SEPTIC TANK REPAIR 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 last page) 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 $350.00 (If soil evaluation is submitted, the fee is $235.00). 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 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.
APPLICATION FOR:
[  ] New System  [  ] Existing System  [  ] Holding Tank  [  ] Innovative
[ X ] 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.
=======================================================================================

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 (b) Type of Design  (c) No. of (d) Building (e) Commercial/Institutional System
No Establishment Bedrooms Area Sqft 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.
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
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.

Notes:

Site Plan submitted by: ________________________________

Plan Approved______ Not Approved_____ Date___________

By_________________________________________ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT
DH 4015, 10/96 (Replaces HRS-H Form 4016 which may be used) (Stock Number: 5744-002-4015-6)
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  Application/Permit #:  
Onsite Sewage Treatment and Disposal System  
(OSTDS)  
Site Plan Information Documentation Checklist  
*For REPAIR applications*  

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

<table>
<thead>
<tr>
<th>PLEASE ANSWER THE FOLLOWING QUESTIONS, YES OR NO.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you answered yes to any of the questions, these items must be located on the site plan with dimensions. This is for existing and proposed components.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Are there any recorded easements on the property?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are there any structures, sidewalks/walkways, patios, driveways or swimming pools on the property?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 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.  
*For potable wells show within 100 feet of system.* |     |    |
| 6. Are there any non potable wells (irrigation) on the property (existing or proposed)?  
If yes, indicate the location of water lines.  
*For irrigation wells show within 75 feet of system.* |     |    |
| 7. Are there any lakes, streams, canals, marshes, standing water, wet retention ponds, standing water “surface water bodies” in proximity of the system?  
*For lots platted prior to 1972 show within 75 ft., for lots platted 1972 or after show within 100 ft.* |     |    |
| 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)?  
*Show all within approximately 50 feet of system.* |     |    |

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)
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

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.

EXISTING DRAINFIELD INFORMATION

[ ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM  NO. OF TRENCHES [     ] DIMENSIONS: ___________ X ___________

[ ] SQUARE FEET SECONDARY DRAINFIELD 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: ______________________________