

**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: \_\_\_\_\_

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**GENERAL INFORMATION**

Property Owner \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home phone: \_\_\_\_\_

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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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 \_\_\_\_\_

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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

**BUSINESS SURVEY**  
 AN ATTACHMENT TO DH 4081  
 ASSESSMENT OF WASTE HANDLING AND BUSINESS ACTIVITIES

New: \_\_\_\_\_ Application/Permit Number \_\_\_\_\_  
 Renewal: \_\_\_\_\_  
 Change of Tenancy/Amendment: \_\_\_\_\_

Please provide the following information regarding your business facilities and the activities which will take place on site.

Business Name \_\_\_\_\_ Occupational License #: \_\_\_\_\_  
 Business Owner's Name \_\_\_\_\_  
 Business Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Street Address of Business \_\_\_\_\_ Unit Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How many employees will use this facility \_\_\_\_\_ Hours of operation \_\_\_\_\_  
 What type and number of sanitary facilities will be available at this location: Anticipated flow: \_\_\_\_\_ gpd Based on \_\_\_\_\_  
 Toilets \_\_\_\_\_ Urinals \_\_\_\_\_ Hand Washing Sinks \_\_\_\_\_ Utility Sinks \_\_\_\_\_  
 Showers \_\_\_\_\_ Floor Drains \_\_\_\_\_ Equipment Drains(Describe) \_\_\_\_\_  
 2-Compartment Sinks \_\_\_\_\_ 3-Compartment Sinks \_\_\_\_\_  
 Laundry Facilities \_\_\_\_\_ Garbage Grinder/Disposal \_\_\_\_\_  
 Commercial Dish Machines (heat sanitizing) \_\_\_\_\_ (chemical sanitizing) \_\_\_\_\_  
 Can Washing Facilities \_\_\_\_\_ Other(Describe) \_\_\_\_\_

Completely describe the activities which will take place at your business location (i.e. types of waste generated, volume of raw materials handled, amount of wastes generated, equipment used in the process):

\_\_\_\_\_

\_\_\_\_\_

List any chemical compounds routinely used in your business: Attach Material Safety Data Sheets for Compounds Used or Stored

Name	Gal or lbs./Month	Amt. on hand	Storage Method	Disposal Method	SIC Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list licensed waste haulers removing wastes from your site.

Company Name	Type of Waste Removed
_____	_____
_____	_____
_____	_____

Describe how emergencies, such as spills, will be handled at this site:

\_\_\_\_\_

\_\_\_\_\_

As the business owner, I understand that information contained in this application serves as a basis for determining the suitability of the onsite sewage disposal system to serve the business described above. Information contained herein is an accurate reflection of the activities which will be allowed on this site. I also agree to perform any testing as may be required by this permit, and collection & analysis of samples will be done at my own expense by a state certified laboratory. I also agree to notify the county health department of the change in any material fact used to determine the issuance of this permit.

Business Owner or Agent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Property Owner or Agent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY COUNTY HEALTH DEPARTMENT:**

Will monitoring be required: Yes \_\_\_\_\_ No \_\_\_\_\_ Sample location \_\_\_\_\_ Compounds to be examined: \_\_\_\_\_  
 Is DER/ County Haz Waste review required: Yes \_\_\_\_\_ No \_\_\_\_\_ Monitoring Frequency \_\_\_\_\_

Survey disapproved \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason \_\_\_\_\_

Survey approved: \_\_\_\_\_ By: \_\_\_\_\_ Title \_\_\_\_\_ CHD Date: \_\_\_\_/\_\_\_\_/\_\_\_\_