

OSTDS Permit # _____

Tidally Influenced Surface Water Boundary Determination

I am requesting that the department use what may be a more restrictive boundary for determining setbacks on my property from a tidally influenced surface water. I understand that use of this more restrictive boundary may result in denial of my permit, and that I have the right to submit a Mean High Water Line (MHWL) determination from a professional surveyor or mapper. I have indicated my selection below:

<http://data.labins.org/2003/SurveyData/WaterBoundary/waterboundary.cfm>.

_____ A professional surveyor and mapper has established the safe uplands line on my property in place of the MHWL. I have submitted a copy of the survey indicating the safe uplands line as well as a copy of the details of the nearest LABINS tidal datum point utilized by the surveyor. The safe uplands line is an elevation determined by adding 0.5 feet to the nearest tidal datum point, which must be within a 1/2 mile radius of the established safe uplands line. I understand that a more restrictive surface water setback will be measured to the safe uplands line and that a more restrictive authorized sewage flow will be calculated using the limit of the safe uplands line as the surface water boundary.

_____ A professional surveyor and mapper has established the elevation of the top of the sea wall or canal wall on my property in place of the MHWL. When the elevation of the top of the sea or canal walls is lower than the tidal datum point, a MHWL must be determined by a surveyor. I have submitted a copy of the survey indicating this elevation. I understand that a more restrictive surface water setback to the onsite sewage system will be measured from the sea wall or canal wall and that a more restrictive authorized sewage flow will be calculated using the location of the sea wall or canal wall as the surface water boundary.

_____ I have submitted a copy of the details of the nearest LABINS tidal datum point that is within a 1/2 mile radius of the wall.

<http://data.labins.org/2003/SurveyData/WaterBoundary/waterboundary.cfm>.

_____ I am requesting the county health department obtain the nearest LABINS tidal datum point that is within a 1/2 mile radius of the wall.

Applicant or Property Owner Signature

Date