FLORIDA DEPARTMENT OF HEALTH

Charlie Crist
Governor

Dr. Ana M. Viamonte Ros, M.D., MPH
State Surgeon General

EXISTING/MODIFICATION
INSTRUCTIONS FOR COMPLETING YOUR SEPTIC TANK APPLICATION

READ EACH ITEM CAREFULLY

1. Obtain a photocopy of the **overlay aerial map for your property** from the County Property Appraiser's office.

2. Attach a copy of your **property deed**, or survey, verifying property size or acreage. If the property deed is not in your name, please have the property owner provide a copy of the deed and complete the attached Statement of Land Conveyance.

3. If your septic tank is over 3 years old, **you will need to have the septic tank pumped** by a permitted septage disposal service to determine tank volume and structural integrity.

4. You will need the person's name that applied for the original septic tank permit and the date of that installation. ***If no permit is on file***, you will have to **provide proof of the existing system by uncovering the corners of the tank. The drainlines/bed must also be probed and the end of the drainlines marked.** The septic tank contractor can locate your drainlines when he pumps out your septic tank for an additional charge. If additional drainfield is required due to larger dwelling, a modification fee is required in addition to the existing fee.

5. **Site Plan**. This is the **most important part of your permit application**. Please take the time to accurately put on the site plan form exactly what you propose to do on your site. **THE SITE PLAN MUST BE DONE TO SCALE OR WE CAN NOT ACCEPT THE APPLICATION.** (Please see the attached example for help.)

6. **Floor Plan**. Attach a copy of your proposed floor plan for your house, trailer or business. If you hand draw floor plan make sure you include dimensions of home. (Please see the attached example for help.)

7. **Permit Fees:**

Existing inspection permit and approval (more than 3 years old and even swap-out)..... 85.00
Local County Fee non-refundable..... 50.00
Total fee for existing application..... $135.00

Modification of Existing system. If additional drainfield is required..... 295.00
Local County Fee non-refundable..... 50.00
Total fee for Modification of existing application..... $ 345.00

Existing system Re-approval (less than 3 years old and even swap-out).....$35.00
Each additional inspections.....$50.00

I have read the above and understand the aforementioned regulations.

Applicant/Agent's Signature_____ **Date**_____

Madison County Health Department
218 SW Third Ave.
Madison, Florida 32340

Main Number (850) 973-5000
Clinic Fax (850) 973-5007
Environmental Fax (850) 973-5012

Working toward a healthier community.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # _____
DATE PAID _____
FEE PAID $ _____
RECEIPT # _____

APPLICATION FOR:
[ ] New System [ ] Existing System [ ] Holding Tank [ ] Temporary/Experimental
[ ] Repair [ ] Abandonment [ ] Other(Specify) _____

APPLICANT: _____ TELEPHONE: _____

AGENT: _____

MAILING ADDRESS: _____

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TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

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PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: _____ BLOCK: _____ SUBDIVISION: _____ DATE OF SUBDIVISION: _____

PROPERTY ID #: _____ [Section/Township/Range/Parcel No.] ZONING: _____

PROPERTY SIZE: _____ ACRES [Sqft/43560] PROPERTY WATER SUPPLY: [ ] PRIVATE [ ] PUBLIC

PROPERTY STREET ADDRESS: _____

DIRECTIONS TO PROPERTY: _____

_____

_____

BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1					
2					
3					
4					

[ ] Garbage Grinders/Disposals [ ] Spas/Hot Tubs [ ] Floor/Equipment Drains
[ ] Ultra-low Volume Flush Toilets [ ] Other (Specify) _____

APPLICANT'S SIGNATURE: _____ DATE: _____

MEMORANDUM

DATE: _____

TO: Madison County Health Department
Environmental Health
218 SW Third Ave.
Madison, FL 32340

FROM: Name: _____

Address: _____

_____

SUBJECT: **Statement of Land Conveyance**

I,_____, convey the use of _____acre(s) of my land which is located at: section_____, township_____ range_____ parcel No._____, to_____ my_____. (Explain relationship.)

I, _____, fully understand that under penalty of perjury that the foregoing information is true and correct.

_____

Signature of Property Owner Date

Convey.doc

AGENT AUTHORIZATION

DATE: _____

TO: DOH Madison County Health Department
218 SW Third Ave.
Madison, FL 32340

SUBJECT: Agent Authorization

I, _____, hereby authorize as my agent _____. Said agent has my permission to make any necessary decisions on my behalf concerning the onsite sewage treatment and disposal system on my property located at:

_____

_____

_____

_____

_____
Applicant's Signature

_____
Date

agntathr.doc

Charlie Crist
Governor

FLORIDA DEPARTMENT OF HEALTH

Joseph J. Chiaro, M.D., FAAP
Interim Secretary

FLOOR PLAN

"ALL HOMES MUST INCLUDE OUTSIDE DIMENSIONS"

Madison County Health Department
218 SW Third Ave.
Madison, Florida 32340-1299

Phone (850) 973-5000
Fax (850) 973-5012

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PROPOSED SITE INFORMATION

1. Is there any slope to your lot? Yes____ No____
   If yes, is it Slight____ Moderate____ or Severe____
2. Are there any public wells within 200' of your lot? Yes____ No____
3. Are there any existing or proposed wells within 75' of your lot? Yes____ No____
4. Are there any lakes, streams, canals, or standing bodies of water within 75' of your lot? Yes____ No____
5. Are there any easements on your property? Yes____ No____
6. Are there any drainage features (i.e. ditches, swales, drainage retention areas, etc.) on or 75' of your lot? Yes____ No____
7. What is the nearest intersecting street name to your property?_____
8. Is the nearest intersecting street within ¼ mile? Yes____ No_____

NAME:_____

TITLE:_____

DATE:_____

Madison County Health Department
218 SW Third Ave.
Madison, Florida 32340

Main Number (850) 973-5000
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Administration Fax (850) 973-5012

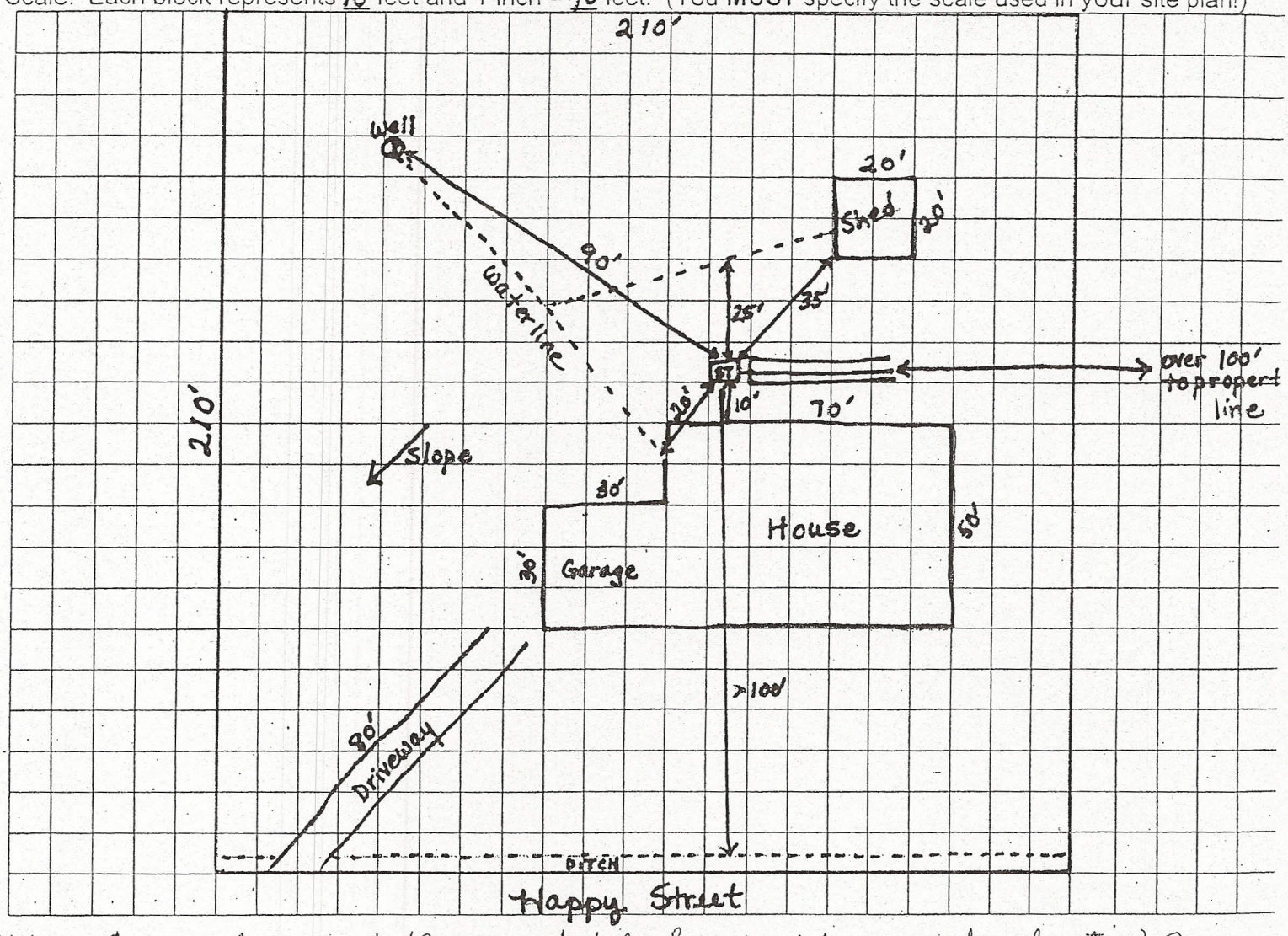
EXAMPLE

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_____

- PART II - SITEPLAN -

Scale: Each block represents 10 feet and 1 inch = 40 feet. (You **MUST** specify the scale used in your site plan!)



Notes: 1 acre drawn of 10 acres total. See aerial map for location of 1 acre within 10 acre parcel.

Site Plan submitted by: John + Jane Homeowner Date 5/5/05

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Departmer

SITE PLAN MUST BE DRAWN TO SCALE OR APPLICATION CANNOT BE ACCEPTED.
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_____

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

Site Plan submitted by: X_____ DATE:_____

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Departmer

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: _____

CONTRACTOR / AGENT: _____

LOT: _____ BLOCK: _____ SUBDIV: _____ ID#: _____

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TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR ATTACH LETTER FROM A PERMITTED SEPTAGE DISPOSAL SERVICE.

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EXISTING TANK INFORMATION

[ ] GALLONS SEPTIC TANK/GPD ATU LEGEND: _____ MATERIAL: _____ BAFFLED: [Y / N]
[ ] GALLONS SEPTIC TANK/GPD ATU LEGEND: _____ MATERIAL: _____ BAFFLED: [Y / N]
[ ] GALLONS GREASE INTERCEPTOR LEGEND: _____ MATERIAL: _____
[ ] GALLONS DOSING TANK LEGEND: _____ MATERIAL: _____ # PUMPS: [ ]

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I CERTIFY THAT THE ABOVE NOTED TANKS WERE PUMPED ON ___/___/___, HAVE THE VOLUMES SPECIFIED, ARE STRUCTURALLY SOUND, AND HAVE A [SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR _____ BUSINESS NAME _____ DATE _____

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EXISTING DRAINFIELD INFORMATION

[ ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [ ] DIMENSIONS: _____ X _____
[ ] SQUARE FEET _____ SYSTEM NO. OF TRENCHES [ ] DIMENSIONS: _____ X _____
TYPE OF SYSTEM: [ ] STANDARD [ ] FILLED [ ] MOUND [ ] _____
CONFIGURATION: [ ] TRENCH [ ] BED [ ] _____
DESIGN: [ ] HEADER [ ] D-BOX [ ] GRAVITY SYSTEM [ ] DOSED SYSTEM
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE _____ INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[ ] SYSTEM INSTALLATION DATE TYPE OF WASTE [ ] DOMESTIC [ ] COMMERCIAL
[ ] GPD ESTIMATED SEWAGE FLOW BASED ON [ ] METERED WATER [ ] TABLE 1, 64E-6, FAC

SITE CONDITIONS: [ ] DRAINAGE STRUCTURES [ ] POOL [ ] PATIO / DECK [ ] PARKING
[ ] SLOPING PROPERTY [ ] _____

NATURE OF FAILURE: [ ] HYDRAULIC OVERLOAD [ ] SOILS [ ] MAINTENANCE [ ] SYSTEM DAMAGE
[ ] DRAINAGE / RUN OFF [ ] ROOTS [ ] WATER TABLE [ ] _____

FAILURE SYMPTOM: [ ] SEWAGE ON GROUND [ ] TANK [ ] D BOX/HEADER [ ] DRAINFIELD
[ ] PLUMBING BACKUP [ ] _____

REMARKS/ADDITIONAL CRITERIA _____

SUBMITTED BY: _____ TITLE/LICENSE _____ DATE: _____