

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Septic Tank Abandonment Permit Procedures

1. Complete the attached application page. All applicable information must be completed. An application cannot be processed without an address and folio number/property ID #.
2. Provide a Site Plan. The site plan does not need to be to scale but must show the boundaries of the lot, location of the building, the septic tank, and the street. All site plans must be signed and dated by the applicant or agent.
3. A Letter of Authorization is required if the applicant's agent is not a licensed septic tank contractor or a contractor licensed in accordance with Chapter 489 Florida Statute.
4. A fee of \$50.00. **Applications may be submitted electronically by email.** Application fees may be paid by submitting the credit card authorization form (attached) along with the application or by contacting our clerical staff at 813-307-8059 to make payment over the phone. **Electronic applications should be submitted to the following email address: dlchd29ostdspermit@flhealth.gov**
5. After the permit has been issued:
 - a. The tank shall be pumped out by a permitted septage disposal company who shall provide a receipt or a written statement to the department. Alternatively, if the tank is empty and dry at the commencement of the abandonment, a written statement to that effect by the septage disposal company or contractor performing the abandonment shall be provided to the department.
 - b. The abandonment procedure can only be performed by a septic tank contractor, a licensed plumber or the homeowner of an owner occupied home.
 - c. The bottom of the tank shall be crushed or caved in, or multiple holes punched in bottom of tank to prevent the tank from holding water.
 - d. The septic tank contractor, licensed plumber or homeowner shall call this office for an inspection after the tank is crushed and filled with suitable fill material. **Failure to call for the required inspection could result in a citation or fine.**
 - e. Place a flag in front of the property at the street and at the location of the abandoned septic tank.
 - f. **DO NOT LEAVE AN OPEN HOLE IN THE GROUND.**

If you should have any questions please call (813) 307-8059.

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

CREDIT CARD PROCESSING SHEET

Please make sure that you complete the following sheet when accepting all credit card payments. We only accept Visa and MasterCard.

Date: _____

EHD Permit #/SDW PWS # _____

Address (if no permit #) _____

Credit Card Type: _____ Visa _____ MasterCard

Credit Card #: _____

Expiration Date: _____ / _____

CVV: _____

Amount: \$ _____ Service: _____

Email: _____

Phone: (_____) _____ Taken By: _____



STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ONSITE SEWAGE TREATMENT AND DISPOSAL
 SYSTEM (OSTDS)

PERMIT NO. _____
 DATE PAID: _____
 FEE PAID: _____
 RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: _____ EMAIL: _____

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 OSTDS REMEDIATION PLAN? [Y / N]

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 I, Chapter 62-6, 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.
EMAIL: Email address for applicant or agent.
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.

OSTDS REMEDIATION PLAN: Is the property subject to the requirements of an Onsite Sewage Treatment and Disposal System (OSTDS) Remediation Plan developed pursuant to 403.067(7)(a), Florida Statutes?

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. County Health Department 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: Area of lot in acres (square footage divided by 43,560 square feet). List only the square footage contained within the bounds of the legal description.

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 I, Chapter 62-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office and number of occupants.

NO. BEDROOMS: Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants per 381.0065(2)(b), Florida Statutes.

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 I, Chapter 62-6, 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 County Health Department 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 floorplan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.

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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