Septic System Repair Permitting Procedures

July 01, 2013

The following information must be provided by the applicant:

- A completed Onsite Sewage Treatment and Disposal System (OSTDS) application.
- An Existing System and System Repair Evaluation. To be completed by a Florida Registered Engineer, Septic Tank Contractor, Licensed Plumber or other certified person.
- A Site Plan. A plat or plan of the property that does not need to be to scale but must show the following features on or within 75 ft. of the property;

  Property lines with dimensions labeled in feet, easements, all building locations, waterlines, private potable and irrigation wells, proposed and existing septic system location and configuration, distance of septic system to building and property line, driveways, sidewalks, swimming pools, ditches, swales, surface water bodies, obstructed area, parking areas, decks, patios, and if present any slope of the property. Any public drinking water well within 200 ft. of the applicant's property must be shown.
- If a permanent non-tidal surface water body exists within 100 feet of the applicant's septic system, or within 75 feet to septic systems originally installed prior to Jan. 01, 1972, then a Mean Annual Flood Line must be determined. The applicant may request that the Department of Health delineate the surface water boundary by completing the Non-Tidally Influenced Surface Water Boundary Determination Form or they may contract with a certified professional surveyor and mapper. Contact our office if the surface water body is tidally influenced.
- Complete the site plan information sheet.
- Water use records for the previous 12 months for a residence and 18 months for commercial establishments that are served by a municipal water system or other water system utility.
- A Letter of Authorization if the applicant's agent is not a licensed septic tank contractor or a contractor licensed in accordance with Chapter 489 Florida Statute.
- If you chose not to have the site evaluation conducted by the Department of Health, then a completed Site Evaluation must be performed by either a Florida licensed engineer with soils training, a licensed septic tank contractor, a Florida licensed soil scientist, or persons certified under s. 381.0101, F.S. The information must conform to the USDA Soil Classification methodology as described in chapter 3 of the Soil Survey Manual, USDA, Handbook No. 18, October 1993 with the proper documentation of the seasonal high water table indicators.
- A $350 fee if the site evaluation is performed by the Department of Health. Additional inspection fees may be required if an excavation and/or a stabilization inspection are necessary. Each additional inspection fee is $50 and the charge(s) will be determined after the site evaluation has been completed. Payment for fees is to be made to the Florida Department of Health - Hillsborough County.

Florida Department of Health – Hillsborough County
Division of Environmental Health
P.O. Box 5135
Tampa, FL 33675-5135
PHONE: (813) 307-8059 • FAX: (813) 272-7242

www.FloridasHealth.com
TWITTER:HealthyFLA
FACEBOOK:FLDepartmentofHealth
YOUTUBE: fldoh

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: _____

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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.

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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 <= 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 with 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
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: _____

CONTRACTOR / AGENT: _____

LOT: _____ BLOCK: _____ SUBDIV: _____ ID#: _____

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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. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

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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:[ ]

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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.

_____ _____ _____
SIGNATURE OF LICENSED CONTRACTOR BUSINESS NAME DATE

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EXISTING DRAINFIELD INFORMATION

[ ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [ ] DIMENSIONS: _____X_____
[ ] SQUARE FEET _____ 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: [ ] DRAINAGE STRUCTURES [ ] POOL [ ] PATIO / DECK [ ] PARKING
[ ] SLOPING PROPERTY [ ] _____

NATURE OF FAILURE: [ ] HYDRAULIC OVERLOAD [ ] SOILS [ ] MAINTENANCE [ ] SYSTEM DAMAGE
[ ] DRAINAGE / RUN OFF [ ] ROOTS [ ] WATER TABLE [ ] _____

FAILURE SYMPTOM: [ ] SEWAGE ON GROUND [ ] TANK [ ] D BOX/HEADER [ ] DRAINFIELD
[ ] PLUMBING BACKUP [ ] _____

REMARKS/ADDITIONAL CRITERIA _____

SUBMITTED BY: _____ TITLE/LICENSE _____ DATE: _____

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 outletlet 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.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT #. _____

APPLICANT: _____ AGENT: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: _____ [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE,OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: [ ] YES [ ] NO NET USABLE AREA AVAILABLE: _____ ACRES
TOTAL ESTIMATED SEWAGE FLOW: _____ GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE2]
AUTHORIZED SEWAGE FLOW: _____ GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: _____ SQFT UNOBSTRUCTED AREA REQUIRED: _____ SQFT

BENCHMARK/REFERENCE POINT LOCATION: _____
ELEVATION OF PROPOSED SYSTEM SITE IS _____ [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: _____ FT DITCHES/SWALES: _____ FT NORMALLY WET? [ ] YES [ ] NO
WELLS: PUBLIC: _____ FT LIMITED USE: _____ FT PRIVATE: _____ FT NON-POTABLE: _____ FT
BUILDING FOUNDATIONS: _____ FT PROPERTY LINES: _____ FT POTABLE WATER LINES: _____ FT

SITE SUBJECT TO FREQUENT FLOODING: [ ] YES [ ] NO 10 YEAR FLOODING? [ ] YES [ ] NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: _____ FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

MUNSELL #/COLOR	TEXTURE	DEPTH
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO
USDA SOIL SERIES:		

SOIL PROFILE INFORMATION SITE 2

MUNSELL #/COLOR	TEXTURE	DEPTH
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO
		TO
USDA SOIL SERIES:		

OBSERVED WATER TABLE: _____ INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE:[PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: _____ INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: [ ] YES [ ] NO MOTTLING: [ ] YES [ ] NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: _____ DEPTH OF EXCAVATION: _____ INCHES
DRAINFIELD CONFIGURATION: [ ] TRENCH [ ] BED [ ] OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: _____ DATE: _____

INSTRUCTIONS:

PERMIT #:	Permit tracking number assigned by County Health Department.
APPLICANT:	Property owner's full name.
AGENT:	Property owner's legally authorized representative.
LOT, BLOCK,SUBDIVISION:	Lot, block, and subdivision for lot.
PROPERTY ID#:	27 character number for property (property appraiser ID # or section/township/range/parcel number).
PROPERTY SIZE:	Check if property size at site conforms to submitted site plan. Record net usable area available - lot area 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.
SEWAGE FLOW:	Record the estimated sewage flow for the establishment from Table 1 (residential) or Table 2 (non-residential), Chapter 64E-6, FAC. Record the authorized sewage flow for the lot based on net usable area and water supply (1500 gallons per day per acre for private water supplies and 2500 gallons per day per acre for public water supplies). If authorized sewage flow does not equal or exceed the estimated sewage flow, the application must be denied.
UNOBSTRUCTED AREA:	Record the square feet of unobstructed area available and the amount required. Unobstructed area must be at least 2 times as large as the drainfield absorption area and at least 75 percent of the unobstructed area must meet minimum setbacks in Chapter 64E-6, FAC. The unobstructed area must be contiguous to the drainfield.
BENCHMARK INFORMATION:	Record the location of the benchmark. If using a surveyor's benchmark record the actual elevation. Record the elevation of the proposed system site in relation (above or below) to the benchmark.
MINIMUM SETBACKS:	Record minimum setbacks which can be met to all listed features. Actual measurements must be recorded or "NA" for non applicable features. Features on site plan or within 75 feet of the applicant lot must be measured. The location of any public drinking well within 200 feet of the applicant's lot must also be verified.
FLOOD INFORMATION:	Record information on lot's subject to flooding. For lots subject to flooding record 10 year flood elevation for site and actual site elevation.
SOIL PROFILE INFORMATION:	Two soil profiles within the proposed absorption area to a minimum depth of 6 feet or refusal are required. Soil identification will use USDA Soil Classification methodology (Munsell colors and USDA soil textures). Refusals must be clearly documented. Provide USDA soil series if available, record "UNK" if the series cannot be determined.
WATER TABLE:	Record the depth of the observed water table at the time of the evaluation. Mark "perched" or "apparent" as appropriate. Record the estimated wet season water table elevation based on site evaluation, USDA soil maps, and historical information. Indicate if there is high water table vegetation present. Indicate if mottling is present and depth.
SOIL TEXTURE:	Record soil texture or loading rate for system sizing.
DEPTH OF EXCAVATION:	If applicable record depth of excavation required. Record "NA" if not applicable.
DRAINFIELD CONFIGURATION:	Check drainfield configuration required. If other, specify type.
ADDITIONAL CRITERIA:	Record any additional remarks pertinent to site or installation. Ex. Dosing required.
SITE EVALUATED BY:	Signature of evaluator, title, and date of evaluation. Professional engineers must seal all documentation submitted.

ELEVATION WORKSHEET — ELEVATION OF BENCHMARK / REFERENCE POINT IS: _____

BENCHMARK	_____	SITE 1		SITE 2		SITE 3	
[+] SHOT	_____	H.I.	_____	H.I.	_____	H.I.	_____
H.I.	_____	[-] SHOT	_____	[-]- SHOT	_____	[-] SHOT	_____
	_____		_____		_____		_____

Onsite Sewage Treatment and Disposal System Application for Construction Permit

Site Plan Information

1. Is there any slope to your lot? No._____ Yes_____

2. Are there any **existing** or **proposed** Public wells on or within 200 feet of your lot?
(A public well is any well which is used for anything other than a single family home.)
No_____ Yes_____

3. Is there a **Proposed well** or an **Existing well** on or within 75 feet of your lot?
No_____ Yes_____

4. Are there any **lakes, streams, wetlands, canals, designed wet retention areas, or standing bodies of water** on or within 75 feet of your lot?
No._____ Yes_____

5. Are there any **easements** (Roads, pipe lines, underground utilities) on your property?
No._____ Yes_____

6. Are there any **drainage features** (i.e. ditches, swales, drainage retention areas, etc.) on or within 15 feet of your lot?
No._____ Yes_____

7. Are there **any existing or proposed septic systems** on or within 75 feet of your property? (i.e. your neighbor's septic system, are vacant lots already permitted?) **Note: If a well is installed within 75 feet of an adjacent parcel septic, the well may have to be abandoned and another well drilled at the owner's expense.**

No _____ Yes _____

*If you answered **YES** to any of the above questions, **please draw and locate on your site plan**.

8 Is the lot accessible (i.e. locked gate, dogs, etc.), cleared of vegetation (mowed), and flagged?
No_____ Yes_____

Note: It is the responsibility of the applicant/agent to ensure the submission of accurate information and site plans to the department. If the site plan submitted or actual field observations do not agree with the information provided, permit can be voided and you may be required to resubmit application.

Site Plan Submitted By: Printed Name: _____

Signature: _____

Title: _____ Date:_____

LETTER OF AUTHORIZATION

I _____ authorize _____ to act as my agent for the permitting of an Onsite Sewage Treatment and Disposal System with the Florida Department of Health- Hillsborough County.

_____

Signature of Applicant

_____

Date

OSTDS Permit # _____

Non-Tidally Influenced Surface Water Boundary Determination

In place of a certified professional surveyor and mapper, you have requested the _____ County Health Department (CHD) to determine and draw on your site plan the location of the Mean Annual Flood Line for the Permanent Non-Tidal Surface Water Body (PNTSWB) located on your property. Please note that CHD staff are not surveyors and as such will be determining the net area of your surface water by an Alternate Surface Water Boundary (ASWB) determination, a line landward of the actual MAFL. While this provides a simpler and less costly alternative, it will not be as accurate as a determination by a surveyor.

Please note your property lines must be clearly marked for the CHD to accurately determine the specific location of the PNTSWB on the property, so it may later be drawn on the submitted site plan. The CHD will identify the location (elevation) of the field verification indicators for the MAFL utilizing the criteria set forth in 381.0065(2) (i), F.S.

After making this determination, the CHD will delineate on your site plan an estimated area from your property to be considered as the surface water area. This area will be larger than the actual surface water body that is on your property. It will be considered when calculating the authorized sewage flow for your property and will result in a slightly lower authorized sewage flow for the property.

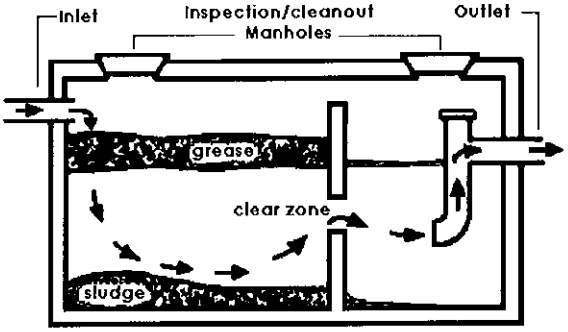
Based on the complete application submitted, along with the CHD delineated ASWB; placed on the site plan by the CHD, the CHD will determine if a permit can be issued. If all statute and rule requirements are met, as well as surface water setbacks, and the delineated area meets the authorized sewage flow, then a permit may be issued. If the lot size or the authorized sewage flow cannot be met, then the CHD will inform you of your option to obtain the services of a certified professional surveyor and mapper. Final permit determination would be made once the certified professional surveyor and mapper has delineated the MAFL and the MAFL has been drawn onto the site plan.

I acknowledge the CHD has explained the process that will be used to determine the ASWB, and that I request the CHD to perform the determination of the ASWB in place of the actual mean annual flood line.

_____ _____

Applicant or Property Owner Signature Date

Information only. Keep this for reference.
The Septic Tank Home Wastewater Treatment and Disposal System



What is A Septic Tank System?

A septic tank system consists of a large, watertight tank that receives wastewater from the home plumbing system. The tank is followed by an underground drainfield consisting of a network of perforated pipe or chambers for distributing partially treated water from the septic tank to the soil for final treatment and disposal.

How Does It Work?

Septic tanks contain bacteria that grow best in oxygen-poor conditions. These bacteria carry out a portion of the treatment process by converting most solids into liquids and gases. Bacteria that require oxygen thrive in the drainfield and complete the treatment process begun in the septic tank. If the septic tank is working well, the wastewater which flows out of the tank is relatively clear, although it still has an odor and may carry disease organisms. It should flow only into the drainfield. NEVER ONTO THE GROUND SURFACE OR INTO FLORIDA WATERS!!!

Location

Contaminants can travel long distances in some soils. Therefore, drinking water wells should be located at least 75 feet from any part of a septic tank system. With certain exceptions, septic tanks and drainfields must be located at least 75 feet away from the high water line of ponds, rivers and lakes. Also, the drainfield should be located so that it will not be saturated by surface water drainage or runoff from roof gutters.

Quick Do's and Don'ts

Do's

- Know the location and capacity of your septic tank system.
- Have a licensed contractor inspect the tank at least every three years.
- Install the system so that rainfall and surface water will flow away from the drainfield.
- Grow grass above the system.
- Install water conservation fixtures or devices to reduce the total volume of water entering the system.
- Keep plumbing fixtures such as toilets and faucets in good repair to prevent leakage and wasting of water.

Don'ts

- Never flush paper towels, newspapers, wrapping paper, rags or sticks into the system.
- Quickly repair leaky faucets toilets to avoid overloading the system.
- Never over-use ordinary household cleaning chemicals that will be flushed into the system.
- Never allow grease or other bulky waste to enter the system.
- Never allow harsh chemicals such as solvents, industry chemicals, or pesticides to be flushed into the system.

Never plant trees or shrubbery in the drainfield , or allow vehicles drive or park across the drainfield.