

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

Existing Modification Septic Tank Permit Application and Procedures

Whenever the square footage of an existing home is altered (i.e. an addition built onto a house, replacing an existing mobile home with a house, replacing an existing mobile home with another mobile home, bedrooms added, etc.) a request for an existing septic system permit and inspection must be applied for through this department. Applicants must ensure that applications are submitted with ample time to allow the department to conduct the review of the application and site visit if necessary. The department cannot provide any indication of the disposition of the application until these processes have been completed. An application for inspection will be processed when all of the following information is provided:

- 1) **Application:** An application needs to be completely filled out by either the applicant or the agent, including address and parcel number or property ID. On the first line of the section titled "Type of Establishment," please indicate what is existing (i.e. mobile home, single family residence, etc.) including the number of bedrooms and living square footage. On the next line of this section indicate the proposed change (i.e. addition, garage, swimming pool, etc.) and the square footage if applicable.
- 2) **Existing Septic System Evaluation:** A state licensed septic tank contractor must perform an evaluation of your septic system and complete DH Form 4015. **NOTE:** If the septic system was inspected or approved by the health department within the last three years (one year for commercial) this evaluation is **NOT** required. (This form must be completed by a licensed septic tank contractor or a state licensed plumber).
- 3) **Site Plan:** The site plan must be **drawn to scale** (i.e. 1" = 30') and include lot dimensions. The site plan should show all improvements including proposed additions which should be labeled as such. Please indicate the location of the septic system and water supply. If a structure is being replaced, only indicate the location of the proposed structure and its relation to the septic system and water supply.
- 4) **Site Plan Checklist:** Completely fill out the checklist and locate on site plan all applicable items.
- 5) **Floor Plans:** Please submit **complete** floor plans for proposed and existing structures to be permitted. **Please note:** The floor plan submitted to this office will not be returned.

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



- 6) **Property Appraiser Printout:** Please include a copy of the printout for the property. This may be obtained from the property appraiser's office at the Pinellas County Government Center or on the web at: <http://pao.co.pinellas.fl.us>.
- 7) **Authorization Form:** This form needs to be completed if someone other than the owner of the property is submitting the application. The form needs to be completed by the owner giving permission to the person submitting the paperwork to act as an agent on their behalf. Please note that by authorizing an agent, the owner is vesting the right to that agent to make decisions regarding the application, for the owner. However, the owner is ultimately responsible to the department for the application and all supporting documentation submitted on the owner's behalf, by the agent. A contractor licensed under Chapter 489, F.S., does not need written authorization from the owner to sign the permit application.
- 8) **Letter of non availability of sewer service:** Applicant may be required to submit a letter from the local municipality stating that sewer is not available.
- 9) **Fee:** The application/permit fee is **\$345.00**. Please make checks payable to Pinellas County Health Department or PCHD. (Please note: Other fees may apply.)

SYSTEMS WILL BE BROUGHT INTO FULL CODE COMPLIANCE IF:

- The existing system is below the wet season water table.
- There is an increase in commercial sewage flow or characteristics.
- Domestic sewage flow increases by adding a bedroom(s).
- If an addition will encroach the required setbacks.

If you have any questions or concerns, please call (727) 538-7277, extension 7960, 7958, or 7902.



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 Modification

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: [] 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 No	(b) Type of Establishment	(c) No. of Bedrooms	(d) Building Area Sqft	(e) Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Existing:			
2	Adding:			
3				
4				

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

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

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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 [] 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 **Estimated seasonal high water table:**
Septic contractor, Please make a sketch of the existing septic system on the back of the certification sheet.

SUBMITTED BY: _____ TITLE/LICENSE _____ DATE: _____

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

FDOH/PINELLAS COUNTY

Application/Permit #: _____

Onsite Sewage Treatment and Disposal System (OSTDS)
 Site Plan Information Documentation Checklist
For NEW, EXISTING and MODIFICATION
applications

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

PLEASE ANSWER THE FOLLOWING QUESTIONS, YES OR NO.		YES	NO
If you answered <u>yes</u> to any of the questions, these items <u>must be drawn on the site plan</u> to scale. This is for existing and proposed components. For offsite features only the dimensions to the property line need to be shown.			
1.	Are there any recorded easements/rights of way on the property or that abut 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.		
6.	Are there any non potable wells (irrigation) on the property (existing or proposed)? If yes, indicate the location of the water lines.		
7.	Are there any lakes, streams, canals, marshes, wet retention ponds, standing water "surface water bodies" on the property?		
8.	Are there any drainage features on the property such as; swales storm sewer pipes, drainage ditches?		
9.	<u>Offsite Features</u> – Are there any wells within 75 feet of the property line?		
10.	<u>Offsite Features</u> – Are there any public wells within 200 feet of the property line?		
11.	<u>Offsite Features</u> – Are there any lakes, streams, canals, standing water "surface water bodies", or drainage features within 75 feet of the property line?		
12.	<u>Offsite Features</u> – Are there any other pertinent features within 75 feet of the property line (septic systems, water lines, drainage features)?		

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: _____