

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 all permit requirements are met for your structure. Also, check with Planning and Zoning (850-981-7000) to determine how your property is zoned. Zoning determines the type of structure that can be built and number of structures that can be placed on the property. A commercial or industrial/manufacturing operating permit may be required for certain zoning types. Also, visit: <https://www.santarosa.fl.gov/149/Development-Services>
 2. A letter from the utility company stating that sewer is not available to the property is required. If sewer is available, a septic permit cannot be issued on the property.
 3. If you are not the owner of the property, an agent letter from the owner allowing you to act as their agent is required.
 4. An area on the lot where the septic system will be placed *must* be cleared. A driving or walking path to the job site is required as well. *Note: you will be required to pay a site re-evaluation fee of \$111.00 if the lot is not cleared.*
- **TANK ABANDONMENT** Cost: \$ 111.00 Permit is good for 90 days
 - ✓ Plot Plan with outside dimensions of property – does not have to be to scale
 - ✓ Complete Property ID # (19 digits)
 - ✓ Complete street address
 - **NEW SYSTEM PERMIT** Site Cost: \$ 374.00 Permit Cost: \$ 130.00 Total: \$ 504.00
Permit is good for 18 months; 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 showing dimensions of property unless in subdivision)
 - ✓ Complete street address
 - **EXISTING SYSTEM (Like for Like) Residential Cost \$110.00 Commercial \$160.00**
MODIFICATION PERMIT Cost: \$398.00 – if existing system needs to be upgraded
Permit is good for 18 months for modification permit
 - ✓ Septic tank pump-out certification form from licensed contractor (Required for Modification or Commercial Existing)
 - ✓ Plot plan drawn to scale showing exact dimensions, signed, and dated
 - ✓ Floor plans (require existing structure and proposed structure) showing exact dimensions and label rooms
 - ✓ Complete property ID # (19 digits)
 - ✓ Legal description (Deed or Survey showing dimensions of property unless in subdivision)
 - ✓ Complete street address
 - **REPAIR PERMIT** Site Cost: \$231.00 Permit Cost: \$ 130.00 Total: \$ 361.00
Permit is good for 90 days; site evaluation is good for 6 months
 - ✓ Septic tank pump-out certification form from licensed contractor (unless system installed within last 5 years)
 - ✓ Plot plan with outside dimensions of property – does not have to be to scale
 - ✓ Complete Property ID # (19 digits)
 - ✓ Legal description (Deed or Survey showing dimensions of property unless in subdivision)
 - ✓ Must get a twelve-month water usage from your water company

PRICES EFFECTIVE July 1, 2023 until further notice

REQUIREMENTS FOR SITE DRAWING

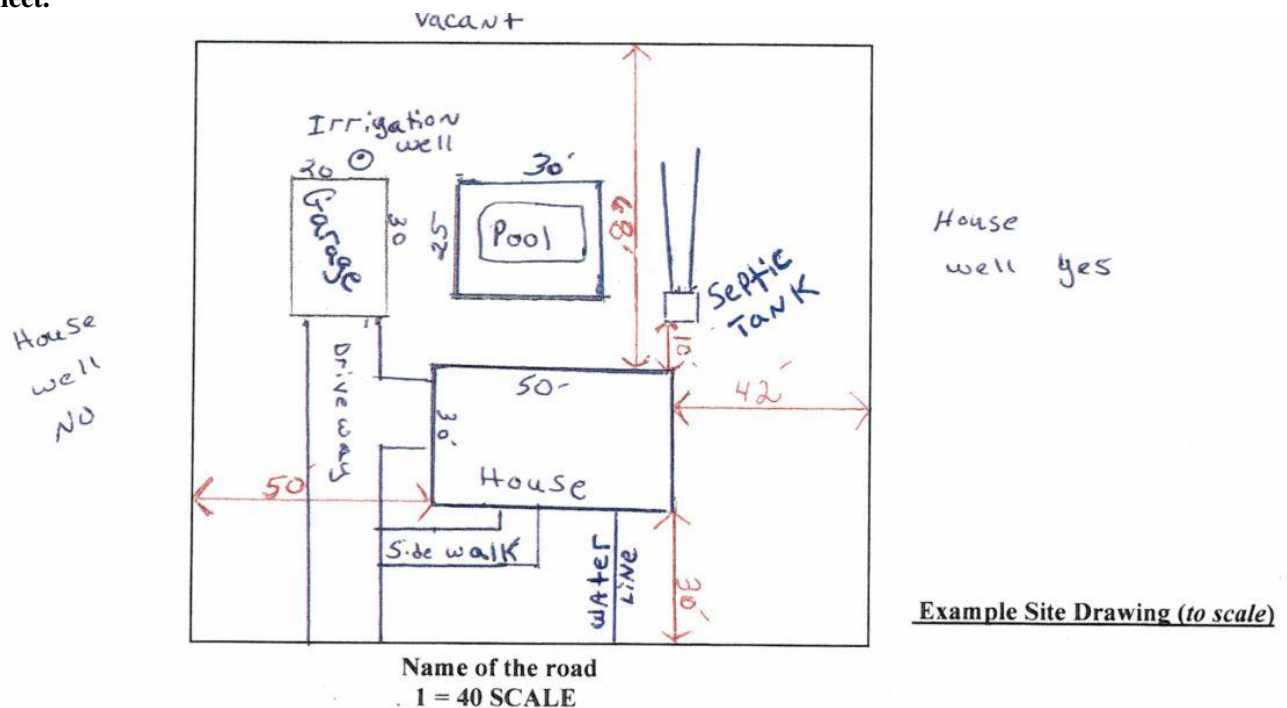
Property boundaries with dimensions.

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)
7. 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
5. 100' from surface water (if unable to meet set-backs, please call our office for options)

****If property is more than five (5) acres, one (1) acre can be drawn to scale. You will need an aerial view from the Property Appraiser's Office – mark where the one acre is on the aerial view sheet.**



REMEMBER:

- ✓ Please check your plot plan to make sure it is to scale, and all items are represented.
 - ✓ For plot plans drawn to scale: Remember to make sure that your printer handling setting is set to "NONE" for page scaling.
 - ✓ Sign and date the site plan.
- ** 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

Call Lisa Schofield if you would like to pay over the phone at 850-983-5275

Email address: EHealth@flhealth.gov Mailing address: P. O. BOX 959, Milton, FL 32572



STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ONSITE SEWAGE TREATMENT AND DISPOSAL
 SYSTEM (OSTDS)

PERMIT NO. _____
 DATE PAID: _____
 FEE PAID: _____
 RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
 [] Repair [] Abandonment [] Temporary [] _____

APPLICANT: _____ EMAIL: _____

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 OSTDS REMEDIATION PLAN? [Y / N]

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 I, Chapter 62-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[] Floor/Equipment Drains [] Other (Specify) _____

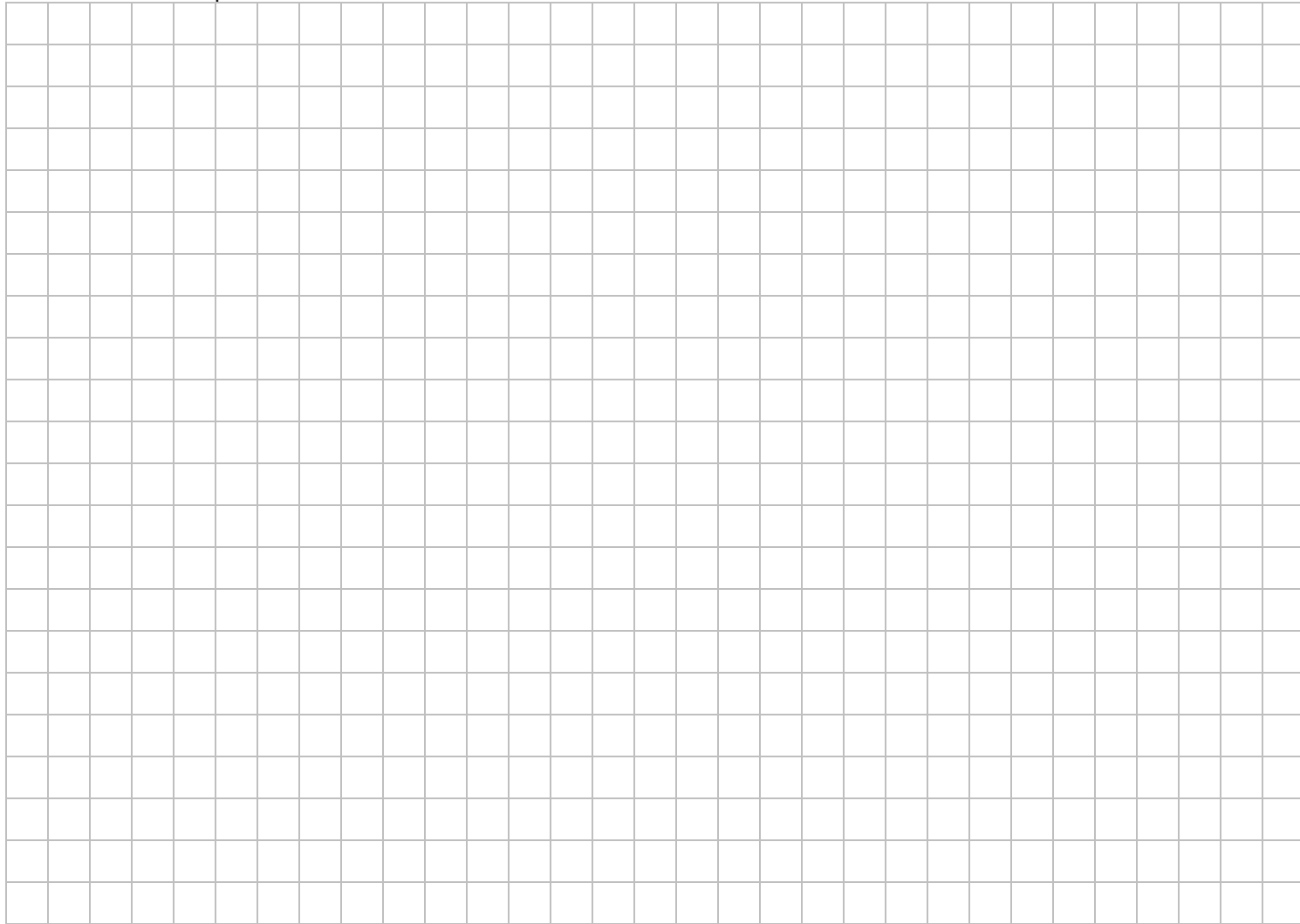
SIGNATURE: _____ DATE: _____

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: _____

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

FOR NEW/EXISTING/MODIFICATION SYSTEM APPLICATIONS: The plan must be **DRAWN TO SCALE** and must be for the property where the system is to be installed.

1. The site plan must **SHOW BOUNDARIES WITH DIMENSIONS** and any of the following **FEATURES THAT EXIST OR THAT ARE PROPOSED:**

- a. Structures;
 - b. Swimming pools;
 - c. Recorded easements;
 - d. Onsite sewage treatment and disposal system components;
 - e. Slope of the property;
 - f. Wells;
 - g. Potable and non-potable water lines and valves;
 - h. Drainage features;
 - i. Filled areas;
 - j. Excavated areas for onsite sewage systems;
 - k. Obstructed areas;
 - l. Surface water bodies *Requires a surveyor to set the Mean High Water Line boundary for tidally influenced surface water bodies. Requires a surveyor or department staff to set the Mean Annual Flood Line for permanent non-tidal surfacewater bodies.*
 - m. Location of the reference point for system elevation.
2. If the county health department is responsible for performing the site evaluation, the applicant or applicant's authorized representative must **indicate the approximate location of wells, onsite sewage treatment and disposal systems, surface water bodies and other pertinent facilities or features on contiguous or adjacent property. If the features are within 75 feet of the applicant lot, the estimated distance to the feature must be shown but need not be drawn to scale.**
3. If the county health department will not be performing the site evaluation, the applicant or authorized agent is responsible for the measurements to all features, including the pertinent features within 75 feet of the applicant lot. **The location of any public drinking water well, as defined in paragraph 62-6.002(44)(b), F.A.C., within 200 feet of the applicant's lot must also be shown, with the distance indicated from the system to the well.**
4. 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 properly exhibit all required features, whichever is larger. The applicant must also show the location of that one acre or larger parcel inside the total site ownership. *The to scale parcel must be large enough to provide sufficient authorized flow.*
5. All information that is necessary to determine the total sewage flow and proper setbacks on the site ownership must be submitted with the application. The applicant lot shall be clearly identified. **A copy of the legal description or survey must accompany the application for confirmation of property dimensions only.**

FOR REPAIR APPLICATIONS: A site plan (*NOT REQUIRED TO BE DRAWN TO SCALE*) showing:

- property dimensions
- the existing and proposed system configuration and location on the property
- the building location
- potable and non-potable water lines, within the existing and proposed drainfield repair area
- the general slope of the property
- property lines and easements
- any obstructed areas
- any private well *show private potable wells if within 100 feet of system, non-potable within 75 feet*
- any public wells *show if within 200 feet of system*
- any surface water bodies and stormwater systems *show if within 100 feet of system. Requires a surveyor to set the Mean High Water Line boundary for tidally influenced surface water bodies. Requires a surveyor or department staff to set the Mean Annual Flood Line for permanent non-tidal surface water bodies.*
- The existing drainfield type shall be described. For ex., mineral aggregate, non-mineral aggregate, chambers, or other.
- Any unusual site conditions which may influence the system design or function** such as sloping property, drainage structures such as roof drains or curtain drains, and any obstructions such as patios, decks, swimming pools or parking areas.

FOR ALL SITE PLANS (IF APPLICABLE)

- A Coastal Construction Control Line Permit or an exemption notice from the Department of Environmental Protection if any component of the onsite sewage treatment and disposal system or the shoulders or slopes of the system mound will be seaward of the Coastal Construction Control Line, established under Section 161.053, F.S. Should the location of the proposed onsite system relative to the control line not be able to be definitively determined based on the site plan and the online products available on the DEP website, the applicant shall provide a survey prepared by a certified professional surveyor and mapper showing the location of the control line on the subject property.
- All plans and forms submitted by a licensed engineer shall be dated, signed and sealed.
- The evaluator shall document the **locations of all soil profiles** on the site plan.