

Mission:

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



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

ILLEGALLY REPAIRED SEPTIC TANK APPLICATION PACKET

The following information is needed to apply for a septic tank repair permit. The repair packet cannot be accepted until checklist is complete

Checklist:

- Completed Application Form (DH Form 4015 page 1) (Instructions are attached)
- A letter of authorization is required if someone other than the property owner or a registered septic tank contractor is applying for the permit.
- Completed Existing System and System Repair Evaluation Form (DH Form 4015 page 4) PLEASE NOTE: This form must be completed by a state licensed septic tank contractor or state licensed plumber.
- Complete Site Plan showing the location of all wells, water lines, surface water, and the existing septic system on your property and neighboring properties.
- Completed Site Plan Information Sheet
- Letter of non availability of sanitary sewer service may need to be submitted at the time of application.
- Fee of **\$585.00** (If soil evaluation is submitted, the fee is \$470.00). Please make checks payable to Florida Department of Health in Pinellas or FL DOH-Pinellas

If the application is being submitted for the Department of Health to perform the soil evaluation, please mark the location of the proposed septic site with a stake or flag indicating proposed septic area. We will call you or send out the permit as

Florida Department of Health

Pinellas County
8751 Ulmerton Rd. Suite 2000 • Largo, FL 33771
PHONE: 727/507-4336 • FAX 727/538-7293
www.pinellashealth.com

FloridaHealth.gov



soon as the permit has been issued. If you have any questions, concerns, or to check the status of your application please call (727) 538-7277.



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

APPLICATION 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: _____

PARCEL ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [] NEW WELL [] EX WELL [] PUBLIC WATER
 IF 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 Design	(b) Type of Establishment	(c) No. of Bedrooms	(d) Building Area Sqft	(e) Commercial/Institutional System
No				Table 1, Chapter 64E-6, FAC
1				

2 _____
3 _____
4 _____

(f) [] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: _____ DATE: _____

Instructions for Application – No applications will be accepted without a parcel ID number and an address. This may be obtained from the local building department.

- APPLICATION FOR: Check type of permit, if "Other" specify type in blank.
- 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.
- PLATTED: 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#: Property/parcel ID can be found on the building department application or on your county property tax form.
- ZONING: Specify zoning and whether or not property is in industrial and manufacturing 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: Is the water supply a new well, existing well, or public water? If public will the flow exceed 2000 GPD?
- SEWER AVAILABILITY: Is there a legally operating public or private sewerage system available and distance to sewer in feet.
- PROPERTY ADDRESS: Street address for property. A street address and folio number are mandatory and are obtained when applying for a building permit.
- 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	Signature of owner or agent. Date application submitted to the CHD with appropriate fees and attachments. The agent must be authorized by the owner to obtain the permit.

The location of your Septic System must meet the following setback requirements for any part of the tank and drainfield. Keep this in mind when drawing your scaled site plan.

- 5' from property lines and building (*Setbacks may increase depending on the type of system necessary)
- 10' from water lines
- 50' from Non-Potable Wells
- 75' from all surface water
- 75' from all Private Potable Wells
- 100' from all Non-Community Wells
- 200' from all Community Wells

YOUR SITE PLAN SHOULD INDICATE THE FOLLOWING:

- ✓ Show complete address with street and number, city or town and zip code.
- ✓ Show dimensions (length and width) of all property lines in feet and show directional North.
- ✓ Show proposed location of new septic system. (Where soil test is to be performed, see instructions for marking the area).
- ✓ Location of all wells (Public or Private), proposed or existing, on your property or on adjacent property.
- ✓ Location of all existing and proposed buildings (showing dimensions), pools, sidewalks and driveways, large trees or other "obstructive areas".
- ✓ Property slopes shall be indicated by arrow showing direction of slope. If no slope is present on the property, indicate: property is flat.
- ✓ Location of proposed plumbing stub-out from the building.
- ✓ Show location of public water meter and proposed water lines if you are on public utilities.
- ✓ Location of all surface water or drainage features (canals, ditches) on your property or to adjacent property.
- ✓ Location of existing septic systems on property.
- ✓ Show location of any recorded easements on the property.
- ✓ Show location of all filled areas on property, if applicable.
- ✓ Show location of all designated wetlands, if applicable.

INSTRUCTIONS FOR MARKING THE SITE.

1. PLEASE MARK THE SITE BY PLACING A FLAG OR STAKE IN THE CENTER OF THE PROPOSED SEPTIC AREA.
2. PLACE ONE FLAG MARKING THE ENTRANCE TO THE PROPERTY.

3. PROMPT PLACEMENT OF THESE FLAGS, WILL HELP ASSURE QUICK AND ACCURATE RESPONSE BY OUR INSPECTORS AND AVOID A \$50.00 REINSPECTION FEE.
4. THE PROPERTY SHOULD BE CLEARED TO BE ACCESSIBLE BY VEHICLE. IF THERE ARE LOCKED GATES OR GUARD DOGS, ARRANGEMENTS SHOULD BE MADE TO PROVIDE ACCESS TO THE SITE.

FDOH/ PINELLAS COUNTY

LETTER OF AUTHORIZATION

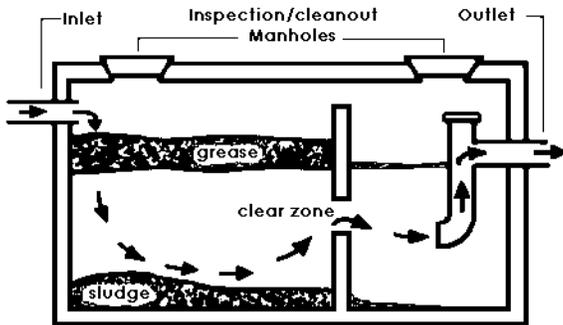
I _____ authorize _____ to act as my agent for the permitting of Onsite Sewage Treatment and Disposal System with the Pinellas County Health Department.

Signature of Applicant

Date

Information only. Keep this for reference.

The Septic Tank Home Wastewater Treatment and Disposal System



What is A Septic Tank System?

A septic tank system consists of a large, watertight tank that receives wastewater from the home plumbing system. The tank is followed by an underground drainfield consisting of a network of perforated pipe or chambers for distributing partially treated water from the septic tank to the soil for final treatment and disposal.

How Does It Work?

Septic tanks contain bacteria that grow best in oxygen-poor conditions. These bacteria carry out a portion of the treatment process by converting most solids into liquids and gases. Bacteria that require oxygen thrive in the drainfield and complete the treatment process begun in the septic tank. If the septic tank is working well, the wastewater which flows out of the tank is relatively clear, although it still has an odor and may carry disease organisms. It should flow only into the drainfield. **NEVER ONTO THE GROUND SURFACE OR INTO FLORIDA WATERS!!!**

Location

Contaminants can travel long distances in some soils. Therefore, drinking water wells should be located at least 75 feet from any part of a septic tank system. With certain exceptions, septic tanks and drainfields must be located at least 75 feet away from the high water line of ponds, rivers and lakes. Also, the drainfield should be located so that it will not be saturated by surface water drainage or runoff from roof gutters.

Quick Do's and Don'ts

Do's

- Know the location and capacity of your septic tank system.
- Have a licensed contractor inspect the tank at least every three years.
- Install the system so that rainfall and surface water will flow away from the drainfield.
- Grow grass above the system.
- Install water conservation fixtures or devices to reduce the total volume of water entering the system.
- Keep plumbing fixtures such as toilets and faucets in good repair to prevent leakage and wasting of water.

Don'ts

- Never flush paper towels, newspapers, wrapping paper, rags or sticks into the system.
- Quickly repair leaky faucets toilets to avoid overloading the system.
- Never over-use ordinary household cleaning chemicals that will be flushed into the system.
- Never allow grease or other bulky waste to enter the system.
- Never allow harsh chemicals such as solvents, industry chemicals, or pesticides to be flushed into the system.
- Never plant trees or shrubbery in the drainfield, or allow vehicles drive or park across the drainfield.

FDOH/ PINELLAS COUNTY
Onsite Sewage Treatment and Disposal System
(OSTDS)
Site Plan Information Documentation Checklist
For REPAIR applications

Application/Permit #: _____

IMPORTANT! - PLEASE READ CAREFULLY AND PROVIDE ALL REQUESTED INFORMATION, to expedite the permitting process.

PLEASE ANSWER THE FOLLOWING QUESTIONS, YES OR NO. If you answered <u>yes</u> to any of the questions, these items <u>must be located on the site plan</u> with dimensions. This is for existing and proposed components.		YES	NO
1.	Are there any recorded easements on the property?		
2.	Are there any structures, sidewalks/walkways, patios, driveways or swimming pools on the property?		
3.	Is there any slope to your property? If yes, show the direction of the slope from front to back and the percentage (1% = 1ft. in 100ft.), on the site plan.		
4.	Is the property served by public water? If yes, mark the location of the water meter and service lines to the house.		
5.	Are there any potable wells (drinking) on the property (existing or proposed)? If yes, indicate the location of water lines. <i>For potable wells show within 100 feet of system.</i>		
6.	Are there any non potable wells (irrigation) on the property (existing or proposed)? If yes, indicate the location of water lines. <i>For irrigation wells show within 75 feet of system.</i>		
7.	Are there any lakes, streams, canals, marshes, standing water, wet retention ponds, standing water "surface water bodies" in proximity of the system? <i>For lots platted prior to 1972 show within 75 ft., for lots platted 1972 or after show within 100 ft.</i>		
8.	Are there any public wells within 200 feet of the proposed OSTDS?		
9.	Are there any other pertinent features within proximity of the system (septic systems, water lines, drainage features)? <i>Show all within approximately 50 feet of system.</i>		

I hereby understand and acknowledge the above information provided is correct and have indicated the required items on the site plan.

Application/Agent Name: _____ (please print) _____ (signature) Date: _____



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 ATTACH LETTER FROM A PERMITTED SEPTAGE DISPOSAL SERVICE.

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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 ABOVE NOTED TANKS WERE PUMPED ON _____ / ____ / ____, HAVE THE VOLUMES SPECIFIED, ARE STRUCTURALLY SOUND, 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: _____
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