ESCAMBIA COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
ENVIRONMENTAL ANALYSIS PROGRAM
REQUEST FOR OSTDS ASSESSMENT PRIOR TO PROPERTY SALE

For Office Use Only:

OSTDS # _____

Fee is $150.00 per Parcel ID plus $50.00 for each additional system (excluding laundry and grease trap systems)

PROPERTY CLOSING DATE:

PLEASE MAKE CHECKS PAYABLE TO: "DOH-ECHD"

Property Information:

(NOTE: Properties located north of Well Line Road and Becks Lake Road **do not** require an inspection)

_____ **ADDRESS OF PROPERTY TO BE INSPECTED**

_____ LEGAL PROPERTY OWNER

_____ **City**

_____ **Zip**

_____ Property Owner Phone Number

☐ Vacant ☐ Occupied Year Built _____

If Vacant, for how long? _____

☐ Commercial: Type (ie warehouse, office, etc)_____

☐ Residential: Total Number of Bedrooms:_____

Multi-Family Dwelling? Yes ☐ No ☐ If so, # units? _____

Number of Residential Structures on Lot: _____

Do you have a well? (circle one) Yes No

If yes, check type: Irrigation _____ Drinking water _____

Please indicate number of tanks: Septic _____

Laundry _____ Grease Trap ____

Please indicate your septic tank location on the back of this application.

Are all plumbing pipes on the property connected to the septic tank? (i.e. laundry, sinks, toilets)

Yes ☐ No ☐

Has the tank been pumped within the last 6 months?

Yes ☐ No ☐ Contractor Name:_____

- **Note:**

  Pumping the tank does NOT exempt this inspection. This inspection is mandated by Escambia County Ordinances 99-24 and 99-36 and must be performed by the Health Department/Environmental Health Division.

Forwarding Information For Assessment Letter:

_____ Name and/or Agency

_____ Fax Number for Assessment Letter

_____ Street

_____ Attention

_____ City, State, Zip

_____ Phone Number

Escrow Account Users Only: I do hereby authorize Escambia County Health Department to deduct the required fee from the Escrow Account Name referenced below:

*Escrow Account Name*_____ *Authorized Signature* _____

**If you have an escrow account with Escambia County Health Department, you may fax application to: Phillip Davies - (850) 595-6777*

***Evaluation of the onsite sewage treatment and disposal system is based upon representation by the seller.**

_____ Applicant's Signature

_____ Print Name

_____ Phone

_____ Date

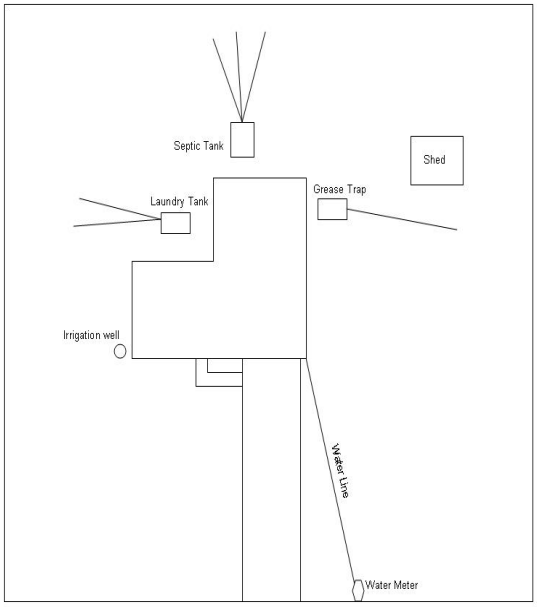
Application and fee may be mailed to: ECHD - Environmental Health Division Attn: EAP Program – Phillip Davies
1300 W Gregory Street, Pensacola, Florida 32502 Phone: (850) 595-6786

7/3/2008

EXAMPLE

Please follow the example given and draw in the following that apply:

- House, trailer, or commercial structure
- Septic tank drainlines
- Laundry tank and drainlines
- Grease trap and drainlines
- Driveway
- Public water line from meter
- Irrigation wells and lines
- Private wells
- Decks, patios, garage, shed
- Pool, ponds, or surface water



123 American Way

-----STREET NAME-----

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