

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM OPERATING PERMIT**

Authority: Chapter 381, F.S. & Chapter 64E-6, F.A.C.

Application/Permit Number \_\_\_\_\_

New:  Amended: \_\_\_\_\_ Renewal: \_\_\_\_\_

Aerobic:  Commercial: \_\_\_\_\_ Industrial/Manufacturing: \_\_\_\_\_ Performance Based: \_\_\_\_\_

**GENERAL INFORMATION**

Property Owner \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 Address of Owner: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Owner's Agent: \_\_\_\_\_  
 Agent's Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Agent's Phone: \_\_\_\_\_ Property Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Parcel: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Unit: \_\_\_\_\_  
 Email Address of Owner: \_\_\_\_\_

**EXISTING SYSTEM INFORMATION**

Please complete those items shown below which are applicable to the existing permitted onsite sewage disposal system serving the above referenced property: Onsite Sewage Treatment and Disposal System Construction Permit Number (if known): \_\_\_\_\_  
 Septic Tank(s)/Aerobic Unit \_\_\_\_\_ gallons Grease Trap(s) \_\_\_\_\_ gallons Dosing Tank \_\_\_\_\_ gallons  
 Drainfield size is \_\_\_\_\_ square feet installed in a: standard subsurface \_\_\_\_\_ filled \_\_\_\_\_ mound system \_\_\_\_\_  
 The drainfield layout is in trenches \_\_\_\_\_ absorption bed \_\_\_\_\_ other \_\_\_\_\_ (describe) \_\_\_\_\_  
 Onsite Well? Yes \_\_\_\_\_ No \_\_\_\_\_ System Setback to Wells \_\_\_\_\_ ft. Lot Size \_\_\_\_\_ Square Feet  
 Estimated sewage flow into system \_\_\_\_\_ Gallons/Day Based on \_\_\_\_\_  
 Number of businesses or dwellings (circle one) which are being served by this onsite sewage disposal system \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_

**COMMERCIAL/INDUSTRIAL/MANUFACTURING FACILITY**

Please attach a business survey form for each business which is or will be served by the onsite sewage disposal system. Briefly describe the type of activities that will be supported by the onsite sewage system serving this property. \_\_\_\_\_

What is the zoning designation for the property? \_\_\_\_\_ Give a description of the zoning and examples of approved businesses in this type of zoning: \_\_\_\_\_

**AEROBIC TREATMENT UNIT**

Date of aerobic system installation approval: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Is the aerobic treatment unit still under the manufacturer's initial two year warranty? Yes \_\_\_\_\_ No \_\_\_\_\_ Aerobic Unit Manufacturer: \_\_\_\_\_  
 Type of Aerobic Unit: \_\_\_\_\_ Class I: \_\_\_\_\_ Class II: \_\_\_\_\_ Above 1500 Gallon Capacity: \_\_\_\_\_  
 Construction/Installation Permit Number: \_\_\_\_\_ Are multiple aerobic units used on the site: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is there an active service agreement on the aerobic treatment unit? Yes \_\_\_\_\_ No \_\_\_\_\_ Please Attach a Copy of the Agreement  
 If yes, when does the service agreement expire? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Who is the authorized service company providing maintenance to your unit?  
 Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby certify that the above information is accurate and a reflection of the actual conditions existing on the above referenced property. I understand that any change of occupancy or tenancy at the above location will require me to file an amendment to this operating permit.

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Application Status:  
 Disapproved: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Reason: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ CHD

Approved: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ CHD