



Florida Department of Health in GILCHRIST COUNTY
Environmental Health
119 NE 1st Street, Trenton, FL 32693
(352) 463-3120

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



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 \leq 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.

Permit Application Number_____

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are 20 columns and 20 rows of squares, creating a total of 400 square units. The grid is perfectly aligned and covers the entire area of the page without any margins or additional markings.

By _____ County Health Department

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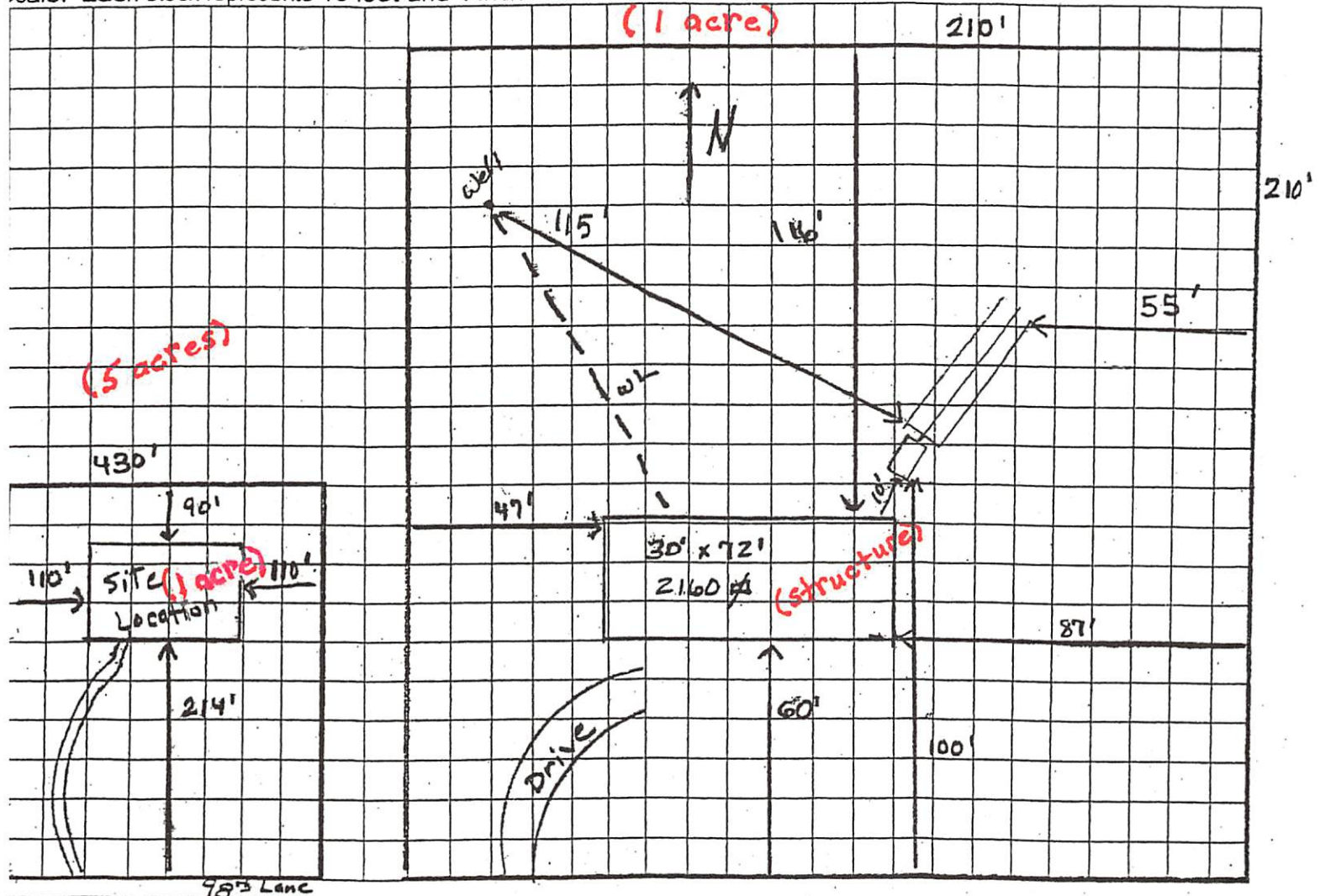


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number **EXAMPLE**

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

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



Notes: _____
1 of 5.1 acres

Site Plan submitted by: _____
an Approved _____ Signature _____ Not Approved _____
Date _____ Title _____
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

PERMIT # _____

APPLICANT: _____

CONTRACTOR / AGENT : _____

LOT: _____ BLOCK: _____ SUBDIV: _____ ID#: _____

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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.

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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: []

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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
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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 FAILURE: [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE

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

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

[] PLUMBING BACKUP [] _____

REMARKS/ADDITIONAL CRITERIA _____

SUBMITTED BY: _____ TITLE/LICENSE _____ DATE: _____

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.
TANK 2	Same as TANK 1.
GREASE INTERCEPTOR	Same as TANK 1.
DOSING 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 outletlet 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.