Existing Septic System Application Instructions

This application is only to be used if you have an existing home and you propose to replace or remodel with ***no increase in the number of bedrooms.***

1. **Development Permit:** Please attach a copy of your Development Permit from the Madison County Building Department. The Building Department is located at 229 SW Pinckney St., Madison, FL 32340. The Building Department's phone number is 850-973-6785.

2. **Agent Authorization:** If you are acting as an agent for the property owner, please provide a completed Agent Authorization form signed by the property owner.

3. **Legal Description:** Please provide us with a survey or deed with property **dimensions.** This must match what is on the application for property size.

4. **Floor Plan:** Please attach a copy of the proposed floor plan for your home or business that identifies all rooms and includes the **overall dimensions** of the building and the habitable area of the dwelling unit. This must match what is on the application page for building area and number of bedrooms.

5. **Site Plan:** Please see attached site plan instructions. If you cannot draw the site plan yourself, we can furnish you a list of persons qualified to assist with this.

6. **Fees:** Application..... $85.00

7. **Letter of approval:** A letter of approval will be issued if your system is in compliance. No inspection is required by the Health Department.

8. **Optional:** Please provide the following so we can serve you better:

   Email address: _____

   Fax: _____

Revised 12/02/14

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: _____

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

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 <= 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 with 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.

FLOOR PLAN

Please draw or attach a copy of the proposed floor plan for your home or business. Please identify all rooms and include the **overall dimensions** of the building and the total heated and cooled square footage.

Total Heated & Cooled Area:_____ Square Feet

Notes: _____

_____

_____

☐Plan Approved ☐Not Approved Date: _____

By:_____ FDOH Madison County

4015 PG 2:SITE PLAN INSTRUCTIONS – 64E-6.004, FAC

FOR NEW/EXISTING/MODIFICATION SYSTEM APPLICATIONS: The site plan shall be **DRAWN TO SCALE** and shall be for the property where the system is to be installed.
1. The site plan shall **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 surface water 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 shall **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 shall be 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 64E-6.002(44)(b), F.A.C., within 200 feet of the applicant's lot shall 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. *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 shall 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.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
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