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.

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.

EXISTING DRAINFIELD INFORMATION

| Square Feet Primary Drainfield System | No. of Trenches [ ] | Dimensions: [ ] X [ ] |
| Square Feet Secondary 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 CONDITIONS: [ ] SLOPING PROPERTY [ ]
NATURE OF FAILURE: [ ] HYDRAULIC OVERLOAD [ ] SOILS [ ] MAINTENANCE [ ] SYSTEM DAMAGE
FAILURE: [ ] DRAINAGE / RUN OFF [ ] ROOTS [ ] WATER TABLE [ ]
SYMPTOM: [ ] SEWAGE ON GROUND [ ] TANK [ ] D BOX/HEADER [ ] DRAINFIELD

REMARKS/ADDITIONAL CRITERIA:

| [ ] | [ ] | [ ] |

SUBMITTED BY: [ ] TITLE/LICENSE [ ] DATE: [ ]

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC
INSTRUCTIONS:

PERMIT # Permit tracking number assigned by department

APPLICANT Property owner’s full name

CONTRACTOR/AGENT Licensed contractor or property owner’s legal agent

LOT,BLOCK,SUBDIVISION Legal description for property

ID # Property appraiser identification number for property

EXISTING TANK

TANK 1 Complete tank size in gallons or gpd and mark appropriately.
Complete LEGEND (SHO approval number), MATERIAL (concrete, fiberglass, polyethylene) and whether or not tank in BAFFLED.

TANK 2 Same as TANK 1.

GREASE INTERCEPTOR Same as TANK 1.

DOSING TANK Same as TANK 1. Complete # PUMPS installed.

TANK CERTIFICATION Completed by registered septic tank contractor, state-licensed plumber, certified EH professional, or master septic tank contractor. Show the date the tanks were pumped, the name of the pumping company, how the tank volumes were determined (measurement of tank dimensions and calculation of volume, filling the tank from a metered water source, or recording the tank legend for known tanks). If tank dimensions are used, list the tank dimensions in the remarks section. Indicate whether the tank has a solids deflection device or an outlet filter. If the tanks cannot be certified, note that fact in the remarks section.

EXISTING DRAINFIELD

FIELD 1 Complete size of drainfield in square feet, NO. OF TRENCHES (if applicable) and DIMENSION (bed width and length or trench width and total length of trenches).

FIELD 2 Same as FIELD 1

TYPE OF SYSTEM Mark appropriate block

CONFIGURATION Mark appropriate block

DESIGN Mark appropriate blocks

ELEVATION Record elevation of lowest point of bottom of drainfield in reference to natural grade

FAILURE / REPAIR INFORMATION INSTALLATION DATE Record year of original system installation

TYPE OF WASTE Mark appropriate block

GPD Provide estimated sewage flow to system based on metered water flow data (if available) or Table 1, whichever is greater.

SITE CONDITIONS Mark all applicable blocks. Record any other significant conditions.

NATURE OF FAILURE Mark all applicable blocks.

FAILURE SYMPTOM Mark all applicable blocks.

REMARKS Record any other significant criteria that may impact system design. If dimensions are used to determine tank volumes, list the tank dimensions in the remarks section. If the tanks cannot be certified as free of observable defects or leaks, explain in remarks.

SUBMITTED BY Signature of person performing evaluation

TITLE/LICENSE Title of department person or license number of other evaluators.

DATE Date of evaluation.