



Dixie County Health Department  
Environmental Health  
149 NE 241 Street, Cross City, FL 32628  
352-498-4589

## Florida Department of Health in Dixie County

### Application instructions for **NEW ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM (OSTDS)**

**NOTE: Site Plans Must Be Drawn To Scale**

#### Applicant Requirements Prior to Inspector Review

1. Must provide zoning approval from city or county building and zoning department.
2. Proof of ownership, including property/parcel identification number
3. Copy of legal description or survey must accompany the application for confirmation of property dimensions only.
4. Directions to property with the Florida Department of Health in Dixie County being used as the starting point. Include all county and/or state 911 road numbers and street names. Be as specific as possible.
5. Floor plans of dwelling, including outside dimensions.
6. If property is larger than five acres, you may draw one acre or more to scale, as long as it meets all the requirements within the space.
  - a. If drawing a one acre plot or more, you must draw the entire property and indicate where the insert is located within the entire property.
7. 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 area, and surface water.



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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 non-residential 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.

- a. Any pertinent features on adjacent properties within 75 feet of property lines (homes, wells, septic tanks, etc...)
8. Signed and completed application, including application fee of \$475.
  9. Flags will be provided for applicants to mark site locations. One flag for the driveway, one flag for the well, one for the location of the septic tank.
  10. **Site evaluation will not be performed if flags are not in place.**
    - a. If there is a gate, it must remain unlocked unless other arrangements have been made prior to the inspector coming to the property.

#### **AFTER APPLICAITON SUBMISSION**

1. A minimum of 30 business days may be needed to complete the site evaluation, soil analysis, and issue the construction permit.
  - a. Please call the Environmental Health Office at 352-498-4589 to check on the status of your permit or if you have any additional questions.
2. You will receive three copies of the construction permit
  - a. One for your personal records
  - b. One for your contractor
  - c. One for the building and zoning department
    - i. Building and Zoning will not issue their permit until they receive the construction permit.
    - ii. Building and Zoning usually complete their permits before the construction permit is issued. To avoid any longer, apply there as soon as possible.
3. New construction permits are good for 18 months.
  - a. If you relocate your site after the initial site evaluation and soil analysis is completed, a new site plan must be submitted along with a \$50.00 fee for a new soil analysis, plus \$55.00 for the permit amendment.
  - b. If at the time of inspection of your septic it cannot receive a final approval, there will be a \$50.00 re-inspection fee. Every re-inspection after the first will be an additional \$50.00 fee.

07/01/16



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EXAMPLE

# DIXIE COUNTY

## BUILDING & ZONING DEPARTMENT



405 SE 22<sup>nd</sup> Ave.

P.O. Box 2610  
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 a: 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.



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## NOTICE TO APPLICANT

The Florida Department of Health is required to verify setback requirements of potable wells, waterlines, building foundations and plumbing hook-ups.

At the time of final inspection it is important that the health department inspector is able to view and verify the setback requirements previously listed. The health department cannot grant final approval of your system unless the setback requirements are in place. If the setback requirements are not in place, you will be charged a second inspection fee of \$50.00.

Please allow sufficient time in your building process so that all inspections can be completed before requesting final approval from the building and zoning department. Proper planning can prevent the need for a second inspection and speed up the approval process.

The building and zoning department requires final approval from the health department before a certificate of occupancy is issued and power is released.

07/01/16



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## Setback Requirements for OSTDS Location

### Residential

1. 75 feet or greater from any private potable water wells, 50 feet or greater from any non-potable water well. 100-200 feet from public water wells, depending upon type.
2. 5 feet from any property lines.
3. 5 feet from the foundation of any structure.
4. 10 feet from waterlines or swimming pools.
5. 75 feet from high water level of any possible water retention areas such as lakes, ponds, sink holes, canals, etc. Subdivisions platted prior to January 1, 1972 will require 50 feet.

**\*\*\*If site has a slope, it is best to run the drain field across the slope and not up or down the slope.\*\*\***

07/01/2016



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**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  $\leq$  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: \_\_\_\_\_

## 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: \_\_\_\_\_



**4015 PG 2:SITE PLAN INSTRUCTIONS – 64E-6.004, FAC**

**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)**

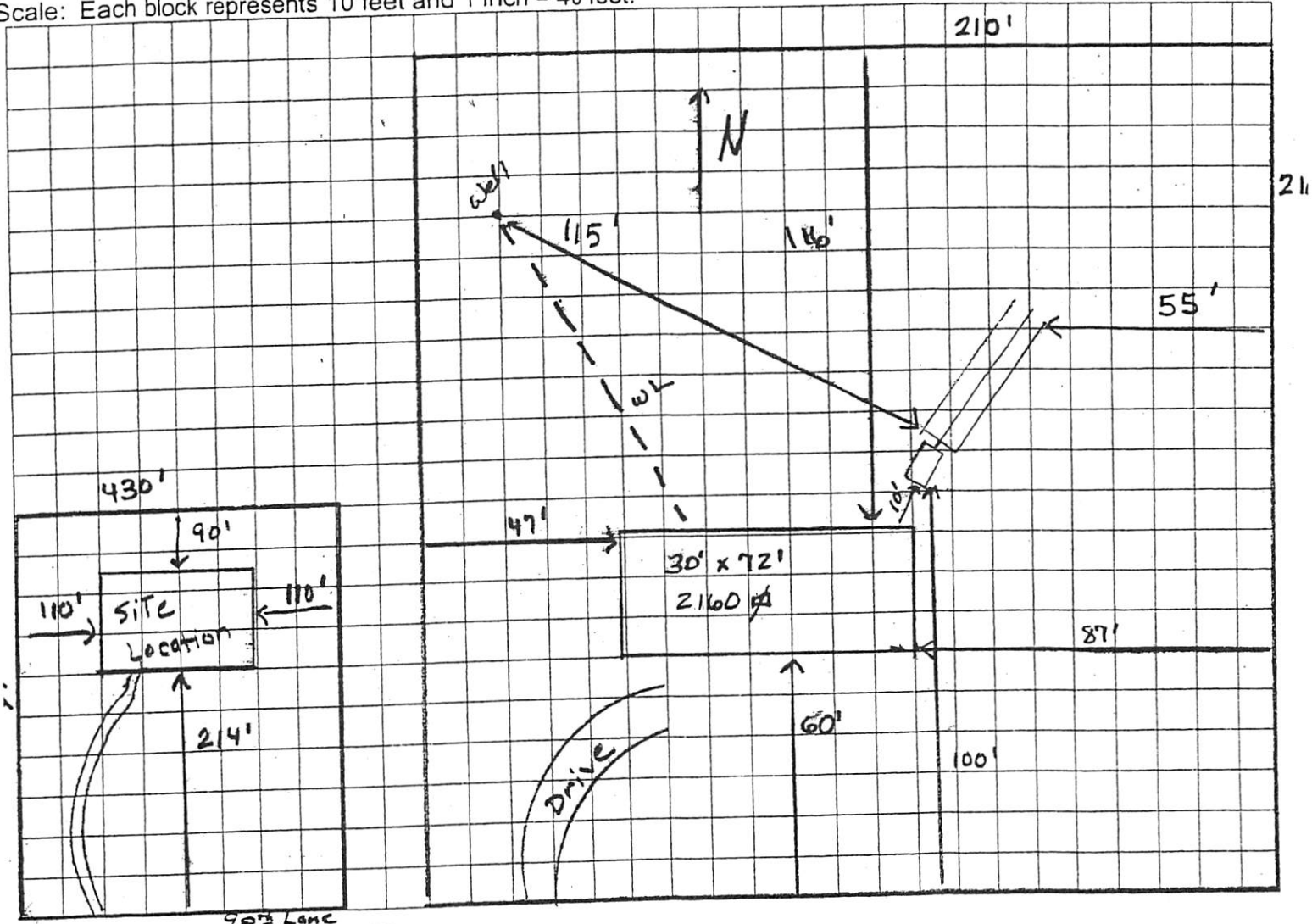
- A Coastal Construction Control Line Permit or an exemption notice from the Department of Environmental Protection if any component of the onsite sewage treatment and disposal system or the shoulders or slopes of the system mound will be seaward of the Coastal Construction Control Line, established 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  
 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**

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: \_\_\_\_\_ Date \_\_\_\_\_

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

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

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**