



Charlie Crist  
Governor

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

## Plan Addendum

**STA#:** \_\_\_\_\_

**In order for your application to be processed, the following must be completed, signed, dated, and attached to your site plan.**

- |                                                                                                             |                              |                             |
|-------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Is your lot sloped?                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are there any public wells on or within 200 ft of your lot?                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are there any existing or proposed wells on or within 100 ft of your lot?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are there any easements on your lot?                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are there any drainage features (i.e. ditches, swales, retention, areas) on or within 75 ft of your lot? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are there any surface waters on or within 75 ft of your lot?                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are there any underground utilities (i.e. water, electric,                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. gas or cable lines) on or proposed on your lot?                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are there any septic systems on or within 100 ft of your lot?                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are there any obstructed areas (i.e. driveways, slabs) existing or proposed on your lot?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If you answered yes to any of the above questions, those features are required to be indicated on your site plan with distances from the featured proposed septic system noted.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

