



Florida Department of Health - Escambia County
 1300 W Gregory St.
 Pensacola, FL 32502
 850-595-6700
 www.EscambiaHealth.com

Onsite Sewage Treatment and Disposal Systems (OSTDS) Application Packet

Required information for OSTDS applications

NEW	\$550
MODIFICATION	\$300
EXISTING	\$235

Completed Application, all Sections (N/A If Not Applicable) & Site Information Form	
Septic Tank – Zoning Verification Request Form (from County Building Office)	
Plot Plan to Scale. <u>Please limit plan size to a maximum of 11”X 17” for scanning purposes.</u> (See back for Example of Plot Plan Requirements)	
<u>Commercial</u> Floor Plan to Scale; <u>Residential</u> Floor Plan to Scale or Labeled with Total Building Area, Exterior Dimensions, and Interior Room Dimensions; <u>Existing</u> and <u>Modification</u> Floor Plan Show Existing and Proposed Additions.	
Septic Tank Pump-Out and Certification Required for Existing and Modification	

REPAIR	\$350
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Completed Application, all Sections (N/A If Not Applicable) & Site Information Form	
Plot Plan with <u>Dimensions Only</u> (See Following Page for Example)	
Septic Tank Pump-Out and Certification	

SITE LETTER	\$115
ABANDONMENT	\$100

Completed Application, all Sections (N/A If Not Applicable)	
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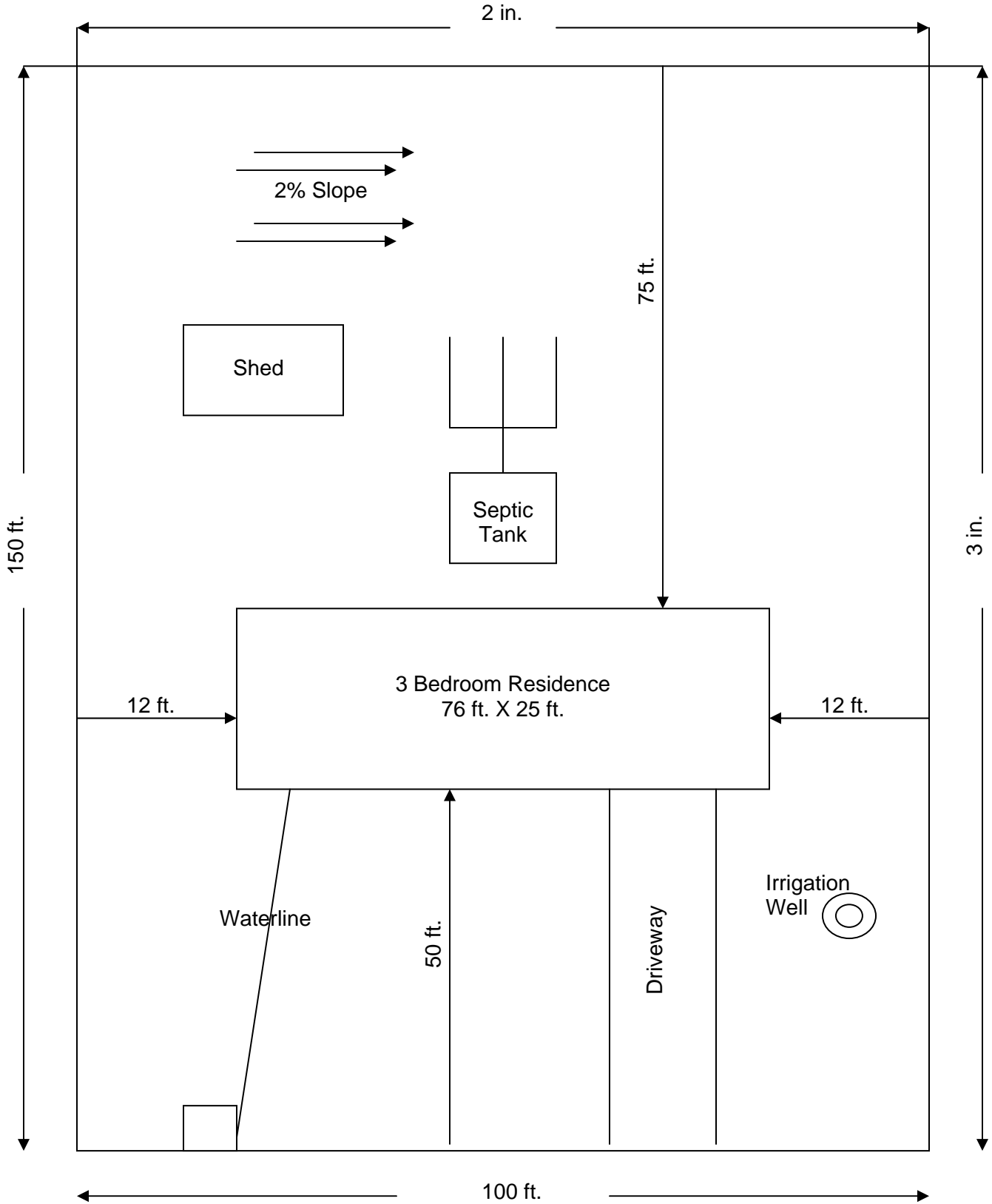
ALL SYSTEM RE-INSPECTIONS WILL REQUIRE AN ADDITIONAL \$50.00 FEE

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

INACCURATE APPLICATIONS, INCOMPLETE FLOOR PLANS AND PLOT PLAN WILL RESULT IN A DELAY OF THE PERMITTING PROCESS

CASH, CHECK, CREDIT CARD ACCEPTED
****FOR QUESTIONS, PLEASE CALL 850-595-6700****

EXAMPLE ONLY!!!
(SCALE: 1 inch = 50 feet)
LIMIT PLOT PLAN SIZE TO A MAXIMUM OF 11"X17"



NORTH



SITE PLAN INSTRUCTIONS – 64e-6.004, FAC New, Existing and Modification Applications

FOR NEW/EXISTING/MODIFICATION SYSTEM APPLICATIONS: The site plan shall be **DRAWN TO SCALE** and shall be for the property where the system is to be installed. 1. The site plan shall **SHOW BOUNDARIES WITH DIMENSIONS** and any of the **following FEATURES THAT ARE CHECKED TO EXIST OR THAT ARE PROPOSED:**

- a. Structures - existing or proposed
 - b. Swimming pools – existing or proposed
 - c. Recorded easements;
 - d. Onsite sewage treatment and disposal system components – existing or proposed
 - e. Slope of the property;
 - f. Wells: such as irrigation, private or public
 - g. Potable and non-potable water lines and valves;
 - h. Drainage features: such as ditches, swales, or retention areas
 - i. Filled areas;
 - j. Excavated areas for onsite sewage systems;
 - k. Obstructed areas not already mentioned
 - l. Surface water bodies: such as lakes, streams, canals, or other standing bodies of water
 - m. Location of the reference point for system elevation.
2. If the county health department is responsible for performing the site evaluation, the applicant or applicant's authorized representative shall indicate the approximate location of wells, onsite sewage treatment and disposal systems, surface water bodies and other pertinent facilities or features on contiguous or adjacent property. If the features are within 75 feet of the applicant lot, the estimated distance to the feature must be shown but need not be drawn to scale.
3. If the county health department will not be performing the site evaluation, the applicant or authorized agent shall be responsible for the measurements to all features, including the pertinent features within 75 feet of the applicant lot. The location of any public drinking water well, as defined in paragraph 64E-6.002(44)(b), F.A.C., within 200 feet of the applicant's lot shall also be shown, with the distance indicated from the system to the well.
4. If an individual lot is five acres or greater, the applicant may draw a minimum one acre parcel to scale showing all required features, or the minimum size drawing necessary to properly exhibit all required features, whichever is larger. The applicant must also show the location of that one acre or larger parcel inside the total site ownership. To scale parcel must be large enough to provide sufficient authorized flow.
5. All information that is necessary to determine the total sewage flow and proper setbacks on the site ownership shall be submitted with the application. The applicant lot shall be clearly identified.

FOR ALL SITE PLANS (IF APPLICABLE)

- A Coastal Construction Control Line Permit or an exemption notice from the Department of Environmental Protection if any component of the onsite sewage treatment and disposal system or the shoulders or slopes of the system mound will be seaward of the Coastal Construction Control Line, established under Section 161.053, F.S. Should the location of the proposed onsite system relative to the control line not be able to be definitively determined based on the site plan and the online products available on the DEP website, the applicant shall provide a survey prepared by a certified professional surveyor and mapper showing the location of the control line on the subject property.
 - All plans and forms submitted by a licensed engineer shall be dated, signed and sealed.
 - The evaluator shall document the locations of all soil profiles on the site plan.
- **Please limit site plan to a maximum of 11"x17", if possible.**
 - **Your permit will be issued based on the information supplied above; therefore, any changes will require and amended site plan to be submitted.**

Online Version

SITE PLAN INSTRUCTIONS – 64e-6.004, FAC Repairs

FOR REPAIR APPLICATIONS: A site plan (**does not have to be DRAWN TO SCALE**) showing **BOUNDARIES WITH DIMENSIONS** of any of the **following FEATURES THAT ARE CHECKED TO EXIST OR THAT ARE PROPOSED:**

- property dimensions
- the existing and proposed system configuration and location on the property
- the building location
- potable and non-potable water lines, within the existing and proposed drainfield repair area
- the general slope of the property
- property lines and easements
- any obstructed areas
- any private well - show private potable wells if within 100 feet of system, non-potable within 75 feet
- any public wells - show if within 200 feet of system
- any surface water bodies and stormwater systems show if within 100 feet of system
- The existing drainfield type shall be described. For example, mineral aggregate, non-mineral aggregate, chambers, or other.
- Any unusual site conditions which may influence the system design or function such as sloping property, drainage structures such as roof drains or curtain drains, and any obstructions such as patios, decks, swimming pools or parking areas.

FOR ALL SITE PLANS (IF APPLICABLE)

- A Coastal Construction Control Line Permit or an exemption notice from the Department of Environmental Protection if any component of the onsite sewage treatment and disposal system or the shoulders or slopes of the system mound will be seaward of the Coastal Construction Control Line, established under Section 161.053, F.S. Should the location of the proposed onsite system relative to the control line not be able to be definitively determined based on the site plan and the online products available on the DEP website, the applicant shall provide a survey prepared by a certified professional surveyor and mapper showing the location of the control line on the subject property.
 - All plans and forms submitted by a licensed engineer shall be dated, signed and sealed.
 - The evaluator shall document the locations of all soil profiles on the site plan.
- **Please limit site plan to a maximum of 11"x17", if possible.**
 - **Your permit will be issued based on the information supplied above; therefore, any changes will require and amended site plan to be submitted.**

Online Version



**AUTHORIZATION STATEMENT FOR OWNER'S
AGENT/REPRESENTATIVE FOR NEW OSTDS
CONSTRUCTION PERMIT**

As owner of the property located at _____, Pensacola, Florida,
(Address)

property reference number(s) _____, I hereby

designate _____ for the sole purpose of
(Agent/Representative)

completing this application and to act on my behalf for the construction of an onsite
sewage treatment and disposal system (OSTDS) at the above referenced property.

Print Name

Date

Signature of Owner

64E-6.004(2) - An application shall be completed in full, signed by the owner or the owner's authorized representative, or a contractor licensed in accordance with Chapter 489, Florida Statutes, and shall be accompanied by all required exhibits and fees. **If the owner of a property uses an authorized representative to obtain a new system construction permit, a signed statement from the owner of the property assigning authority for the representative to act on the owner's behalf shall accompany the application. This statement shall include specific information allowing the representative to act on the owner's behalf in all aspects of an application for an onsite sewage treatment and disposal system.**



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 \leq 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 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 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.