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## Seminole County Health Department and Disposal System (OSTDS) Application Packet

### New System Application:

1. Application – DH 4015 Page 1 of 4. (For commercial establishments, must provide a letter from the local utility provider indicating sewer is not available.)
2. Two site plans drawn to scale showing all proposed features, i.e. waterlines, driveways, walkways, proposed septic and drainfield. If on a well, must show neighboring wells and septic systems. If an individual lot is five acres or greater, the applicant may draw a minimum one acre parcel to scale showing all required features or the minimum size drawing necessary to exhibit all required features. Plans 11 x 17 or smaller are preferred. **Note: If lot is heavily wooded, applicant is responsible for clearing a path roadside to the location of the proposed drainfield. The lot must be clearly marked with the applicant's name and lot number. In addition, you will be given two stakes. One is to be placed at the front of your lot and the other in the middle of the proposed drainfield.**
3. Floor plan, with all rooms labeled. Calculations of building area shall be made by measurements of the outside building dimensions adding each additional story of the structure to determine total building area excluding garages, porches and closets only accessible from outside.
4. Survey with flood information. If in unincorporated Seminole County and any portion of lot is in flood zone A or AE, site plans must be stamped by the Flood Engineer in the Building Department.
5. Onsite Sewage Treatment and Disposal System (OSTDS), Site Information Documentation Form.
6. Agent Authorization Form, if the property owner does not apply themselves.

### Repair System Application:

1. Application – DH 4015 Page 1 of 4.
2. If on public water, 12 months water usage. If commercial 18 months water usage.
3. Site plan showing lot dimensions and all features. Does not have to be to scale.
4. Existing System and System Repair Evaluation, (DH Form 4015, page 4 of 4), also referred to as a pumpout.
5. Onsite Sewage Treatment and Disposal System (OSTDS), Site Information Documentation Form.

### Existing System Approval:

1. Application – DH 4015 Page 1 of 4. On the building information on the first line you will need to put what is existing and on the second line you will need to put what you are proposing to add.
2. Floor plan of the existing and a floor plan of the proposed with all rooms labeled.
3. Existing System and System Repair Evaluation, (DH Form 4015, page 4 of 4), also referred to as a pumpout. **(Must have inside tank dimensions listed on form even though there is no space to enter, they can be put in the remarks, should be 3 dimensions.)** Septic company should mark corners of the drainfield.
4. One site plan drawn to scale showing all proposed features, i.e. waterlines, driveways, walkways, proposed septic and drainfield. If on a well, must show neighboring wells and septic systems.
5. Onsite Sewage Treatment and Disposal System (OSTDS), Site Information Documentation Form.
6. Agent Authorization Form, if the property owner does not apply themselves.



**ONSITE SEWAGE TREATMENT and DISPOSAL SYSTEM (OSTDS)**

Site Information Documentation Form

**! IMPORTANT ! - PLEASE READ CAREFULLY AND PROVIDE ALL REQUESTED INFORMATION**

PLEASE ANSWER THE FOLLOWING QUESTIONS YES OR NO If you answered <b>yes</b> to any questions, these items <b>must be drawn</b> on the site plan. This is for <b>existing</b> and <b>proposed</b> components.	YES (Show on site plan)	NO
1. Is there any slope to your property? If yes, show the direction of the slope with arrows (i.e. front to back, L to R, etc.) If yes, what is the percentage of slope ? (1% = 1' to 100') _____		
2. Are there any drainage features, ditches, swales, retention areas, within 75 feet of the existing or proposed OSTDS?		
3. Are there any recorded easements on your property?		
4. Are there any lakes, streams, canals, or standing water, on or within 75' of your lot? If so, you must have the "mean annual flood line" determined by this office or a certified professional surveyor and mapper with experience in the determination of flood water elevation lines. If you wish to have this office determine, initial here _____ . (Chapter 381.0065(4)(i), Florida Statutes)		
5. Is there public sewer available <b>existing</b> or <b>proposed</b> to this property? Please indicate distance in feet _____ ft.		
6. Are there any wells ( <b>existing</b> or <b>proposed</b> ) on the property or adjacent properties within 200 feet of the proposed or existing OSTDS? If none, please indicate none on the site plan. If yes, continue and indicate what distance from existing or proposed OSTDS.		
7. Are there any <b>proposed</b> or <b>existing</b> potable or non-potable waterlines on the property?		
8. Are there any buildings <b>existing</b> or <b>proposed</b> other than the one that will be served by this existing or proposed OSTDS?		
9. Are there any paved or compacted <b>existing</b> or <b>proposed</b> areas on this property?		
10. Is there or will there be a pool located on this property?		
11. Are there any existing OSTDS on this property or adjacent properties?		
12. Does the site plan show all septic system components?		

**!! IMPORTANT !!** – The size and location of all buildings are required to be drawn on the site plan. Please complete this information before submitting the application for an OSTDS permit. **Failure to do so will slow your permitting process.** Also, your permit will be issued based on the above information. Therefore, if any of this information changes, an amended site plan must be submitted.

Name: \_\_\_\_\_  
(Please print)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

<b>Circle One:</b>	
Property Owner	Contractor
Authorized Agent	



**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	_____	_____	_____	_____

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Floor/Equipment Drains                     Other (Specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION FOR: Check type of permit, if "Other" specify type in blank.

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.