

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM OPERATING PERMIT**

Authority: Chapter 381, F.S. & Chapter 64E-6, F.A.C.

Application/Permit Number _____

New: _____ Amended: _____ Renewal: _____

Aerobic: _____ Commercial: _____ Industrial/Manufacturing: _____

GENERAL INFORMATION

Property Owner _____

Work Telephone _____ Home phone: _____

Address of Owner: _____ City: _____ State _____ Zip _____

Owner's Agent: _____

Agent's Address: _____ City: _____ State _____ Zip _____

Agent's Phone: _____ Property Street Address: _____

City: _____ State _____ Zip _____

Section: _____ Township: _____ Range: _____ Parcel: _____ Lot: _____ Block: _____ Subdivision: _____ Unit: _____

EXISTING SYSTEM INFORMATION

Please complete those items shown below which are applicable to the existing permitted onsite sewage disposal system serving the above referenced property: Onsite Sewage Treatment and Disposal System Construction Permit Number (if known): _____

Septic Tank(s)/Aerobic Unit _____ gallons Grease Trap(s) _____ gallons Dosing Tank _____ gallons

Drainfield size is _____ square feet installed in a: standard subsurface _____ filled _____ mound system _____

The drainfield layout is in trenches _____ absorption bed _____ other _____ (describe) _____

Onsite Well? Yes _____ No _____ System Setback to Wells _____ ft. Lot Size _____ Square Feet

Estimated sewage flow into system _____ Gallons/Day Based on _____

Number of businesses or dwellings (circle one) which are being served by this onsite sewage disposal system _____

Additional Comments: _____

COMMERCIAL/INDUSTRIAL/MANUFACTURING FACILITY

Please attach a business survey form for each business which is or will be served by the onsite sewage disposal system. Briefly describe the type of activities that will be supported by the onsite sewage system serving this property. _____

What is the zoning designation for the property? _____ Give a description of the zoning and examples of approved businesses in this type of zoning: _____

AEROBIC TREATMENT UNIT

Date of aerobic system installation approval: _____ / _____ / _____ Is the aerobic treatment unit still under the manufacturer's initial two year warranty? Yes _____ No _____ Aerobic Unit Manufacturer: _____

Type of Aerobic Unit: _____ Class I: _____ Class II: _____ Above 1500 Gallon Capacity: _____

Construction/Installation Permit Number: _____ Are multiple aerobic units used on the site: Yes _____ No _____

Is there an active service agreement on the aerobic treatment unit? Yes _____ No _____ Please Attach a Copy of the Agreement

If yes, when does the service agreement expire? _____ / _____ / _____

Who is the authorized service company providing maintenance to your unit?

Company Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

I hereby certify that the above information is accurate and a reflection of the actual conditions existing on the above referenced property. I understand that any change of occupancy or tenancy at the above location will require me to file an amendment to this operating permit.

Applicant's signature: _____ Date _____ / _____ / _____

Application Status:

Disapproved: _____ Date _____ / _____ / _____ Reason: _____

By: _____ Title: _____ CHD

Approved: _____ Date _____ / _____ / _____

By: _____ Title: _____ CHD