



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
Secretary of Health

Onsite Sewage and Treatment and Disposal System Application Acknowledgement & Check List

Please ensure the following items are included with your application. Failure to do so may result in additional fees or delays in processing your permit.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Complete site plan drawn to scale showing <u>boundaries</u> with <u>dimensions</u> . Location of all residences and/or buildings, swimming pools, and recorded easements. Location of both the septic tank and drain field. Location of any <u>existing or proposed wells</u> and H2O lines, drainage features, filled areas, obstructed areas, and surface waters. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property within 75 feet of applicant lot. | |
| <input type="checkbox"/> Completed "Plan Addendum".
<input type="checkbox"/> Complete floor plans of home and/or Addition.
<input type="checkbox"/> Completed application.
<input type="checkbox"/> Signature on application and "Acknowledgement".
<input type="checkbox"/> Nearest intersection and directions to Property.
<input type="checkbox"/> Legal description if not in a subdivision.
<input type="checkbox"/> Property/Tax ID Number. | <input type="checkbox"/> Tank certification (repair/existing).
<input type="checkbox"/> Original permit (repair/existing).
<input type="checkbox"/> Owner agreement for private evaluator.
<input type="checkbox"/> Owner agreement for representation.
<input type="checkbox"/> Annual Operating Permit/Business Survey if not a single family residence.
<input type="checkbox"/> Site clearly marked or flagged. (Sites not flagged will be charged \$50).
<input type="checkbox"/> Completed "Existing System Worksheet".
<input type="checkbox"/> Other. |

Once you receive your permit (new, existing, modification, holding tank, and tank abandonment permits, (NOT REPAIRS), you are responsible for delivering a copy to the Alachua County Building Department located at 120 S. Main Street, Gainesville, FL. You are also responsible for delivering a copy of your permit to the septic contractor. Once your inspection has received final approval, a copy will be mailed to you and a copy will be delivered to the Alachua County Building Department. If you have any questions do not hesitate to call our office at 352-334-7930. You may mail correspondence to:

**Alachua County Health Department
PO Box 1327
Gainesville, FL 32641
Attention: Environmental Health**

For Office Use Only

This application for an Onsite Sewage Treatment and Disposal System Permit number: _____ <input type="checkbox"/> Has been found to be complete on: _____ <input type="checkbox"/> Is not complete due to the following reasons checked above. REMARKS: _____
The items mentioned above need to be completed and/or submitted to this office in order that we may process your application. If you have any questions; please contact the Alachua County Health Department/Environmental Health at 352-334-7930.
<input type="checkbox"/> Applicant/Agent was notified by phone on: [_____] date _____ (initials)
<input type="checkbox"/> Applicant/Agent was mailed a copy of this form on: [_____] date _____ (initials)

revised 02/07-Onsite Sewage Treatment Disposal App/acb (k)-page 1(COMEPLTE REVERSE SIDE)



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Please use the checklist on the back of this page to make sure you have provided our office with everything that is needed to process your application. **A completed application, floor plans and accurate site plan are required.** Part of the permitting process requires a DOH inspector to perform soil evaluations at the site; these soil borings are considered excavations and F.S. require us to contact the underground facility owners for your location. **This cannot be completed without the nearest intersection and the distance in miles from that intersection to the physical address of the site included on the application. Please complete this section**

Nearest intersection within ¼ mile

The nearest intersection to my property is: [_____] & [_____]
This intersection is within ¼ mile [] yes [] no. If **no**, it is [_____] miles from my property.

If the owner of a property uses an authorized representative or contractor, not licensed under Chapter 471, FS, to act as an agent and obtain a new system construction permit; a signed statement from the owner of the property assigning authority to the representative to act on the owner's behalf shall accompany the application. One is provided below.

Owner Agreement for Representation

I _____ assign authority to _____ to act on my behalf
In all aspects of the Onsite Sewage Treatment and Disposal System or Well permit application:

Signature _____
Date

If we cannot process your application for any reason, a copy of this letter will be mailed to the address on application with the deficiencies that are marked on the back of this page. Please sign the acknowledgement that you have read and understand the application requirements.

Acknowledgement

I have read and understand this application check off list and that any deficiencies could result in a delay in receiving a permit:

Signature _____
Date