State of Florida
Department of Environmental Protection
Onsite Sewage Treatment and Disposal System (OSTDS)

CONSTRUCTION PERMIT

Permit No. _____
Application No. _____
Date Paid _____
Fee Paid _____
Receipt No. _____
Document No. _____

Type [ ] New System [ ] Existing System Modification [ ] Repair [ ] Abandonment [ ] Temporary

Subtype [ ] Aerobic Treatment Unit [ ] Non-Innovative PBTS [ ] Innovative PBTS [ ] Innovative no PBTS
[ ] Holding Tank [ ] Other (describe) _____

Nitrogen Reduction: [ ] Enhanced Nutrient Reducing System [ ] In-ground Nitrogen Reducing Biofilter

Applicant _____

Property Address _____ City _____ State _____ Zip _____

Lot _____ Block _____ Subdivision _____

Property ID No. _____ [Section, Township, Range, Parcel Number, or Tax ID No.]

The system must be constructed in accordance with specifications and standards of Section 381.0065, F.S., and Chapter 62-6, F.A.C. Department approval of system does not guarantee satisfactory performance for any specific period of time. Any change in material facts, which served as a basis for issuance of this permit, require the applicant to amend the permit application. Such amendments may result in voiding this permit. Issuance of this permit does not exempt the applicant from compliance with other federal, state, or local permitting required for development of this property.

SYSTEM DESIGN AND SPECIFICATIONS

Tank

_____ [ ] Gallons [ ] GPD capacity Type [ ] Septic Tank [ ] Aerobic Treatment Unit [ ] Multi-chambered [ ] In series

_____ [ ] Gallons [ ] GPD capacity Type _____ [ ] Multi-chambered [ ] In series

_____ Gallons Grease Interceptor capacity

_____ Gallons Dosing Tank capacity _____ gallons at _____ doses per 24 hours Number of pumps _____

Drainfield

_____ Square feet primary drainfield system

_____ Square feet _____ system

System type [ ] Standard [ ] Filled [ ] Mound [ ] _____

Configuration [ ] Trench [ ] Bed [ ] _____

Location of benchmark/reference point _____

Elevation of proposed system site _____ [ ] inches [ ] feet [ ] above [ ] below benchmark/reference point

Bottom of drainfield to be _____ [ ] inches [ ] feet [ ] above [ ] below benchmark/reference point

Fill required _____ inches Excavation required _____ inches

Other

_____

_____

_____

_____

Specifications by _____ _____ _____
Printed Name Title Signature

Approved by _____ _____ _____ _____
Printed Name Title Office Signature

Date issued _____ Expiration date _____

Construction Permit Instructions

Item	Instructions
Permit No.	Permit tracking number assigned by the Department.
Date Paid	Date payment received by the Department.
Fee Paid	Fee amount paid to the Department.
Receipt No.	Receipt number assigned by the Department.
Construction Permit Type	Check permit type: New System, Existing System Modification, Repair, Abandonment or Temporary.
Construction Permit Subtype	Check permit subtype: Aerobic Treatment Unit, Non-Innovative Performance-Based Treatment System, Innovative Performance-Based Treatment System, Innovative with no Performance-Based Treatment System, Holding Tank, or Other. For Other, provide a description (e.g., Temporary toilet/vault; Waterless, Incinerating or Organic Waste Composting Toilets).
Nitrogen Reduction	Check if it is an Enhanced Nutrient Reducing System In-ground Nitrogen Reducing and if it is an In-ground Nitrogen Reducing Biofilter.
Applicant	Property owner's full name.
Property Address	Street address for property. For lots without an assigned street address, indicate street or road and locale in county.
Lot, Block, Subdivision or Property ID No.	27-character property appraiser parcel or tax identification number for property. If not available, provide section, township, and range.
Tank	Minimum specifications for the tank from Chapter 62-6, F.A.C.
Drainfield	Minimum specifications for the drainfield from Chapter 62-6, F.A.C.
Other	Other specifications, such as additional tanks, additional drainfields, performance-based treatment system standards, operating permit requirements, low-volume flush toilets, and variance provisos.
Specifications by	Name of owner, agent or Department employee that determined system specifications.
Approved by	Department personnel reviewing and approving the permit and their office.
Date issued	Date permit is issued by the Department.
Expiration date	Eighteen months from date issued if the system has not been installed. Permits for system repairs and abandonments become void 90 days from the date issued.