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:____

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:____

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: _____
_____

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: _____
_____

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_____

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:____/____/____