

**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 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) **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 fee is **\$85.00**. Please make checks payable to Pinellas County Health Department or PCHD. (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, 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                       \_\_\_\_\_

APPLICANT: \_\_\_\_\_

AGENT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

=====

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#: \_\_\_\_\_

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.

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 **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.**

<b>PLEASE ANSWER THE FOLLOWING QUESTIONS, YES OR NO.</b>		<b>YES</b>	<b>NO</b>
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: \_\_\_\_\_