

INFORMATION REQUIRED FOR SEPTIC APPLICATIONS

Florida Department of Health in Santa Rosa County

1. If you are building a house, check with Santa Rosa Building Inspections (850-981-7000) to ensure that all permit requirements are met for your structure. Check also with Planning and Zoning (850-981-7000) to determine how your property is zoned. This affects whether or not you can place a mobile home on your vacant lot or whether or not you have to purchase a commercial operating permit for a structure that is zoned commercially/industrially. Also visit:
<http://www.santarosa.fl.gov/developmentservices/residential.cfm>
 2. Check with your Water Company to see if public sewer is available. If sewer is available, we cannot sell you a permit for a septic system.
 3. If you are not the owner of the property – you will need a letter from the owner allowing you to be the agent.
 4. You must clear an area on lot where the septic tank system will be placed - Also we must have driving path or walk path to the job site. If not cleared resite fee will be required.
- **TANK ABANDONMENT** Cost: \$ 106.00
 - ✓ Plot Plan with outside dimensions of property —does not have to be to scale
 - ✓ Complete Property ID # (19 digits)
 - ✓ Complete street address
 - Permit is good for 90 days*
 - **NEW SYSTEM PERMIT** Site Cost: \$ 361.00 Permit Cost: \$ 130.00 Total: \$ 491.00
Permit is good for 1.5 years; site evaluation is good for 6 months
 - ✓ Plot Plan drawn to scale showing exact dimensions, signed and dated
 - ✓ Floor plans – showing exact dimensions
 - ✓ Complete Property ID# (19 digits)
 - ✓ Legal description (Deed or Survey)
 - ✓ Complete street address
 - **EXISTING SYSTEM or MODIFICATION PERMIT** Cost: (\$ 91.00 up to \$ 373.00)
Price varies depending on system impact
Permit is good for 1.5 year for modification permit
 - ✓ Septic tank pump-out letter from contractor *may* be required (Modification Permit only)
 - ✓ Plot plan drawn to scale showing exact dimensions, signed and dated
 - ✓ Floor plans - showing exact dimensions
 - ✓ Complete property ID # (19 digits)
 - ✓ Legal description (Deed or Survey)
 - ✓ Complete street address
 - **REPAIR PERMIT** Site Cost: \$ 226.00 Permit Cost: \$ 130.00 Total: \$ 356.00
Permit is good for 90 days; site evaluation is good for 6 months
 - ✓ Septic tank pump out letter from contractor
 - ✓ Plot plan with outside dimensions of property —does not have to be to scale
 - ✓ Complete Property ID# (19 digits)
 - ✓ Legal description (Deed or Survey)

PRICES ARE GOOD FROM (JULY 1, 2017 TO JUNE 30, 2018)

(OVER)

(updated 07-17-2017)

REQUIREMENTS FOR SITE DRAWING*

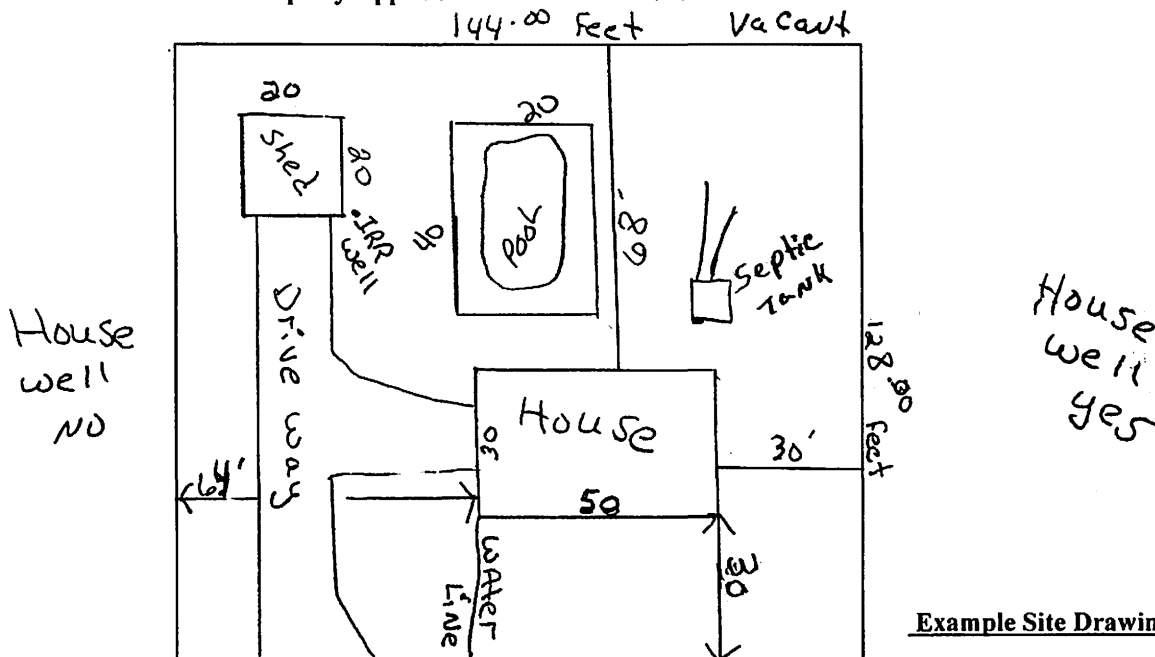
Property boundaries with dimensions.

1. Location of the septic tank and drainfield with distances to structures and property lines.
2. Location of existing structures and proposed structures.
3. Location of wells on property or within 100 feet of your property boundaries.
4. Location of septic tanks and drainfield within 100 feet of your property boundaries.
5. Location of driveways, parking areas and sidewalks.
6. Location of all water supply lines, storm water retention ponds, swales and drainage ditches, surface water (ponds, lakes, oceans, bays, bayous and canals).
8. Sign and date.

****SET BACKS FROM ANY PART OF SEPTIC TANK****

1. 75' from any private well or 50' from any non-potable well.
2. 100' from a limited use non-community well or 200' from any public well.
3. 5' from any structure, building, pavement or property line.
4. 10' from water lines and 100' from surface water

**** ** If property is more than 5 acres – one acre can be drawn to scale. Also you will need an aerial view from the Property Appraiser's Office – then show where the one acre is on the aerial view sheet.**



Example Site Drawing (to scale)

Name of the road

1 = 40 SCALE

REMEMBER!

- ✓ Please check your plot plan to make sure it is to scale and all items are represented.
- ✓ A plot plan drawn to scale should show the following features: Remember to make sure that your printer handling setting is set to "none" for page scaling
- ✓ Sign and date the drawing.

**** Incomplete or unacceptable site drawings will result in delays in processing your application!**

Thank you!
Environmental Health
Florida Department of Health in
Santa Rosa County
850-983-5275
Call Lisa Schofield for details if you would like to pay over the phone
Main email address is - EHealth@flhealth.gov



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: _____

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.

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: _____

APPLICATION INFORMATION

DATE: _____

APPLICATION NUMBER _____

NAME OF APPLICANT: _____

CHECK WITH YOUR WATER COMPANY & ZONING – REMEMBER FEES ARE NOT REFUNDABLE

Is sanitary sewer available? Yes or No **Connection to sewer must occur within 365 days of availability.**

For Existing & Repairs – When was system installed? _____ Occupied by tenant? _____

Do you have pets? Yes or No **They must be restrained during inspection.**

Is this property zoned industrial manufacturing? Yes or No

Will you have an irrigation system? Yes or No **Will you have an irrigation well? Yes or No**

Will the structure be served by a public water system or private well? Public Water _____ Private Well _____

If private well answer the following: Will it serve 2 or more rental unit? Yes or No

Will it serve a business? Yes or No

If the answer was yes to either of the two preceding questions, please consult with the Limited Use Public Water Coordinator prior to continuing.

Do you plan to put in a pool? Yes or No **Do you have an existing pool? Yes or No**

Are there any structures on adjacent properties? Yes or No

Do you plan to have any outbuildings, such as separate garage, workshop or storage building? Yes or No

Do you have any existing outbuildings, such as separate garage, workshop or storage building? Yes or No

Are there any recorded easements on your property? Yes or No

Does your property slope? Yes or No

Would you like a separate laundry system? Yes or No **If Yes, indicate location of both on plot plan.**

Are there any drainage features, surface waters, filled areas, or jurisdictional wetlands located on/or adjacent to your property? Yes or No

Are there any underground utilities near the septic tank test site? Yes or No

Do your neighbors have a septic tank, well, wetlands or surface waters within 100 feet of your property? Yes or No

Are there any public wells within 200 feet of your property? Yes or No.

All questions marked yes must be shown on the plot plan.

Signature _____ **Date** _____

Permit Application Number _____

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are 20 columns and 20 rows of squares, creating a total of 400 square units. The grid covers the entire area of the page, leaving no margins or other markings.

Notes: _____

Site Plan submitted by: _____

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

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