



**Property Owner's Notice Authorizing Private Provider Inspector**

**Applicant (Property Owner):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Property Information:**

**Lot:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Subdivision:** \_\_\_\_\_

**Property ID No.:** \_\_\_\_\_ [Section/Township/Parcel No. or Tax ID Number]

**Property Address (City, State, Zip Code):** \_\_\_\_\_

**Owner's Authorized Contractor (if applicable):** \_\_\_\_\_

Pursuant to subsection 381.0065(8), Florida Statutes (F.S.), I am the owner of the residence or business property identified in the Permit application referenced above. I hereby acknowledge the following regarding the inspection for the proposed Onsite Sewage Treatment and Disposal System for this property:

I have elected to use one or more private providers to perform an onsite sewage treatment and disposal system inspection that is the subject of the enclosed permit application. I understand that the department of environmental protection may not perform the required onsite sewage treatment and disposal system inspection to determine compliance with the applicable codes, except to the extent authorized by law. Instead, the inspection will be performed by the licensed or certified private provider identified in the application. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified private provider and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the Department from any claims arising from my use of the licensed or certified private provider identified in the application to perform the onsite sewage treatment and disposal system inspection that is the subject of the enclosed permit application. Additionally, I understand that in the event the onsite sewage treatment and disposal system does not comply with applicable rules and law, I will be responsible for remediating the system in accordance with existing law.

**Required:**

**Owner's Acknowledgement:** \_\_\_\_\_  
 (Printed Property Owner Name) \_\_\_\_\_ Date

\_\_\_\_\_  
 (Property Owner Signature)

**Private Provider Information:**

The inspection cannot be performed by the same private provider or authorized representative of the private provider who installed the onsite sewage treatment and disposal system for this property.

The information on the following page is required for each licensed or certified private provider inspector(s), or authorized representative performing a construction inspection (use additional sheets if necessary).

**List of Authorized Licensed or Certified Private Provider Inspector(s)**

**Permit No.** \_\_\_\_\_

**Date Paid** \_\_\_\_\_

**Submittal Date** \_\_\_\_\_

The information below is required for each licensed or certified private provider inspector(s), or authorized representative performing a construction inspection (use additional sheets if necessary).

Private Inspector Name: \_\_\_\_\_ Private Inspector Firm: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

- Qualification Type:  Environmental health professional certified under Section 381.0101, F.S.  
 Master septic tank contractor registered under part III of Chapter 489, F.S.  
 Professional engineer licensed under Chapter 471, F.S., and have passed all parts of the Onsite Sewage Treatment and Disposal System Accelerated Certification Training.  
 Working under the supervision of a licensed professional engineer under Chapter 471, F.S. and have passed all parts of the Onsite Sewage Treatment and Disposal System Accelerated Certification Training.

Professional License/Certification No.: \_\_\_\_\_ Department Registry No. (if known): \_\_\_\_\_

Qualification Statement or Resume:

- Check if current information is on file with the Florida Department of Environmental Protection. Otherwise, indicate the qualifications to perform inspections required pursuant to paragraph 381.0065(8)(c), F.S. (use additional sheets if necessary).

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Private Inspector Name: \_\_\_\_\_ Private Inspector Firm: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

- Qualification Type:  Environmental health professional certified under Section 381.0101, F.S.  
 Master septic tank contractor registered under part III of Chapter 489, F.S.  
 Professional engineer licensed under Chapter 471, F.S., and have passed all parts of the Onsite Sewage Treatment and Disposal System Accelerated Certification Training.  
 Working under the supervision of a licensed professional engineer under Chapter 471, F.S. and have passed all parts of the Onsite Sewage Treatment and Disposal System Accelerated Certification Training.

Professional License/Certification No.: \_\_\_\_\_ Department Registry No. (if known): \_\_\_\_\_

Qualification Statement or Resume:

- Check if current information is on file with the Florida Department of Environmental Protection. Otherwise, indicate the qualifications to perform inspections required pursuant to paragraph 381.0065(8)(c), F.S. (use additional sheets if necessary).

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