



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
Secretary of Health

ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEMS (OSTDS) APPLICATION PACKET

PLEASE MAIL OR SUBMIT PACKETS TO:
ENVIRONMENTAL HEALTH DIVISION
ESCAMBIA COUNTY HEALTH DEPARTMENT
1300 W GREGORY ST
PENSACOLA, FL 32502

FOR FURTHER QUESTIONS PLEASE CALL (850)595-6700

Visit our website at
www.escambiahealth.com

"Trusted professionals protecting you since 1821"
Tradition • Service • Leadership
Escambia County Health Department
1295 W. Fairfield Drive • Pensacola, Florida 32501-1107
John J. Lanza, MD, PhD, MPH, FAAP, CHD Director-Health
www.escambiahealth.com
850.595.6500



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REQUIRED INFORMATION FOR OSTDS APPLICATIONS

NEW	\$550
MODIFICATION	\$295
EXISTING	\$235

Completed Application, all Sections (N/A If Not Applicable) & Site Information Form	
Copy of Building Permit Card with Number from the County Building Office	
Plot Plan to Scale. <u>Please limit plan size to a maximum of 11"X 17" for scanning purposes.</u> (See back for Example of Plot Plan Requirements)	
<u>Commercial</u> Floor Plan to Scale; <u>Residential</u> Floor Plan to Scale or Labeled with Total Building Area, Exterior Dimensions, and Interior Room Dimensions; <u>Existing</u> and <u>Modification</u> Floor Plan Show Existing and Proposed Additions.	
Septic Tank Pump-Out and Certification Required for Existing and Modification	

REPAIR	\$350
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Completed Application, all Sections (N/A If Not Applicable) & Site Information Form	
Plot Plan with <u>Dimensions Only</u> (See Following Page for Example)	
Septic Tank Pump-Out and Certification	

SITE LETTER	\$115
ABANDONMENT	\$100

Completed Application, all Sections (N/A If Not Applicable)	
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ALL SYSTEM RE-INSPECTIONS WILL REQUIRE AN ADDITIONAL \$50.00 FEE

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

INACCURATE APPLICATIONS, INCOMPLETE FLOOR PLANS AND PLOT PLAN WILL RESULT IN A DELAY OF THE PERMITTING PROCESS

CASH OR CHECK ONLY

****FOR QUESTIONS, PLEASE CALL 850-595-6700****

ONLINE VERSION

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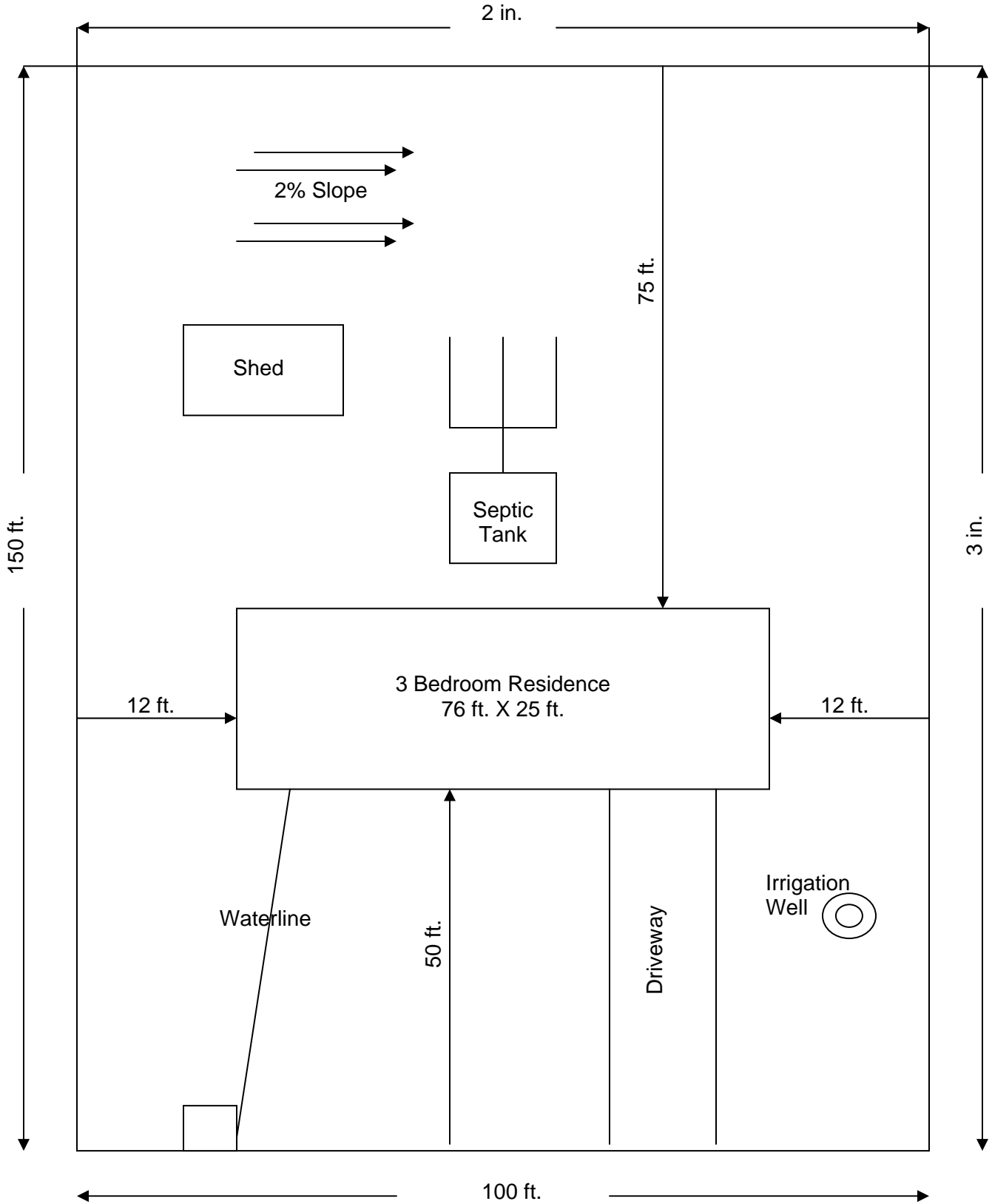
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EXAMPLE ONLY!!!
(SCALE: 1 inch = 50 feet)
LIMIT PLOT PLAN SIZE TO A MAXIMUM OF 11"X17"



NORTH





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**ONSITE SEWAGE TREATMENT DISPOSAL SYSTEM (OSTDS)
SITE INFORMATION DOCUMENTATION FORM**

PLEASE ANSWER THE FOLLOWING QUESTIONS YES OR NO.	YES	NO
1. Is there any slope to this property?		
2. Are there any wetlands, lakes, streams, canals or standing bodies of water within 100 feet of the existing or proposed OSTDS?		
3. Are there any drainage features, ditches, swales, or retention areas within 100 feet of any existing or proposed OSTDS?		
4. Are there any easements on the property?		
5. Are there any wells on the property or adjacent properties within 100 feet of the existing or proposed OSTDS? If yes, what type of well(s) and what distance from the proposed OSTDS? (Check what type) a. Irrigation _____ b. Private _____ c. Public _____ (check all that apply for multiple wells or the most intense use for one well)		
6. Are there any waterlines on the property (drinking water, irrigation, etc.)?		
7. Are any buildings, existing or proposed, other than the one that will be served by this existing or proposed OSTDS?		
8. Are there any paved or compacted areas on this property?		
9. Are there any large trees near the existing or proposed OSTDS?		
10. Are there any existing or proposed excavation or filled areas?		
11. Is there or will there be a pool located on this property?		
12. Is there any existing OSTDS on this property or adjacent properties?		
13. Are you proposing to install a new OSTDS?		
14. Would you like a separate laundry system?		
15. Are there any utility lines, such as, but not limited to gas, water source, heat pump, plumbing wells, and electric service lines?		

**IMPORTANT!! PLEASE READ CAREFULLY AND COMPLETE ALL INFORMATION.
PLEASE LIMIT SITE PLAN SIZE TO A MAXIMUM OF 11"X17".**

If you answer yes to any of the above questions, these items are required to be drawn on the site plan that you submit. The size and location of all buildings are required to be drawn on the site plan. Please complete this information prior to the submission of the application for an OSTDS system. Failure to do so will slow your permitting process. Also, your permit will be issued based on the above information; therefore, if any of this information changes, an amended site plan will need to be submitted.

Name: _____ Date: _____
(Please Print)

Signature: _____
Circle One: Property Owner Authorizing Agent Contractor

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**AUTHORIZATION STATEMENT FOR OWNER'S
AGENT/REPRESENTATIVE FOR NEW OSTDS
CONSTRUCTION PERMIT**

As owner of the property located at _____, Pensacola, Florida,
(Address)

property reference number(s) _____, I hereby
designate _____ for the sole purpose of
(Agent/Representative)

completing this application and to act on my behalf for the construction of an onsite
sewage treatment and disposal system (OSTDS) at the above referenced property.

Print Name

Date

Signature of Owner

64E-6.004(2) - An application shall be completed in full, signed by the owner or the owner's authorized representative, or a contractor licensed in accordance with Chapter 489, Florida Statutes, and shall be accompanied by all required exhibits and fees. **If the owner of a property uses an authorized representative to obtain a new system construction permit, a signed statement from the owner of the property assigning authority for the representative to act on the owner's behalf shall accompany the application. This statement shall include specific information allowing the representative to act on the owner's behalf in all aspects of an application for an onsite sewage treatment and disposal system.**

ONLINE VERSION



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: _____

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.

