Application Instructions for Onsite Sewage Treatment and Disposal Systems (OSTDS) Repair Permits

Applicant Requirements Prior to Inspector Review:

1. Completed permit application, including signature and date.
2. Proof of ownership, including property/parcel identification number and legal description.
3. If on a public water system, you must provide a copy of the most recent water bill.
4. Site Plan—does not have to be drawn to scale, but must include all of the following:
   a. Dimensions of residence or building
   b. Location and set-back measurements of all pertinent features
      i. Identify septic tank and drainfield.
      ii. Show all boundaries with dimensions of all features, to include pools, easements, drainfield, surface body water, property lines, water lines, etc.
   c. Any wells, septic tanks, homes, buildings, or other features on adjacent or contiguous properties within 75 feet of the property line. This does not have to be to scale, but do indicate the vicinity of these items and draw a line with the distance from the property line.
   d. Signature and date
5. Septic tank must be evaluated and pumped out by septic company prior to application for permit. Must provide pump-out certification as proof (form attached).
6. If any obstacles will stop the inspector from reaching the property, specify on the application (i.e.: dogs, locked gate, etc.).
7. Payment of $300.00 for permit fee.

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

Updated May 2017
NOTICE TO APPLICANT
REGARDING REPAIR PERMIT APPLICATIONS

Florida Statute Chapter 556, Underground Facility Damage Prevention and Safety Act mandates this office apply for, and receive, a utility locate ticket for your property. It may take between two to five days to receive a locate ticket. The application is not complete without the locate ticket. If any of the required information on the ticket request is incorrect or missing, it will take even longer. This will slow down the permitting process.

Please ensure you have provided us with complete driving directions to your property; this must include the closest main intersection. Also, you must indicate anything that might prevent a locator from performing this service, for example, a locked gate or large dog.

01/10/17
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: [ 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

<table>
<thead>
<tr>
<th>Unit No</th>
<th>Type of Establishment</th>
<th>No. of Bedrooms</th>
<th>Building Area Sqft</th>
<th>Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
[ ] Floor/Equipment Drains  [ ] Other (Specify) __________________________

SIGNATURE: ________________________________  DATE: __________

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

Page 1 of 4
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 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.
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

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

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

Notes:

Site Plan submitted by: _______________________________ 
Plan Approved_____ Not Approved_____ Date___________
By__________________________ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT
STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

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 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, 64B-6, FAC

SITE CONDITIONS: [ ] DRAINAGE STRUCTURES [ ] POOL [ ] PATIO / DECK [ ] PARKING

NATURE OF [ ] HYDRAULIC OVERLOAD [ ] SOILS [ ] MAINTENANCE [ ] SYSTEM DAMAGE

FAILURE [ ] DRAINAGE / RUNOFF [ ] ROOTS [ ] WATER TABLE [ ]

FAILURE SYMPTOM: [ ] SEWAGE ON GROUND [ ] TANK [ ] D BOX / HEADER [ ] DRAINFIELD

REMARKS / ADDITIONAL CRITERIA

SUBMITTED BY: _______________ TITLE / LICENSE: _______________ DATE: _______________

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64B-6.001, FAC

Page 4 of 4
INSTRUCTIONS:

PERMIT # 
Permit tracking number assigned by department

APPLICANT 
Property owner’s full name

CONTRACTOR/AGENT 
Licensed contractor or property owner’s legal agent

LOT,BLOCK,SUBDIVISION 
Legal description for property

ID # 
Property appraiser identification number for property

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.
Same as TANK 1.

TANK 2 

GREASE INTERCEPTOR 
Same as TANK 1.

DOSGING 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 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).
Same as FIELD 1

FIELD 2 

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. Signature of person performing evaluation

SUBMITTED BY 

TITLE/LICENSE 
Title of department person or license number of other evaluators.

DATE 
Date of evaluation.