Application Instructions for
Onsite Sewage Treatment and Disposal Systems (OSTDS)
Existing System/Modification (Residential)—Adding Bedroom(s)

Applicant Requirements Prior to Inspector Review:

1. Must receive zoning approval from City or County Building and Zoning Department.
   a. Complete a zoning/land-use application with Building and Zoning as soon as possible to avoid delay in the issuance of your OSTDS construction permit.
   b. Building and Zoning will email our office a copy of the zoning approval.
2. Completed permit application, including signature and date.
3. Proof of ownership, including property/parcel identification number and legal description.
4. Floor Plans of residence—before addition and after addition—showing number of bedrooms and building dimensions of each unit.
5. Site Plan drawn to scale, to include all of the following:
   a. 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.
   b. Location of wells, onsite sewage disposal systems, surface waters, residences, and other pertinent facilities or features on adjacent properties, if the facilities/features are within 75 feet of the applicant property lines.
   c. Location of any public well within 200 feet of lot.
   d. Signature and date
6. Pump-out certification from septic company dated within five years of application (form attached).
7. If on a public water system, must provide a copy of the water data usage report for the last year.
8. If any obstacles will stop the inspector from reaching the property, specify on the application (i.e.: dogs, locked gate, etc.).
9. Payment of $235.00 for permit fee.

If the permit turns into a system modification, the inspector will notify you that additional fees up to $500.00 may be due before the permit can be issued.

Submit all above items to the Florida Department of Health in Gilchrist County.

Updated May 2017

Accredited Health Department
Public Health Accreditation Board
STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

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: [YES NO]

PROPERTY SIZE: ______ ACRES WATER SUPPLY: [ ] PRIVATE [ ] PUBLIC [ ] <=2000GPD [ ] >2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [YES NO] DISTANCE TO SEWER: ______ FT

PROPERTY ADDRESS: ________________________________________________

DIRECTIONS TO PROPERTY: ____________________________________________


BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL

Unit No Type of Establishment No. of Bedrooms Area Sqft Building Commercial/Institutional System Design
Table 1, Chapter 64E-6, FAC
1 ________________ ________________ ________________
2 ________________ ________________ ________________
3 ________________ ________________ ________________
4 ________________ ________________ ________________

[ ] Floor/Equipment Drains [ ] Other (Specify) __________________________

SIGNATURE: __________________________________________ DATE: ____________

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC
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-compact ed 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 with 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.
Scale: Each block represents 10 feet and 1 inch = 40 feet.
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

PART II - SITEPLAN -

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

(1 acre)

(5 acres)

1 of 5.1 acres

Notes:

Plan submitted by: ____________________________ Signature ____________________________ Title ____________________________

Approved___ Not Approved___   Date ____________________________

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

4015, 10/96 (Replaces HRS-H Form 4016 which may be used)

ick Number: 5744-092-4015-6)
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: [Yes / No ]
[ ] Gallons Septic Tank/GPD ATU LEGEND: __________ MATERIAL: __________ BAFFLED: [Yes / No ]
[ ] 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 ] 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 CONDITIONS: [ ] DRAINAGE STRUCTURES [ ] POOL [ ] PATIO / DECK [ ] PARKING
[ ] SLOPING PROPERTY [ ]

NATURE OF FAILURE: [ ] HYDRAULIC OVERLOAD [ ] ROOTS [ ] MAINTENANCE [ ] SYSTEM DAMAGE
[ ] DRAINAGE / RUNOFF [ ] 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
INSTRUCTIONS:
PERMIT #
Property owner’s full name
APPLICANT
Licensed contractor or property owner’s legal agent
CONTRACTOR/AGENT
Legal description for property
LOT,BLOCK,SUBDIVISION
Property appraiser identification number for property
ID #
EXISTING TANK
TANK 1
Complete tank size in gallons or gpd and mark appropriately.
Complete LEGEND (SHO approval number), MATERIAL (concrete, fiberglass,
polyethylene) and whether or not tank in BAFFLED.
TANK 2
Same as TANK 1.
GREASE INTERCEPTOR
Same as TANK 1.
DOING TANK
Same as TANK 1. Complete # PUMPS installed.
TANK CERTIFICATION
Completed by registered septic tank contractor, state-licensed plumber, certified EH
professional, or master septic tank contractor. Show the date the tanks were pumped, the
name of the pumping company, how the tank volumes were determined (measurement of
tank dimensions and calculation of volume, filling the tank from a metered water source,
or recording the tank legend for known tanks). If tank dimensions are used, list the tank
dimensions in the remarks section. Indicate whether the tank has a solids deflection
device or an outlet filter. If the tanks cannot be certified, note that fact in the remarks
section.
EXISTING DRAINFIELD
FIELD 1
Complete size of drainfield in square feet, NO. OF TRENCHES (if applicable) and
DIMENSION (bed width and length or trench width and total length of trenches).
FIELD 2
Same as FIELD 1
TYPE OF SYSTEM
Mark appropriate block
CONFIGURATION
Mark appropriate block
DESIGN
Mark appropriate blocks
ELEVATION
Record elevation of lowest point of bottom of drainfield in reference to natural grade
FAILURE / REPAIR INFORMATION
INSTALLATION DATE
Record year of original system installation
TYPE OF WASTE
Mark appropriate block
GPD
Provide estimated sewage flow to system based on metered water flow data (if available)
or Table 1, whichever is greater.
SITE CONDITIONS
Mark all applicable blocks. Record any other significant conditions.
NATURE OF FAILURE
Mark all applicable blocks.
FAILURE SYMPTOM
Mark all applicable blocks.
REMARKS
Record any other significant criteria that may impact system design. If dimensions are
used to determine tank volumes, list the tank dimensions in the remarks section. If the
tanks cannot be certified as free of observable defects or leaks, explain in remarks.
SUBMITTED BY
Signature of person performing evaluation
TITLE/LICENSE
Title of department person or license number of other evaluators.
DATE
Date of evaluation.