

**Mission:**

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



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

## Florida Department of Health in Dixie County

### Instructions for Onsite Sewage Treatment and Disposal Systems (OSTDS)

#### Residential REPAIR Permits

1. Completed application, including signature of agent or owner and date.
2. Proof of ownership, including property/parcel identification number.
3. If on public water system, you must provide a copy of the most recent water bill.
4. Site plan must be signed and dated (does not have to be to scale).
5. Septic tank must be pumped out prior to application for permit. Must provide pump out certification as proof.
6. If any obstacles will stop the inspector from reaching property please list on application (dogs, locked gate, etc.).
7. Cash or check payment of \$300.

Submit all seven items to the Florida Department of Health in Dixie County.

07/01/16



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## NOTICE TO APPLICANT

Florida Statute Chapter 556, Underground Facility Damage Prevention and Safety Act mandates this office apply for, and receive, a utility locate ticket for your property. It may take between two to five days to receive a locate ticket. The application is not complete without the locate ticket. If any of the required information on the ticket request is incorrect or missing, it will take even longer. This will slow down the permitting process.

Please ensure you have provided us with complete driving directions to your property, this must include the closest main intersection. Also, you must indicate anything that might prevent a locator from performing this service, for example a locked gate or large dog.

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. CHD 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 CHD 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 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.



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

PERMIT NO. \_\_\_\_\_  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_

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

[ ] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## Florida Department of Health in Dixie County Site Plan Instructions for Repair Permits

The **site plan must include the following information**, but does not have to be drawn to scale.

1. Dimensions of home.
2. Location and set back measurements of all pertinent features such as: septic tank and drain field must be identified, also should show all boundaries with dimensions of all features, to include: pools, easements, drain field, surface body water, property lines, water lines, etc....
3. Any wells, septic tanks, homes or buildings on adjacent properties, **within 75 feet of property line**, should be identified. Indicate the vicinity of these by drawing a line with the distance from the property line.
4. Sign and date the site plan.

07/01/16



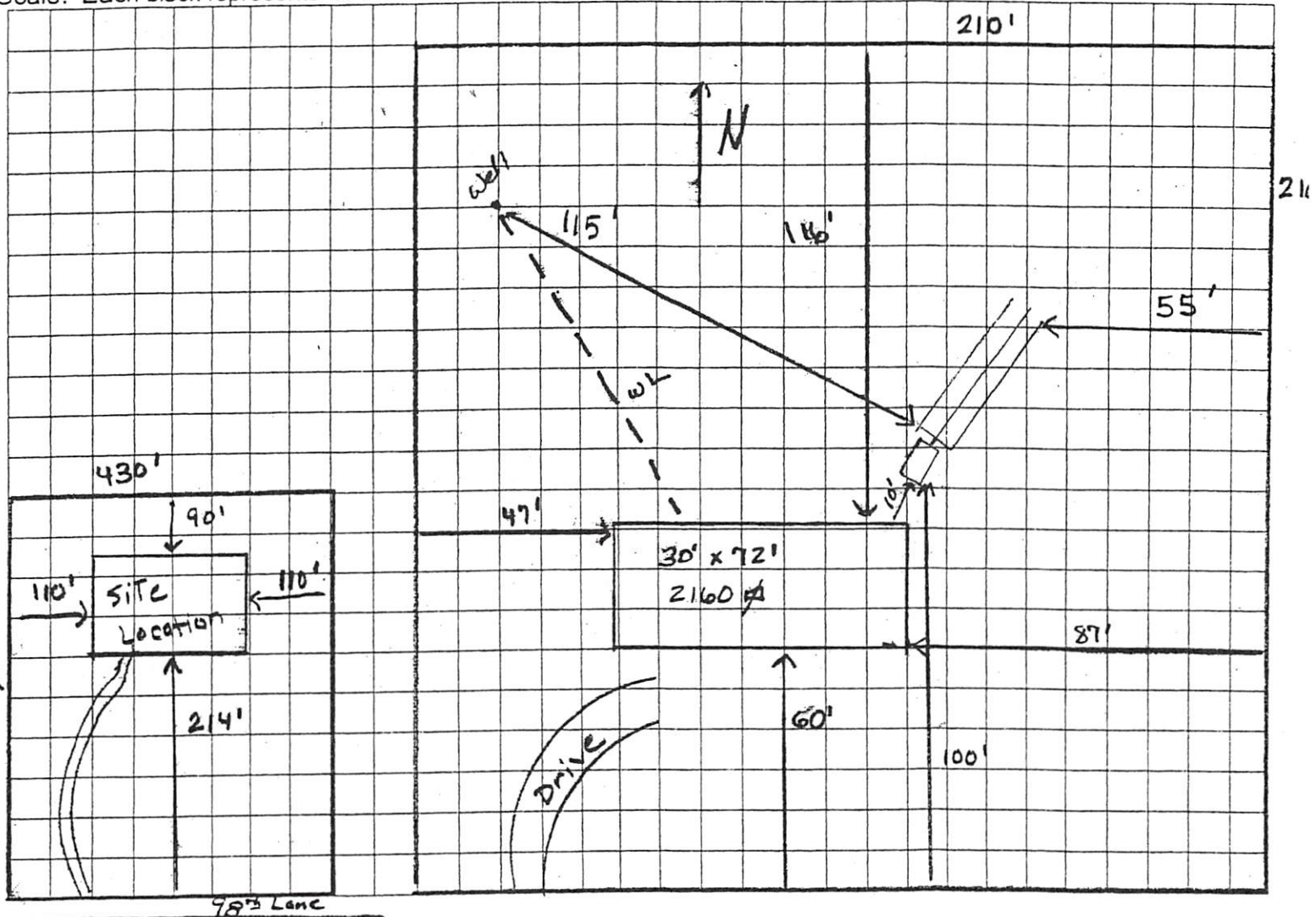


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number EXAMPLE

----- PART II - SITEPLAN -----

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



Notes: 1 of 5.1 acres

Site Plan submitted by: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_  
Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_  
By \_\_\_\_\_ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

## Permit Application Number \_\_\_\_\_

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

A large grid of graph paper, consisting of 20 columns and 15 rows of squares, intended for plotting a graph.

**Notes:** \_\_\_\_\_

Site Plan submitted by: \_\_\_\_\_

Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ County Health Department

**DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)**

EXAMPLE - Should be completed by septic contractor



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.

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 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 DEVICE ] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_ DATE \_\_\_\_\_

EXISTING DRAINFIELD INFORMATION

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