



What to Submit

New, Existing, and Modification Applications

Email your completed packet to: dlchd29ostdspermit@flhealth.gov (or scan the QR code above)

Required for every application

- ☐ **Application form (DEP 4015)**, filled out completely, with the **property address** and **folio / property ID number**.
- ☐ **Site plan, drawn to scale.** A survey or drawing showing everything on the property and within 75 feet of it:
 - Property lines (with dimensions in feet) and easements
 - Buildings, driveways, sidewalks, parking areas, decks, patios, and pools
 - Water lines, and private drinking and irrigation wells
 - Where the new septic system will go
 - Ditches, swales, ponds, lakes, canals, and other water
 - Slopes and any areas that block use of the land (obstructed areas)
 - Any **public** drinking water well within **200 feet**
- ☐ **Site Plan Information sheet** (next page), with every question answered.
- ☐ **Floor plan.** *Homes:* label every room and show the total square footage. If not drawn to scale, also label the outside dimensions. *Businesses:* drawn to scale, showing total square footage, plumbing drains, and fixture types.

Only if it applies

- ☐ **Letter of Authorization:** needed if someone is applying for you and they are not a licensed septic tank contractor or a contractor licensed under Chapter 489, F.S.
- ☐ **Mean Annual Flood Line:** needed if a permanent, non-tidal body of water is on or within 75 feet of the property. Ask us to determine it (Non-Tidally Influenced Surface Water Boundary Determination Form) or hire a licensed surveyor and mapper. **Tidal water? Call our office.**
- ☐ **Private soil/site evaluation:** if you are not using the Department for the site evaluation, it must be done by a Florida licensed engineer with soils training, a licensed master septic tank contractor, a Florida licensed soil scientist, or a person certified under s. 381.0101, F.S. It must follow USDA soil classification methods (Soil Survey Manual, Handbook No. 18, Oct. 1993) and document seasonal high water table indicators. *This lowers your permit fee (see Fees page).*

Repair applications: the same items are needed, but the site plan does **not** have to be drawn to scale.



Application For Construction Permit Onsite Sewage Treatment and Disposal System (OSTDS)

Application for:

- ☐ New System ☐ Existing System ☐ Temporary
☐ Repair ☐ Abandonment ☐ Other

Permit No. _____
Date Paid: _____
Fee Paid: _____
Receipt #: _____

Subtype:

- ☐ Aerobic Treatment Unit ☐ Holding Tank ☐ Other (describe): _____
☐ Non-innovative Performance-based treatment system (PBTS) ☐ Innovative PBTS ☐ Innovative, Non PBTS

Does the system include nitrogen treatment?

- ☐ Enhanced Nutrient-Reducing OSTDS ☐ In-ground Nitrogen Reducing Biofilter

Applicant: _____ Email: _____

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's the applicant's responsibility to provide documentation of the date the lot was first recorded in its present form or platted (MM/DD/YY) if requesting consideration of statutory grandfather provisions.

Property Information

Lot: _____ Block: _____ Subdivision: _____ Date Lot Recorded: _____

Property Id #: _____ Zoning: _____ I/M Or Equivalent: ☐ Yes ☐ No Property Size: _____ Acres

Water Supply: Private ☐ Public Not Limited Use ☐ ≤2000gpd ☐ >2000gpd Limited Use Public ☐ ≤2000gpd ☐ >2000gpd

Is Sewer Available As Per 381.0065, F.S.? ☐ Yes ☐ No

Property Address: _____

Directions To Property: _____

Building Information

☐ Residential

☐ Commercial

Unit No.	Type of Establishment	No. of Occupants	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: _____



Site Evaluation and System Specifications Onsite Sewage Treatment and Disposal System (OSTDS)

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 ☐ Table I **OR** ☐ Other

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 **OR** ☐ FT ☐ Above **OR** ☐ Below the 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 _____
_____	_____	To _____

USDA Soil Series: _____

Soil Profile Information Site 2

Munsell #/Color	Texture	Depth
_____	_____	To _____
_____	_____	To _____
_____	_____	To _____
_____	_____	To _____
_____	_____	To _____
_____	_____	To _____
_____	_____	To _____
_____	_____	To _____
_____	_____	To _____
_____	_____	To _____

USDA Soil Series: _____

Observed Water Table: _____ Inches ☐ Above **OR** ☐ Below Existing Grade. Type ☐ Perched **OR** ☐ Apparent

Estimated Wet Season Water Table Elevation: _____ Inches ☐ Above **OR** ☐ Below Existing Grade.

High Water Table Vegetation: ☐ Yes ☐ No WSWT Indicator: ☐ 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: _____



Existing System and System Repair Evaluation Onsite Sewage Treatment and Disposal System (OSTDS)

Permit No.: _____

Applicant: _____

Contractor / Agent: _____

Lot: _____ Block: _____ Subdivision: _____ ID#: _____

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.

Existing Tank Information

_____ Gallons Septic Tank/Gpd ATU	Legend: _____	Material: _____	Baffled: ☐ Yes ☐ No
_____ Gallons Septic Tank/Gpd ATU	Legend: _____	Material: _____	Baffled: ☐ Yes ☐ No
_____ 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.

Signature Of Licensed Contractor: _____ Business Name: _____ Date: _____

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 ☐ Other: _____
Configuration: ☐ Trench ☐ Bed ☐ Other: _____
Design: ☐ Header ☐ D-Box ☐ Gravity System ☐ Dosed System
Elevation of Bottom of Drainfield in Relation to Natural 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 I, 62-6, F.A.C.

Site Conditions: ☐ Drainage Structures ☐ Pool ☐ Patio / Deck ☐ Parking ☐ Sloping Property ☐ Other: _____

Nature of Failure: ☐ Hydraulic Overload ☐ Soils ☐ Maintenance ☐ System Damage ☐ Drainage / Run Off
☐ Roots ☐ Water Table ☐ Other: _____

Failure Symptom: ☐ Sewage on Ground ☐ Tank ☐ D Box/Header ☐ Drainfield ☐ Plumbing Backup ☐ Other: _____

Remarks/Additional Criteria: _____

Submitted By: _____ Title/License: _____ Date: _____



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: _____

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

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