

Mission:

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



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

Existing Septic Tank Permit 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.) OR any changes to original permit conditions are proposed (i.e. adding sheds, garages, swimming pools, ponds, swales, 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) **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.
- 3) **Site Plan Checklist:** Completely fill out the checklist and locate on site plan all applicable items.
- 4) **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.
- 5) **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>.

- 6) **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.
- 7) **Fee**: The application fee is **\$85.00**. Please make checks payable to the Florida Department of Health or FL DOH-Pinellas. (Please note: Other fees may apply.)

If the flow rate, building usage, and site conditions have not changed since originally permitted, an existing septic permit may be issued. If the originally permitted conditions have changed, a site visit, system modification, or septic system upgrade may be necessary as required per Chapter 381 Florida Statutes and Chapter 64E-6, Florida Administrative Code.

SYSTEMS WILL BE BROUGHT INTO FULL CODE COMPLIANCE IF:

- The existing system is below the wet season water table.
- A system has been out of service for more than one year or there was an increase in commercial sewage flow or characteristics.
- Domestic sewage flow increases by more than 20% of original design flow or requires more than one tank size adjustment for commercial systems (two tank sizes for domestic).
- If the characteristics of the residential structure increase sufficiently to warrant an increase in the sewage flow category.

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



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
 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:[Y / N]
 [] GALLONS SEPTIC TANK/GPD ATU LEGEND: _____ MATERIAL: _____ BAFFLED:[Y / N]
 [] 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 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 _____

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.

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 Florida Department of Health in Pinellas County.

Signature of Applicant

Date

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. 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.		YES	NO
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: _____