Septic Tank Abandonment Permit Packet

You must have the following items:

1) Complete the attached Application Page. All applicable information must be completed. The application will not be processed without a property street address and property ID (parcel number). NOTE: Please list the property owner as the applicant on the application and the abandonment contractor as the agent. Only licensed septic tank contractors, state licensed plumbers, or property owners on owner occupied properties may perform septic tank abandonments.

2) A Site Plan must be provided. The site plan must show the layout of the property including building structures, streets, and the location of the septic tank to be abandoned.

3) A fee of $50.00. Please make checks payable to Florida Department of Health in Pinellas or FL DOH-Pinellas

A Department of Health (DOH) inspector must visually inspect that the septic tank has been properly abandoned. It is the responsibility of the agent (septic tank contractor or plumber) or property owner to schedule an inspection appointment, providing a minimum of 24 hours advanced notice. Appointments shall be scheduled during an AM (8am to 12pm) or PM (12pm to 4pm) timeslot. Please call 727-538-7277 to schedule an appointment timeslot. During the inspection, the following abandonment procedures will be verified:

4) After receiving the permit:
   A) The septic tank must be pumped out by a state licensed septage disposal service. A copy of the receipt for the pumpout must be provided to the inspector at the time of inspection.
   B) The bottom of the tank shall be crushed or caved in, or multiple holes punched in bottom of tank to prevent the tank from holding water. In addition, the ENTIRE lid of the septic tank must be removed and/or crushed PRIOR to inspection.
   C) An inspector from DOH will conduct an inspection during the pre-scheduled time slot to verify the septic tank abandonment. Please do not cover the abandoned septic tank prior to inspection.
   D) After the inspection, the septic tank shall be filled with clean sand or other clean fill material.

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

Please note: If the septic tank will not be ready for inspection at the pre-scheduled appointment time, it is the responsibility of the agent or property owner to call and cancel the appointment. Cancellations must be made a minimum of one hour prior to the appointment time slot. A re-inspection fee of $50 will be charged for failing to cancel the appointment or to provide the one hour notice. To schedule, re-schedule, or cancel an inspection, please call (727) 538-7277.
# Onsite Sewage Treatment and Disposal System Application for Construction Permit

**APPLICATION NO.**

**DATE PAID:**

**FEE PAID:** 50.00

**RECEIPT #:**

**APPLICATION FOR:**

- New System
- Existing System
- Holding Tank
- Abandonment
- Repair
- Temporary
- Innovative

**APPLICANT:**

**AGENT:**

**TELEPHONE:**

**MAILING ADDRESS:**

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**PROPERTY INFORMATION**

<table>
<thead>
<tr>
<th>LOT:</th>
<th>BLOCK:</th>
<th>SUBDIVISION:</th>
<th>PLATTED:</th>
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**PROPERTY ID #:**

**ZONING:**

**I/M OR EQUIVALENT:** [Y/N]

**PROPERTY SIZE:**

**WATER SUPPLY:**

- [ ] New Well
- [ ] Ex Well
- [ ] Public Water

**IF PUBLIC:**

- [ ] <= 2000 GPD
- [ ] > 2000 GPD

**IS SEWER AVAILABLE AS PER 381.0065, FS?** [Y/N]

**DISTANCE TO SEWER:**

**PROPERTY ADDRESS:**

**DIRECTIONS TO PROPERTY:**

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**BUILDING INFORMATION**

<table>
<thead>
<tr>
<th>Unit</th>
<th>(b) Type of Establishment</th>
<th>(c) No. of Bedrooms</th>
<th>(d) Building Area Sqft</th>
<th>(e) Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC</th>
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(f) [ ] Floor/Equipment Drains

**SIGNATURE:**

**DATE:**

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DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT
Permit Application Number

----------------------------------- PART II – SITE PLAN -----------------------------------

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

Notes: 

Site Plan submitted by: 

Plan Approved_____ Not Approved_____ Date________

By_________________________ Pinellas 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)