



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

**Application Instructions for  
Onsite Sewage Treatment and Disposal Systems (OSTDS)  
New System Permits**

***(NOTE: Site Plans Must be Drawn to Scale)***

**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 that includes the property/parcel identification number, such as a copy of the deed or a certificate from the Property Appraiser.
4. Copy of legal description or survey must accompany the application for confirmation of property dimensions only.
5. Directions to property with the Florida Department of Health in Gilchrist County being used as the starting point. Include all county and/or state 911 road numbers and street names. Be as specific as possible.
6. Floor Plan of dwellings, including outside dimensions:
  - a. For residences, a floor plan showing number of bedrooms and building area of each unit.
  - b. 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.
7. Site Plan drawn to scale:
  - a. If property is larger than 5 acres, you may draw one or more acres to scale, as long as it meets all the requirements within the space. If drawing a one-acre plot or more, you must draw the entire property and indicate where the insert is located within the entire property.
  - b. Site Plan must include the following:
    - i. 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.

- ii. 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.
  - iii. Location of any public well within 200 feet of lot.
  - iv. Signature and date
8. Payment of **\$500.00** for septic permit fee.
9. If installing a new well on the site, must pay an additional **\$35.00** for a well recording fee and complete a "Gilchrist County Well Recording and Sampling Application".
10. Flags will be provided for applicants to mark site locations—one flag for the driveway, one for the well, one for the septic tank, and one for the drainfield. **Site evaluations will not be performed if flags are not in place.**
11. If any obstacles will stop the inspector from reaching the property, specify on the application (i.e.: dogs, locked gate, etc.). If there is a gate, it must remain unlocked unless other arrangements have been made prior to the inspector coming to the property.

#### **After Application Submission:**

1. Our office will strive to conduct a site evaluation, soil analysis, and issue the OSTDS construction permit within 5 to 7 business days from the date we receive your application, payment, and all other required documentation.
  - Please call the Environmental Health Office at 352-463-3120 to check on the status of your permit, or if you have any questions.
2. Three copies of the OSTDS construction permit will be made available:
  - a. One for your personal records
  - b. One for your contractor and/or agent
  - c. One for the Building and Zoning Department
    - i. Our office will email a copy of the permit to Building and Zoning immediately upon issuance.
    - ii. Building and Zoning will not issue their permit until they receive the OSTDS construction permit.
    - iii. Building and Zoning usually completes their permits before the OSTDS permit is issued. To avoid delay, apply there as soon as possible.
3. New OSTDS construction permits are good for 18 months.
  - a. If you relocate your site after the initial site evaluation and soil analysis is completed, a new site plan must be submitted along with a \$50.00 fee for a new soil analysis, plus a \$55.00 fee for the permit amendment.
  - b. If at the time of installation of your septic system it cannot receive a final approval from this office, there will be a \$50.00 re-inspection fee. A \$50.00 fee will be charged for every re-inspection after the first inspection.

*Updated May 2017*



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## NOTICE TO APPLICANT REGARDING SETBACK REQUIREMENTS

The Florida Department of Health is required to verify setback requirements of potable wells, waterlines, building foundations and plumbing hook-ups.

At the time of final inspection, it is important that the Health Department inspector is able to view and verify the setback requirements listed. The Health Department cannot grant final approval of your system unless the setback requirements are in place. If the setback requirements are not in place, you will be charged a second inspection fee of \$50.00.

Please allow sufficient time in your building process so that all inspections can be completed before requesting final approval from the Building and Zoning Department. Proper planning can prevent the need for a second inspection and speed up the approval process.

01/10/17

### Setback Requirements for OSTDS Location

1. 75 feet or greater from any private potable water well; 50 feet or greater from any non-potable water well. 100-200 feet from public water wells, depending upon type.
2. 5 feet from any property lines
3. 5 feet from the foundation of any structure
4. 10 feet from waterlines or swimming pools
5. 75 feet from high water level of any possible water retention areas such as lakes, ponds, sink holes, canals, etc. Subdivisions platted prior to January 1, 1972 will require 50 feet.

**\*\*\*If site has a slope, it is best to run the drain field across the slope and not up or down the slope.\*\*\***

07/01/2016





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.



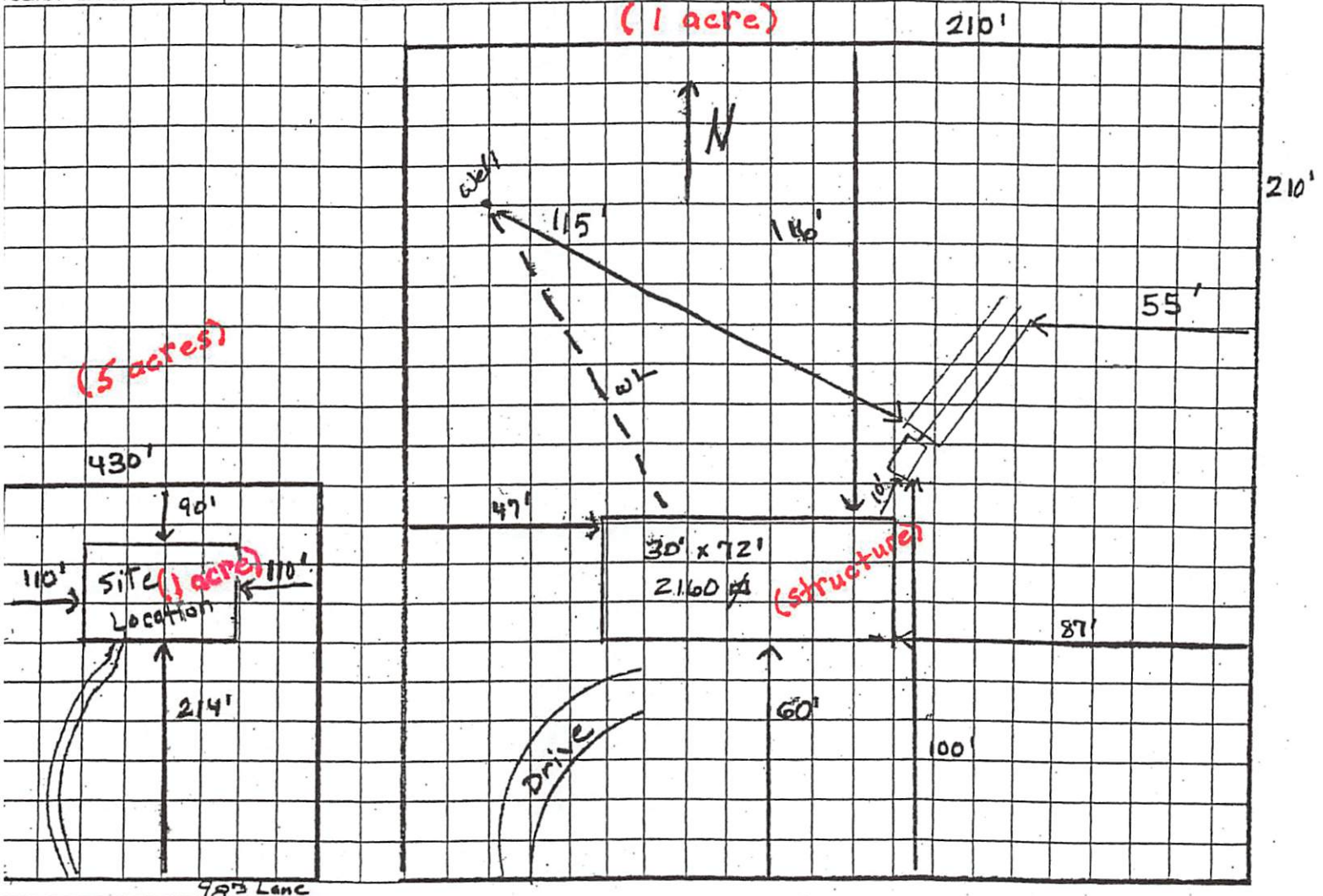


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

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: \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Not Approved \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**