

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

Permanent or Stationary Holding Tank Application Packet

You must have the following items:

- 1) Complete the attached **Application Page**. All applicable information must be completed. An application can not be processed without a temporary property street address and property ID.
- 2) A **Site Plan** must be provided. The site plan **must** show the layout of the property including building structures, streets, and the proposed location of the holding tank. **Please note:** All wells, potable water lines, and surface water bodies within 100 feet of the proposed holding tank **MUST** be marked on the site plan.
- 3) A copy of the **Service Agreement** with a licensed portable toilet operator. Included in the service agreement should be the **size** of the tank and the **service frequency**. Service must be performed at least once per week. Service agreements must be signed by both parties.
- 4) Complete the attached **Site Plan Information** sheet.
- 5) A fee of **\$235.00**. Please make checks payable to the Florida Department of Health in Pinellas or FL DOH-Pinellas.
- 6) Call for an inspection when the holding tank is put into use.

NOTE: Failure to call for the required inspection may result in citation or fine.

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

Florida Department of Health

Pinellas County
8751 Ulmerton Rd. Suite 2000 • Largo, FL 33771
PHONE: 727/538-7277 • FAX 727/538-7293
www.pinellashealth.com

FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board



STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ONSITE SEWAGE TREATMENT AND DISPOSAL
 SYSTEM (OSTDS)

PERMIT NO. _____
 DATE PAID: _____
 FEE PAID: _____
 RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
 [] Repair [] Abandonment [] Temporary [] _____

APPLICANT: _____ EMAIL: _____

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 OSTDS REMEDIATION PLAN? [Y / N]

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

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

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000 PD

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 I, Chapter 62-6, 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.
EMAIL: Email address for applicant or agent.
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.

OSTDS REMEDIATION PLAN: Is the property subject to the requirements of an Onsite Sewage Treatment and Disposal System (OSTDS) Remediation Plan developed pursuant to 403.067(7)(a), Florida Statutes?

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. County Health Department 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: Area of lot in acres (square footage divided by 43,560 square feet). List only the square footage contained within the bounds of the legal description.

WATER SUPPLY: Check private or public <= 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 I, Chapter 62-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office and number of occupants.

NO. BEDROOMS: Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants per 381.0065(2 b), Florida Statutes.

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 I, Chapter 62-6, 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 County Health Department 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 floorplan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.

FDOH/ PINELLAS COUTNY

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

FOR NEW/EXISTING/MODIFICATION SYSTEM APPLICATIONS: The plan must be **DRAWN TO SCALE** and must be for the property where the system is to be installed.

1. The site plan must **SHOW BOUNDARIES WITH DIMENSIONS** and any of the following **FEATURES THAT EXIST OR THAT ARE PROPOSED:**

- a. Structures;
 - b. Swimming pools;
 - c. Recorded easements;
 - d. Onsite sewage treatment and disposal system components;
 - e. Slope of the property;
 - f. Wells;
 - g. Potable and non-potable water lines and valves;
 - h. Drainage features;
 - i. Filled areas;
 - j. Excavated areas for onsite sewage systems;
 - k. Obstructed areas;
 - l. Surface water bodies *Requires a surveyor to set the Mean High Water Line boundary for tidally influenced surface water bodies. Requires a surveyor or department staff to set the Mean Annual Flood Line for permanent non-tidal surface water bodies.*
 - m. Location of the reference point for system elevation.
2. If the county health department is responsible for performing the site evaluation, the applicant or applicant's authorized representative must **indicate the approximate location of wells, onsite sewage treatment and disposal systems, surface water bodies and other pertinent facilities or features on contiguous or adjacent property. If the features are within 75 feet of the applicant lot, the estimated distance to the feature must be shown but need not be drawn to scale.**
3. If the county health department will not be performing the site evaluation, the applicant or authorized agent is responsible for the measurements to all features, including the pertinent features within 75 feet of the applicant lot. **The location of any public drinking water well, as defined in paragraph 62-6.002(44 b), F.A.C., within 200 feet of the applicant's lot must also be shown, with the distance indicated from the system to the well.**
4. If an individual lot is five acres or greater, the applicant may draw a minimum one acre parcel to scale showing all required features, or the minimum size drawing necessary to properly exhibit all required features, whichever is larger. The applicant must also show the location of that one acre or larger parcel inside the total site ownership. *To scale parcel must be large enough to provide sufficient authorized flow.*
5. All information that is necessary to determine the total sewage flow and proper setbacks on the site ownership must be submitted with the application. The applicant lot shall be clearly identified. **A copy of the legal description or survey must accompany the application for confirmation of property dimensions only.**

FOR REPAIR APPLICATIONS: A site plan (*NOT REQUIRED TO BE DRAWN TO SCALE*) showing:

- property dimensions
- the existing and proposed system configuration and location on the property
- the building location
- potable and non-potable water lines, within the existing and proposed drainfield repair area
- the general slope of the property
- property lines and easements
- any obstructed areas
- any private well *show private potable wells if within 100 feet of system, non-potable within 75 feet*
- any public wells *show if within 200 feet of system*
- any surface water bodies and stormwater systems *show if within 100 feet of system. Requires a surveyor to set the Mean High Water Line boundary for tidally influenced surface water bodies. Requires a surveyor or department staff to set the Mean Annual Flood Line for permanent non-tidal surface water bodies.*
- The existing drainfield type shall be described. For ex., mineral aggregate, non-mineral aggregate, chambers, or other.
- Any unusual site conditions which may influence the system design or function** such as sloping property, drainage structures such as roof drains or curtain drains, and any obstructions such as patios, decks, swimming pools or parking areas.

FOR ALL SITE PLANS (IF APPLICABLE)

- A Coastal Construction Control Line Permit or an exemption notice from the Department of Environmental Protection if any component of the onsite sewage treatment and disposal system or the shoulders or slopes of the system mound will be seaward of the Coastal Construction Control Line, established under Section 161.053, F.S. Should the location of the proposed onsite system relative to the control line not be able to be definitively determined based on the site plan and the online products available on the DEP website, the applicant shall provide a survey prepared by a certified professional surveyor and mapper showing the location of the control line on the subject property.
- All plans and forms submitted by a licensed engineer shall be dated, signed and sealed.
- The evaluator shall document the **locations of all soil profiles** on the site plan.

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: _____ Date: _____
 (please print) (Signature)