Florida Department of Health in Dixie County

Existing/Modification (Residential) Application

**ADDING** a Bedroom

1. Completed permit application.

2. Provide zoning approval from city or county building and zoning department.

3. Proof of ownership, including property/parcel identification number.

4. **Floor plans and dimensions of home before and after addition, or of new home if replacement.** Floor plan should include outside dimensions and layout of home with all rooms labeled for use (bedroom, bathroom, living room, etc).

5. A site plan **drawn to scale**, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, location of septic system components (septic tank, drain field), slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas and surface water 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 showing number of bedrooms and building area in each unit.

6. Pump-out certification from licensed septic tank company dated within five years of application.

7. If on a public water system, you must provide a copy of the water usage report for the last year.

8. Cash or check application fee payment of $170.00 due at time of application.

If the inspector determines that your system will need modification or a new system permit, he will notify you of additional fees to be charged up to $475.00.

07/01/16
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.
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. CHO 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: 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: 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 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 / DATE: Signature of applicant or agent. Date application submitted to the CHO 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 with 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 floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.
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.

PROPERTY INFORMATION
LOT: _____ BLOCK: _____ SUBDIVISION: ____________________________ PLATTED: ______

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

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

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: ____________________________________________

DIRECTIONS TO PROPERTY: ____________________________________________

BUILDING INFORMATION
<table>
<thead>
<tr>
<th>Unit No</th>
<th>Type of Establishment</th>
<th>No. of Bedrooms</th>
<th>Area Sqft</th>
<th>Commercial/Institutional System Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>Table 1, Chapter 64E-6, FAC</td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td>4</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

[ ] Floor/Equipment Drains  [ ] Other (Specify) ____________________________

SIGNATURE: ____________________________ DATE: ____________________________

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC
EXAMPLE

DIXIE COUNTY
BUILDING & ZONING DEPARTMENT

405 SE 22nd Ave.

P.O. Box 2810
Cross City, FL 32628

Phone: 352-498-1236
Fax: 352-498-1286

To: Dixie County Health Department

Septic Tank Zoning Compliance

Date:

Name:

Address

Legal:

According to Dixie County Land Development Regulations the above described property is in compliance for use as: Single Family Residence - One Only.

Signed: Building Department

NOT APPROVED DUE TO:

Signed: Building Department

Check One: New Septic Tank

Existing Septic Tank

Directions To The Health Department - From here turn LEFT at the cemetery onto Ward Ave. Then RIGHT at the red light onto US19. Travel about 1 mile to a caution light and turn LEFT. Go to the intersection (a ball field will be in front of you) and turn LEFT. Go about 150 yards and the County Health Department will be on your left.
FLOOR PLAN LAYOUT

A simple layout of your home or structure is required. If you already have a floor plan, we can copy it, if not, please sketch one below. Use reverse side for house or other type structure if necessary. We do not need inside dimensions—only the outside. Please name rooms inside home.

You should show length and width of home or indicate total square footage of living area (heated/cooled). Do not count garage, porch, etc.

SIZE: ____________________________ Sq. Ft. Living Area

Or

LENGTH _______ X _________ WIDTH

DIAGRAM of DWELLING:

Submitted by: ______________________ Date: ______
FLOOR PLAN LAYOUT

A simple layout of your home or structure is required. If you already have a floor plan, we can copy it, if not, please sketch one below. Use reverse side for house or other type structure if necessary. We do not need inside dimensions- only the outside. Please name rooms inside home.

You should show length and width of home or indicate total square footage of living area (heated/cooled). Do not count garage, porch, etc.

SIZE: _______________________________ Sq. Ft. Living Area

Or

LENGTH _______ X _________ WIDTH

DIAGRAM of DWELLING:

Submitted by: ___________________________ Date: _____
FOR NEW/EXISTING/MODIFICATION SYSTEM APPLICATIONS: The site plan shall be DRAWN TO SCALE and shall be for the property where the system is to be installed.

1. The site plan shall 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 shall 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 shall be 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 64E-6.002(44)(b), F.A.C., within 200 feet of the applicant’s lot shall 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 shall 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 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
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

PART II - SITEPLAN

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

Notes:

Site Plan submitted by: ____________________________

Plan Approved ______________ Not Approved ______________

By: ____________________________

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR 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
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 NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.
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EXISTING TANK INFORMATION
[ ] Gallons Septic Tank/GPO
[ ] Gallons Septic Tank/GPO ATU
[ ] GALLONS GREASE INTERCEPTOR
[ ] GALLONS DOSING TANK

LEGEND: ____________________________ MATERIAL: ____________________________ BAFFLED: [Yes/No ]

================================================================================================
I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON ________________ BY ___________________ HAVE
THE VOLUMES SPECIFIED AS DETERMINED BY [DIMENSIONS/FILLING/LEGEND ] ARE FREE OF OBSERVABLE
DEFECTS OR LEAKS, AND HAVE A [SOLIDS DEFLECTION DEVICE/OUTLET FILTER ] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR BUSINESS NAME DATE

================================================================================================
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
[ ] GPD ESTIMATED SEWAGE FLOW BASED ON [ ] METERED WATER [ ] TABLE 1, 64E-6, FAC

SITE CONDITIONS: [ ] DRAINAGE STRUCTURES [ ] POOL [ ] PATIO/DECK [ ] PARKING
NATURE OF [ ] HYDRAULIC OVERLOAD [ ] SOILS [ ] MAINTENANCE [ ] SYSTEM DAMAGE
FAILURE: [ ] DRAINAGE/RUNOFF [ ] ROOTS [ ] WATER TABLE [ ]
FAILURE SYMPTOM: [ ] SEWAGE ON GROUND [ ] TANK [ ] D-BOX/HEADER [ ] DRAINFIELD

REMARKS/ADDITIONAL CRITERIA

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SUBMITTED BY: ____________________________ DATE: ____________________________

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