



Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P.
State Surgeon General

ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM (OSTDS)
SEPTIC TANK ABANDONMENT PERMIT
CHECKLIST

The following items are needed to pull an OSTDS Abandonment Permit:

- Completed Permit Application.** All applicable information must be completed on form DH 4015 (see attached). An application cannot be processed without a property street address or property ID #.
- Site Plan.** A site plan of the property must be provided (see attached sample). The site plan must show the location of any building structures (if applicable), the location of the street and the location of the septic tank.
- Agent Letter.** An agent letter is needed if applicant is not the owner or a Florida licensed septic contractor or Florida licensed plumber.
- Fee.** A fee of \$50.00 must be submitted with the application.

UPON RECEIPT OF THE PERMIT

- A licensed septic tank pumper must pump the septic tank out. Provide the health department a copy of the receipt for this service.
- The bottom of the septic tank shall be crushed or caved in, or multiple holes shall be punched into the bottom to prevent the tank from holding water. The tank shall be filled with sand or other suitable material and covered with soil. **DO NOT LEAVE AN OPEN HOLE IN THE GROUND.**
- Place a flag by the street entrance to the property and at the location of the covered tank.
- Call Environmental Health Services for an inspection after the tank is crushed and filled. **THIS INSPECTION IS REQUIRED TO COMPLY WITH THE CODE.**

If you have any questions or you are ready for your inspection, please call #(941) 748-0747 ext. 1340.

Manatee County Health Department
Environmental Health Services
216 6th Avenue East, Bradenton, FL 34208

Phone: (941) 748-0747 ext. 1340 • Fax: (941) 750-9364 • <http://www.doh.state.fl.us/chdManatee>



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.



**MANATEE COUNTY ENVIRONMENTAL HEALTH OSTDS SITE PLAN
REQUIREMENTS**

The site plan that is submitted to the Manatee County Health Department – Environmental Health Unit in support of an onsite wastewater treatment and disposal system (OSTDS) application must be to-scale with the correct scale stated on the site plan submitted. The only exception to this is for repairs. The site plan must be signed and dated by the applicant. Any changes must also be signed and dated by the applicant.

NOTE: Repair site plans do not have to be to-scale. The site plan must have all setbacks stated (with dimension lines) on the site plan. Any setbacks according to 64E-6, Florida Administrative Code, must be stated if within setback distance from the system.

NOTE: Applications for new and existing onsite wastewater treatment and disposal systems (OSTDS) must have all setbacks according to 64E-6, Florida Administrative Code stated (dimension lines are helpful) that are within 75 feet (or larger setback) of the property line.

Items that are required to be located on the site plan include the following:

1. The location of any private, irrigation, public well.
2. The location of proposed and/or existing home and any other structures on the lot and driveway.
3. The location of the septic tank and drainfield Include the 2 soil bore locations).
4. The location of the potable water lines.
5. The location of any surface water bodies (lakes, ponds, streams, ditches, etc.)
 - See attachment with information on MAFL (Mean Annual Flood line) requirements.
 - See attachment with information on Mean High Water Line requirements.
6. The location of any ditch/swales.
7. The location of any wetlands. (May require permit from DEP.)
8. The location of the reference point/benchmark

Set back minimum:

- Foundation - 5 feet from the septic system
- Potable well – 75 feet from the septic system
- Irrigation well - 50 feet from the septic system
- Public well with sewage flow > 2,000 gpd - 200 feet from the septic system
- Public well with sewage flow <= 2,000 gpd -100 feet from the septic system
- Surface water – 75 feet from the septic system
- Potable water line - 10 feet from the septic system
- Lot lines - 5 feet (standard subsurface) from the septic system
- Lot lines – 20 feet (mound/filled) from septic system.(variable depending on fill required)

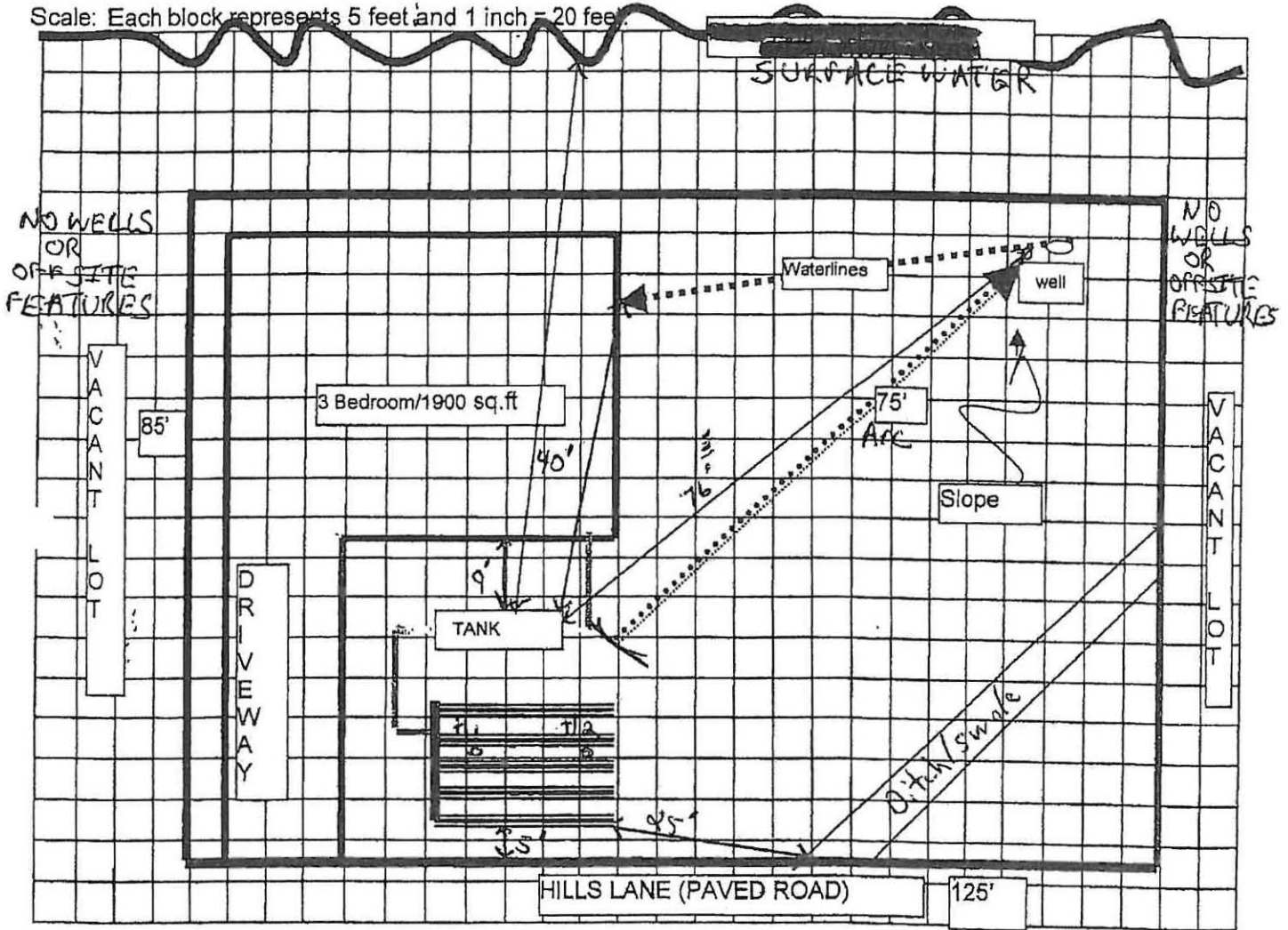
Please contact the Manatee County Health Department – Environmental Health Unit office should you have any questions. Our office hours are from 8:00am to 5:00pm, Monday through Friday. The telephone number is (941) 748-0747 ext. 1340.

Signature

Date

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT AP NUMBER
Permit Application Number ~~62222~~

----- PART II - SITEPLAN ----- SAMPLE A-NEW SYSTEM



Notes: _____

All Features Within 100 feet are Shown

LOT PLATTED March 2, 1971

*** MANY DISTANCE MUST BE DETERMINED BY A LICENSED SURVEYOR OR DHE EMPLOYEES**

Site Plan submitted by: Orville Stern - Applicant's Signature & Date

Plan Approved Not Approved _____ Date: ~~6/22/2003~~

: Carroll Sweet, ESI

SUNSHINE County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT
DH 4015, 10/98 (Replaces HRS-H Form 4018 which may be used)
(Stock Number: 5744-002-4015-6)