No:
Indicate direction of slope and label as mild, moderate or severe
- EASEMENTS:** Yes: No:
Locate any utility or road right of way easements.
- FILLED AREAS:** Yes: No:
Located areas on lot that dirt has been hauled to elevate the site.
- OBSTRUCTED AREA:** Yes: No:
Locate any driveways, parking areas, sidewalks, pools, concrete slabs, building foundations. Minimal distance = 5 feet.
- OFF SITE FEATURES:** Yes: No:
List any significant features within 75 feet of your property line

I agree that the information provided above is complete and accurate to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

Page #2



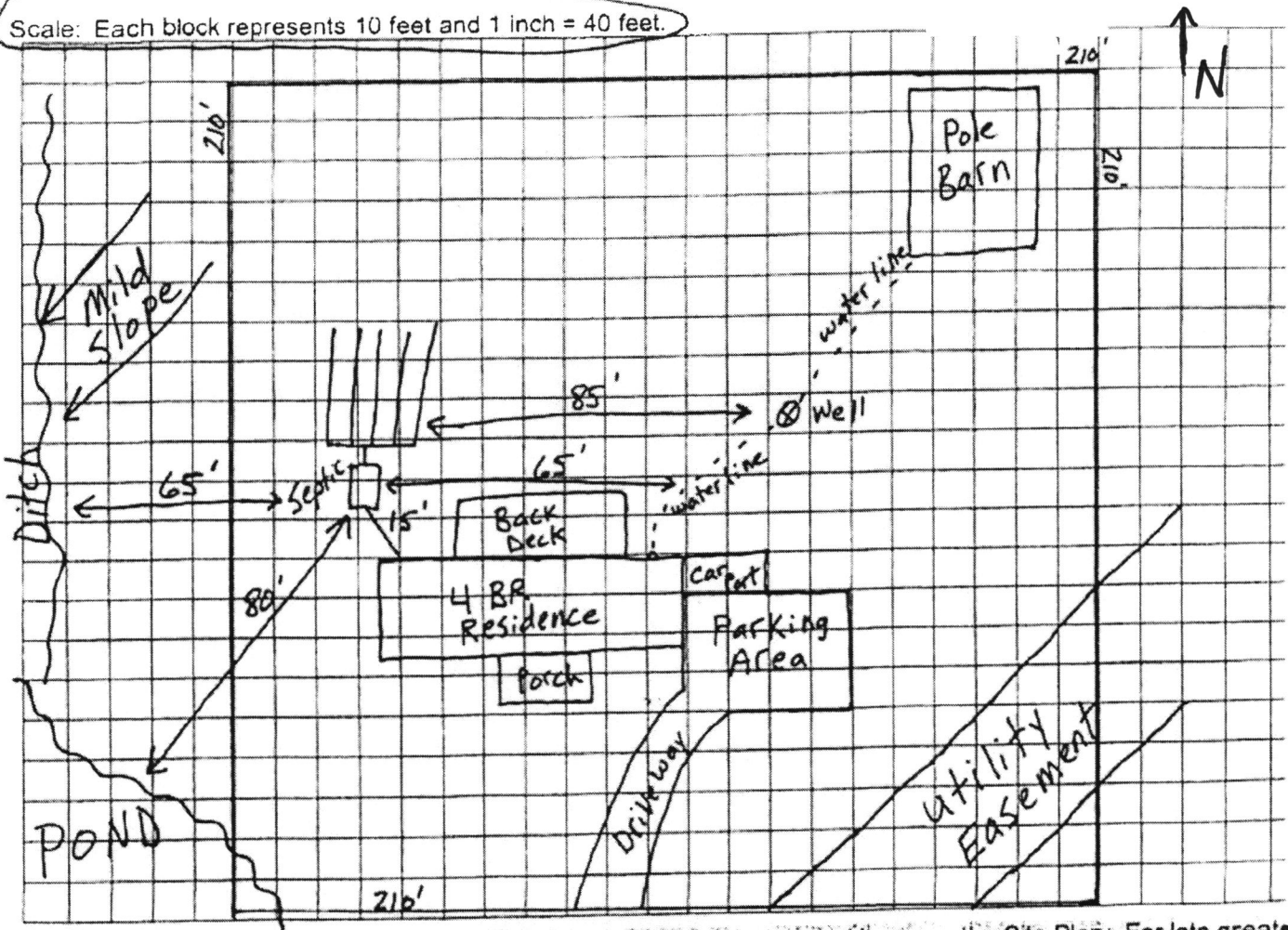
STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number office

Site Plan Example

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes:

Locate ALL existing or proposed items on the Site Plan. For lots greater than five acres, you may only show one acre to scale. A small box in the upper right hand corner must be included to indicate the location of that one acre in relation to the entire parcel. Site Plan should show property dimensions in feet. If changes are made from original Site Plan a new Site Plan must be approved and submitted.

Site Plan submitted by: Must Sign Here

owner/Agent

Plan Approved _____ Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

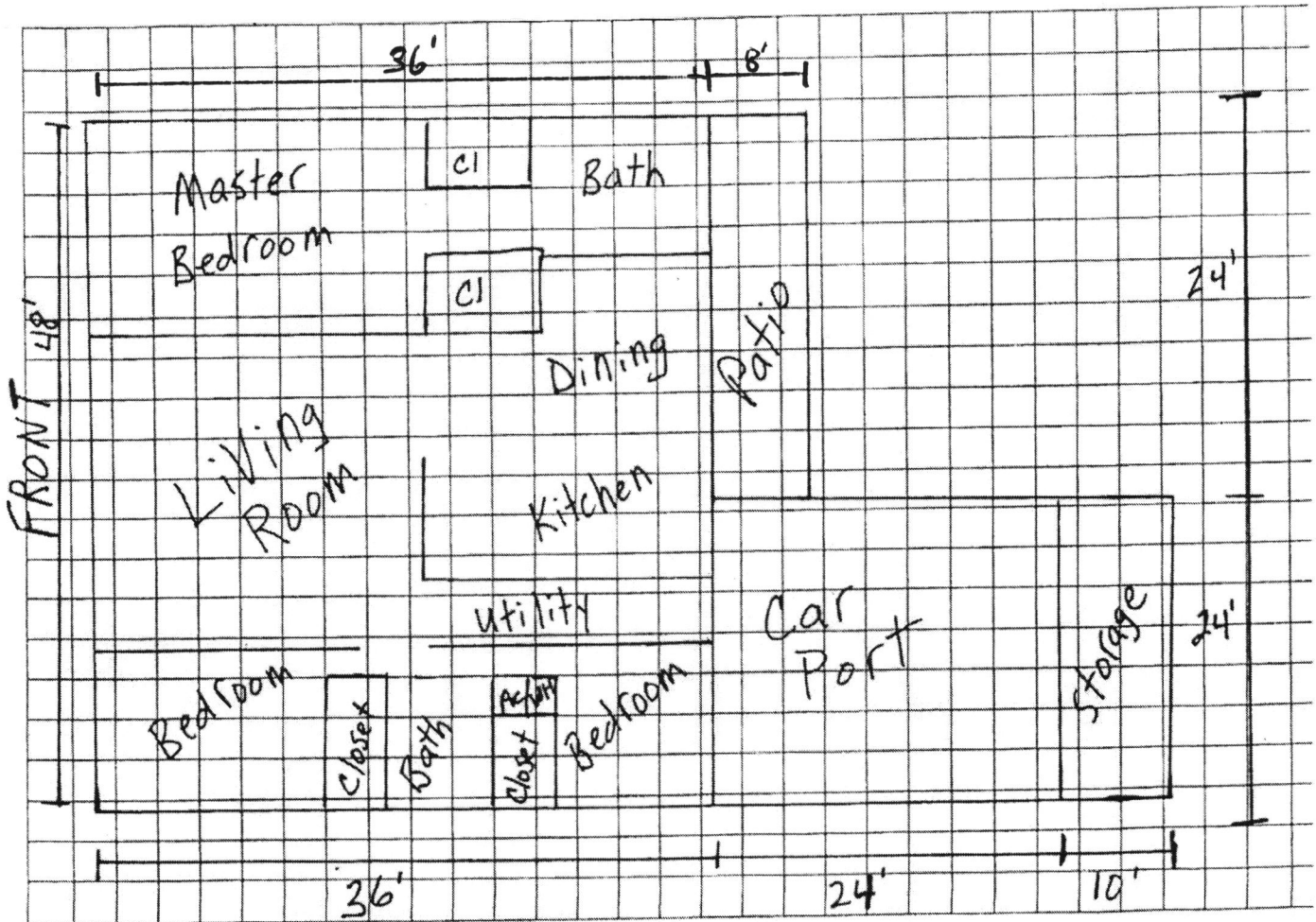
Page 3
 Example

STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number Office

Floor Plan Example

PART II - Floor PLAN



Notes:

3 BR, 2 Bath - 1,728 sq. Ft. Heated/cooled
3 Residents

Site Plan submitted by: Must Sign Here

owner/Agent

Plan Approved _____

Not Approved _____

Date _____

By _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Page #4
 Example



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 NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

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 LISTED TANKS WERE PUMPED ON ____ / ____ / ____ BY _____, HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [DIMENSIONS / FILLING / LEGEND], ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, 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, 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: _____
 DH 4015, 08/09 (Obsoletes previous editions which may not be used)
 Incorporated 64E-6.001, FAC

Page #5