

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

FLORIDA DEPARTMENT OF HEALTH /NASSAU COUNTY HEALTH DEPARTMENT

PERMIT FEES As of August 27, 2014
96135 Nassau Place, Suite B, Yulee, FL 32097
Mailing: P. O. Box 15100, Fernandina, FL 32035
904-548-1830

New Construction	\$520.00
Existing Inspection	\$135.00 w/ bedroom being added
Existing Review	\$ 35.00 no bedroom addition
Existing Modification	\$485.00
Existing to Modification	\$350.00
Repair Permit	\$490.00
Re-Issued Permit	\$145.00 Permit-No Changes \$220.00 Permit -With Changes
Re-set Benchmark	\$170.00
Additional Inspection	\$ 50.00
Re-Inspection	\$ 75.00
Abandonment Septic	\$150.00
Variance	\$300.00 Residential \$400.00 Commercial
Performance Based	\$515.00
Soil Evaluation	\$175.00
Well Permit	\$105 .00 Domestic New I Potable \$ 80.00 Irrigation \$ 80.00 Monitoring \$180.00 Business \$ 0.00 Well Abandonment
Water Sampling	\$ 30.00 Bacteriology \$ 65.00 Lead & Nitrate \$ 50.00 EH fee to collect sample

Test kits are free, but lead & nitrate have to be ordered, allow minimum of 7 days.

SITE PLAN INSTRUCTIONS:

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; and
 - 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 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.

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*
- The existing drainfield type shall be described. For example, 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.

INSTRUCTIONS:

- PERMIT #:** Permit tracking number assigned by County Health Department.
- APPLICANT:** Property owner's full name.
- AGENT:** Property owner's legally authorized representative.
- LOT, BLOCK, SUBDIVISION:** Lot, block, and subdivision for lot.
- PROPERTY ID#:** 27 character number for property (property appraiser ID # or section/township/range/parcel number).
- PROPERTY SIZE:** Check if property size at site conforms to submitted site plan. Record net usable area available - lot area 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.
- SEWAGE FLOW:** Record the estimated sewage flow for the establishment from Table 1 (residential) or Table 2 (non-residential), Chapter 64E-6, FAC. Record the authorized sewage flow for the lot based on net usable area and water supply (1500 gallons per day per acre for private water supplies and 2500 gallons per day per acre for public water supplies). If authorized sewage flow does not equal or exceed the estimated sewage flow, the application must be denied.
- UNOBSTRUCTED AREA:** Record the square feet of unobstructed area available and the amount required. Unobstructed area must be at least 2 times as large as the drainfield absorption area and at least 75 percent of the unobstructed area must meet minimum setbacks in Chapter 64E-6, FAC. The unobstructed area must be contiguous to the drainfield.
- BENCHMARK INFORMATION:** Record the location of the benchmark. If using a surveyor's benchmark record the actual elevation. Record the elevation of the proposed system site in relation (above or below) to the benchmark.
- MINIMUM SETBACKS:** Record minimum setbacks which can be met to all listed features. Actual measurements must be recorded or "NA" for non applicable features. Features on site plan or within 75 feet of the applicant lot must be measured. The location of any public drinking well within 200 feet of the applicant's lot must also be verified.
- FLOOD INFORMATION:** Record information on lot's subject to flooding. For lots subject to flooding record 10 year flood elevation for site and actual site elevation.
- SOIL PROFILE INFORMATION:** Two soil profiles within the proposed absorption area to a minimum depth of 6 feet or refusal are required. Soil identification will use USDA Soil Classification methodology (Munsell colors and USDA soil textures). Refusals must be clearly documented. Provide USDA soil series if available, record "UNK" if the series cannot be determined.
- WATER TABLE:** Record the depth of the observed water table at the time of the evaluation. Mark "perched" or "apparent" as appropriate. Record the estimated wet season water table elevation based on site evaluation, USDA soil maps, and historical information. Indicate if there is high water table vegetation present. Indicate if mottling is present and depth.
- SOIL TEXTURE:** Record soil texture or loading rate for system sizing.
- DEPTH OF EXCAVATION:** If applicable record depth of excavation required. Record "NA" if not applicable.
- DRAINFIELD CONFIGURATION:** Check drainfield configuration required. If other, specify type.
- ADDITIONAL CRITERIA:** Record any additional remarks pertinent to site or installation. Ex. Dosing required.
- SITE EVALUATED BY:** Signature of evaluator, title, and date of evaluation. Professional engineers must seal all documentation submitted.

ELEVATION WORKSHEET		ELEVATION OF BENCHMARK / REFERENCE POINT IS: _____					
BENCHMARK	_____	SITE 1	_____	SITE 2	_____	SITE 3	_____
[+] SHOT	_____	H.I.	_____	H.I.	_____	H.I.	_____
H.I.	_____	[-] SHOT	_____	[-] SHOT	_____	[-] SHOT	_____
	_____		_____		_____		_____



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: _____

=====

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.

=====

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: _____

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 within 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.

INSTRUCTIONS:

- PERMIT #:** Permit tracking number assigned by County Health Department.
- APPLICANT:** Property owner's full name.
- AGENT:** Property owner's legally authorized representative.
- LOT, BLOCK, SUBDIVISION:** Lot, block, and subdivision for lot.
- PROPERTY ID#:** 27 character number for property (property appraiser ID # or section/township/range/parcel number).
- PROPERTY SIZE:** Check if property size at site conforms to submitted site plan. Record net usable area available - lot area 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.
- SEWAGE FLOW:** Record the estimated sewage flow for the establishment from Table 1 (residential) or Table 2 (non-residential), Chapter 64E-6, FAC. Record the authorized sewage flow for the lot based on net usable area and water supply (1500 gallons per day per acre for private water supplies and 2500 gallons per day per acre for public water supplies). If authorized sewage flow does not equal or exceed the estimated sewage flow, the application must be denied.
- UNOBSTRUCTED AREA:** Record the square feet of unobstructed area available and the amount required. Unobstructed area must be at least 2 times as large as the drainfield absorption area and at least 75 percent of the unobstructed area must meet minimum setbacks in Chapter 64E-6, FAC. The unobstructed area must be contiguous to the drainfield.
- BENCHMARK INFORMATION:** Record the location of the benchmark. If using a surveyor's benchmark record the actual elevation. Record the elevation of the proposed system site in relation (above or below) to the benchmark.
- MINIMUM SETBACKS:** Record minimum setbacks which can be met to all listed features. Actual measurements must be recorded or "NA" for non applicable features. Features on site plan or within 75 feet of the applicant lot must be measured. The location of any public drinking well within 200 feet of the applicant's lot must also be verified.
- FLOOD INFORMATION:** Record information on lot's subject to flooding. For lots subject to flooding record 10 year flood elevation for site and actual site elevation.
- SOIL PROFILE INFORMATION:** Two soil profiles within the proposed absorption area to a minimum depth of 6 feet or refusal are required. Soil identification will use USDA Soil Classification methodology (Munsell colors and USDA soil textures). Refusals must be clearly documented. Provide USDA soil series if available, record "UNK" if the series cannot be determined.
- WATER TABLE:** Record the depth of the observed water table at the time of the evaluation. Mark "perched" or "apparent" as appropriate. Record the estimated wet season water table elevation based on site evaluation, USDA soil maps, and historical information. Indicate if there is high water table vegetation present. Indicate if mottling is present and depth.
- SOIL TEXTURE:** Record soil texture or loading rate for system sizing.
- DEPTH OF EXCAVATION:** If applicable record depth of excavation required. Record "NA" if not applicable.
- DRAINFIELD CONFIGURATION:** Check drainfield configuration required. If other, specify type.
- ADDITIONAL CRITERIA:** Record any additional remarks pertinent to site or installation. Ex. Dosing required.
- SITE EVALUATED BY:** Signature of evaluator, title, and date of evaluation. Professional engineers must seal all documentation submitted.

ELEVATION WORKSHEET		ELEVATION OF BENCHMARK / REFERENCE POINT IS: _____					
BENCHMARK	_____	SITE 1		SITE 2		SITE 3	
[+] SHOT	_____	H.I.	_____	H.I.	_____	H.I.	_____
H.I.	_____	[-] SHOT	_____	[-] SHOT	_____	[-] SHOT	_____
	_____		_____		_____		_____



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#: _____

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 NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

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: []

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON ____ / ____ / ____ BY _____, HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [DIMENSIONS / FILLING / LEGEND], ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, AND HAVE A [SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR _____ BUSINESS NAME _____ DATE _____

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 [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING
 CONDITIONS: [] SLOPING PROPERTY [] _____
 NATURE OF [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE
 FAILURE: [] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE [] _____
 FAILURE [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD
 SYMPTOM: [] PLUMBING BACKUP [] _____

REMARKS/ADDITIONAL CRITERIA _____

SUBMITTED BY: _____ TITLE/LICENSE _____ DATE: _____

INSTRUCTIONS:	
PERMIT #	Permit tracking number assigned by department
APPLICANT	Property owner's full name
CONTRACTOR/AGENT	Licensed contractor or property owner's legal agent
LOT,BLOCK,SUBDIVISION	Legal description for property
ID #	Property appraiser identification number for property
EXISTING TANK TANK 1	Complete tank size in gallons or gpd and mark appropriately. Complete LEGEND (SHO approval number), MATERIAL (concrete, fiberglass, polyethylene) and whether or not tank in BAFFLED.
TANK 2	Same as TANK 1.
GREASE INTERCEPTOR	Same as TANK 1.
DOSING TANK	Same as TANK 1. Complete # PUMPS installed.
TANK CERTIFICATION	Completed by registered septic tank contractor, state-licensed plumber, certified EH professional, or master septic tank contractor. Show the date the tanks were pumped, the name of the pumping company, how the tank volumes were determined (measurement of tank dimensions and calculation of volume, filling the tank from a metered water source, or recording the tank legend for known tanks). If tank dimensions are used, list the tank dimensions in the remarks section. Indicate whether the tank has a solids deflection device or an outletlet filter. If the tanks cannot be certified, note that fact in the remarks section.
EXISTING DRAINFIELD FIELD 1	Complete size of drainfield in square feet, NO. OF TRENCHES (if applicable) and DIMENSION (bed width and length or trench width and total length of trenches).
FIELD 2	Same as FIELD 1
TYPE OF SYSTEM	Mark appropriate block
CONFIGURATION	Mark appropriate block
DESIGN	Mark appropriate blocks
ELEVATION	Record elevation of lowest point of bottom of drainfield in reference to natural grade
FAILURE / REPAIR INFORMATION INSTALLATION DATE	Record year of original system installation
TYPE OF WASTE	Mark appropriate block
GPD	Provide estimated sewage flow to system based on metered water flow data (if available) or Table 1, whichever is greater.
SITE CONDITIONS	Mark all applicable blocks. Record any other significant conditions.
NATURE OF FAILURE	Mark all applicable blocks.
FAILURE SYMPTOM	Mark all applicable blocks.
REMARKS	Record any other significant criteria that may impact system design. If dimensions are used to determine tank volumes, list the tank dimensions in the remarks section. If the tanks cannot be certified as free of observable defects or leaks, explain in remarks.
SUBMITTED BY	Signature of person performing evaluation
TITLE/LICENSE	Title of department person or license number of other evaluators.
DATE	Date of evaluation.

AGENT AUTHORIZATION

DATE: _____

OWNER INFORMATION

NAME _____

CURRENT ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

PHONE NUMBER(S) _____

PROPERTY DESCRIPTION

OWNER AUTHORIZATION

I, _____ LEGAL PROPERTY OWNER OF THE
ABOVE DESCRIBED LAND, LOCATED AT THE FOLLOWING ADDRESS

HEREBY AUTHORIZE: _____
AS MY AGENT TO ACT ON MY BEHALF IN ALL ASPECTS OF THE APPLICATION
PROCESS IN ORDER TO OBTAIN PERMITS IN MY NAME. THEY ARE ALSO
DELEGATED MY AUTHORITY TO SUBMIT ALL DOCUMENTS, EXHIBITS AND FEES
NECESSARY TO OBTAIN PERMITS IN MY NAME. I UNDERSTAND AND AGREE
THAT I AM SOLELY RESPONSIBLE FOR THE ACCURACY OF INFORMATION
SUBMITTED AND FOR COMPLIANCE WITH ALL REQUIREMENTS OF MY PERMITS.

OWNER SIGNATURE _____



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR VARIANCE FROM CHAPTER 64E-6, FAC
STANDARDS FOR ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEMS**
Authority: Chapter 381, Florida Statutes
Chapter 64E-6, Florida Administrative Code

Variance Application Number Onsite Sewage Office Use Only
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Follow the instructions on the back of this form for assembling your application for variance. Eight (8) copies of this form and supporting documentation must be submitted with the required fee to your local county health department. Your application must be reviewed by the local county health department and the completed application received by the Bureau of Onsite Sewage Programs in Tallahassee no later than the 15th of the month to be placed on the agenda for the next monthly meeting of the variance review and advisory committee. If the 15th falls on a weekend or legal holiday, the deadline for receipt will be the next regular working day. If the variance request involves setbacks from wells or surface waters, the separation of the drainfield from the estimated wet season high water table, or the authorized sewage flow of the property, the county health department must post a sign on the property giving notice of the application for variance.

PART I - GENERAL INFORMATION

(To be completed by the applicant. See instructions on the back of this form.)
(TYPE OR PRINT LEGIBLY)

APPLICANT INFORMATION

Property Owner: _____ Phone:(W) () _____ (H) () _____
 Owner's Agent: _____ Phone:(W) () _____ (H) () _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

PROPERTY INFORMATION

Property Street Address: _____ City: _____ County: _____
 Lot: _____ Block: _____ Subdivision: _____ Unit: _____
 Section: _____ Township: _____ Range: _____ Parcel Number: _____
 Metes & Bounds Description (Attach property legal description)

VARIANCE REQUEST INFORMATION

A variance may not be granted under section 381.0065, FS, until the department is satisfied the following conditions have been met.

Address each item explaining how your variance request satisfies the statutory conditions for a variance. Attach a separate sheet if necessary.

1. Please explain how your variance request satisfies the statutory requirement that the hardship was not caused intentionally by the action of the applicant. _____

2. Please explain how your variance request satisfies the statutory requirement that no reasonable alternative, taking into consideration factors such as cost, exists for the treatment of the sewage. _____

3. Please explain how your variance request satisfies the statutory requirement that the discharge from the onsite sewage treatment and disposal system will not adversely affect the health of the applicant or the public or significantly degrade the groundwater or surface waters. _____

I attest the above information is true. I acknowledge that in the submission of this variance request, I hereby authorize department employees to enter onto my property to conduct inspection activities and to post public notice of this variance request.

Signature of Owner or Agent: _____ Date: ____/____/____

INSTRUCTIONS FOR THE APPLICANT

Instructions for completing Part I, General Information

Property Owner:	Provide the name of the property owner as it appears on the property deed.
Property Owner Phone (H):	Provide the owner's home telephone number including the area code.
Property Owner Phone (W):	Provide the owner's work telephone number including the area code.
Owner's Agent:	Provide the name of the person (if any) legally authorized to represent the owner for the purpose of requesting the variance.
Owner's Agent Phone (H):	Provide the owner's agent's home telephone number including the area code.
Owner's Agent Phone (W):	Provide the owner's agent's work telephone number including the area code.
Mailing Address:	Provide the owner's or the agent's complete mailing address. Letters returned for insufficient or unknown address will be discarded.
Property Street Address:	Provide the number and street where the property is located.
Property Address City:	Provide the city or locale where the property is located.
Property Address County:	Provide the name of the county where the property is located.
Lot, Block, Subdivision, Unit:	If the subject property is in a subdivision, provide the legal description of the property in the spaces provided. Do not write "See Attached".
Section, Township, Range, Parcel Number:	If the subject property is not in a subdivision, provide the section, township (including N or S), and range (including E or W). Include the parcel number if appropriate. Do not write "See Attached."
Metes and Bounds Description:	"X" the box if the property is described by a metes and bounds description. Include the section, township, range, and parcel number in the spaces above and attach the metes and bounds description in the application package.
Variance Request Information:	State the facts that demonstrate the variance request meets the statutory conditions for granting a variance. (Attach a separate sheet if necessary.)
Signature of Owner or Agent:	The owner or agent must sign this form attesting to the accuracy of the information provided and authorizing department employees to enter onto the subject property. The name signed must be either the name of the listed owner or the name of the listed agent.

Instructions for assembling the variance request information package

Supportive documentation should include eight (8) copies of the following:

- Completed application for onsite sewage treatment and disposal system construction permit
- The denial letter from the County Health Department
- Completed site evaluation form
- Completed plot plan, drawn to scale, showing pertinent features on your own and neighboring properties
- Complete plans and specifications for the proposed system
- Any other information necessary for rendering a decision or which you feel is pertinent to your case
- NOTE: If your variance request involves setback violations, your site plan should very clearly show the exact setback dimensions that will be achieved if the variance is granted.
- NOTE: If your variance request involves the setback to a public drinking water supply well, a written opinion from the agency regulating the affected public drinking water system is required to be included in your application package.
- NOTE: If your variance request involves jurisdiction of sewage treatment regulation, a letter from the agency having jurisdiction which authorizes the Department of Health to take jurisdiction of the sewage flow is required.

The burden of presenting pertinent and supportive facts is the responsibility of the applicant. Failure to provide necessary information may result in the application being denied or tabled.

Each of the eight copies of the variance application package should be assembled in the following order:

- Variance Application Form, Part I
- Variance Application Form, Part II
- Continuation of Part I (if any)
- Continuation of Part II (if any)
- Denial letter
- OSTDS Application for construction permit
- Site evaluation
- Site plan
- Subdivision map
- System design specifications
- Other substantiating data

Each copy should be stapled together and all eight copies should be banded into a single bundle.

YOUR VARIANCE REQUEST IS INCOMPLETE WITHOUT PART II COMPLETED BY THE COUNTY HEALTH DEPARTMENT.

Your County Health Department will need ample time to review your completed variance request, perform their required field activities and prepare their comments for your request. Check with your County Health Department concerning their deadline for submission of materials.

This completed application must be received by the Department of Health, Onsite Sewage Office in Tallahassee no later than the 15th of the month to be placed on the agenda for the next monthly meeting of the variance review and advisory committee. If the 15th falls on a weekend or legal holiday, the deadline for receipt will be the next regular working day.

INSTRUCTIONS FOR THE COUNTY HEALTH DEPARTMENT

Instructions for completing Part II, Department-Provided Information

County Reference Number:	If your office has an application number or other case number used to track this file, list it here so it can be included on variance correspondence.
Fee Paid:	Provide the amount of the variance application fee paid by the applicant.
Date:	Provide the date of the fee payment.
Receipt Number:	List the receipt number associated with the fee payment for purposes of audit control.
Specific Section(s) Involved in Request:	List the individual specific rule and statute citations which need to be varied in order to issue the construction permit or approve the system or operation.
Reason Requirements Cannot be Met:	Provide a brief explanation of the reason the section of the rule or statute was listed, for example: 64E-6.005(3), F.A.C. Proposed drainfield is 68 feet from surface water. 381.0065(4)(a), F.S. Anticipated flow (300 gpd) exceeds authorized (285 gpd) 381.0065(4)(b), F.S. Lot is in a subdivision that has 4.6 lots per acre.
Site Information:	Provide the distance from the property to the nearest sewer line and "X" the boxes that most closely describe the property, the establishment and the system involved in the request.
Lot is Posted:	Mark an "X" in the box if the lot has been posted. The county health department shall post a sign on the subject property under consideration for variance when reductions of setbacks from surface waters, wells, wet season high water table, and minimum lot size criteria are requested. The sign shall state that a variance from the standards of Chapter 64E-6, F.A.C. has been requested and that information on the variance request may be obtained from the county health department. The sign shall be posted in a conspicuous location on the lot no later than the 15th day of the month preceding the variance meeting and shall remain posted for a minimum period of two weeks.
Comments from the county health department:	Provide any facts that clarify the variance issues or that would be helpful to the committee in making a recommendation or to the department in making a decision.
Signature of Environmental Director:	The signature of the Director of the Environmental Health or Engineering Section that administers the Onsite Sewage Program, or his designee, is required.

Instructions for assembling the variance request information package

Supportive documentation should include eight (8) copies of the following:

- Completed application for onsite sewage treatment and disposal system construction permit
- The denial letter
- Completed site evaluation form
- Completed plot plan, drawn to scale, showing pertinent features on the applicant's property and neighboring properties
- Complete plans and specifications for the proposed system
- Any other information necessary for rendering a decision or which you feel is pertinent to the case
- NOTE: If the variance request involves setback violations, the site plan should very clearly show the exact setback dimensions that will be achieved if the variance is granted.
- NOTE: If the variance request involves the setback to a public drinking water supply well, a written opinion from the agency regulating the affected public drinking water system is required to be included in the application package.
- NOTE: If the variance request involves jurisdiction of sewage treatment regulation, a letter from the agency having jurisdiction which authorizes the Department of Health to take jurisdiction of the sewage flow is required.

The burden of presenting pertinent and supportive facts is the responsibility of the applicant. Failure to provide necessary information may result in the application being denied or tabled.

Each of the eight copies of the variance application package should be assembled in the following order:

Variance Application Form, Part I
Variance Application Form, Part II
Continuation of Part I (if any)
Continuation of Part II (if any)
Denial letter
OSTDS Application for construction permit
Site evaluation
Site plan
Subdivision map
System design specifications
Other substantiating data

Each copy should be stapled together and all eight copies should be banded into a single bundle.

The copies of the completed application package must be received by the Department of Health, Onsite Sewage Office in Tallahassee no later than the 15th of the month to be placed on the agenda for the next monthly meeting of the variance review and advisory committee. If the 15th falls on a weekend or legal holiday, the deadline for receipt will be the next regular working day.



STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

- Southwest
Northwest
St. Johns River
South Florida
Suwannee River

THIS FORM MUST BE FILLED OUT COMPLETELY.

The water well contractor is responsible for completing this form and forwarding the permit to the appropriate delegated county where applicable.

CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

Permit No.
Florida Unique I.D.
Permit Stipulations Required (See attached)
62-524 Quad #
Delineation #
CUP/WUP Application No.

ABOVE THIS LINE FOR OFFICIAL USE ONLY

Fold at this line in order that address is visible through envelope window

1. Owner, Legal Name of Entity if Corporation Address City Zip Telephone Number

2. Well Location Address, Road Name or number, City Parcel # (Pin)

3. Well Drilling Contractor License No. Telephone No.

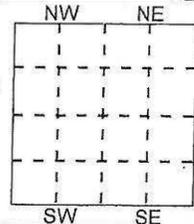
Address

4. 1/4 of 1/4 of Section (Indicate Well on Chart)

City State Zip

5. Township Range

6. County Subdivision Name Lot Block Unit



7. Number of proposed wells Check the use of well: Domestic Monitor (type)

Irrigation (Type) Public Water Supply (type) List Other

Distance from septic system ft. Description of facility Estimated start of construction date

8. Application for: New Construction Repair/Modify Abandonment (Reason for Abandonment)

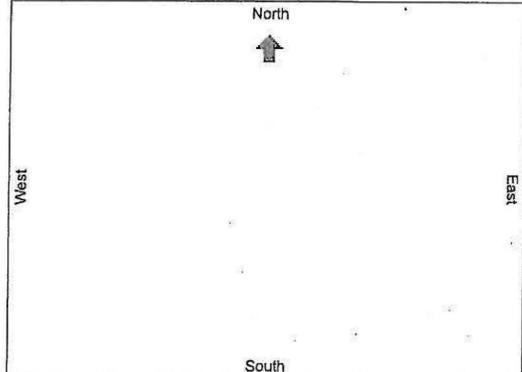
Date Stamp

9. Estimated: Well Depth Casing Depth Screen Interval from to Casing Material: Blk-Steel / Gal / PVC Casing Diameter Seal Material

10. If applicable: Proposed From to Seal Material Grouting Interval From to Seal Material

Draw a map of well location and indicate well site with an "X" identify known roads and landmarks: provide distances between well and landmarks.

11. Telescope Casing or Liner (check one) Diameter Blk-Steel / Galvanized / PVC Other (specify):



12. Method of Construction: Rotary Cable Tool Combination Auger Other (specify):

13. Indicate total No. of wells on site List number of unused wells on site

14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? No Yes

(IF YES, COMPLETE THE FOLLOWING) CUP/WUP No. District well I.D. No. Latitude Longitude Data obtained from GPS or map or survey (map datum NAD 27 NAD 83)

15. I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided on this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after drilling or the permit expiration, whichever occurs first.

I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well, or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well site.

Signature of Contractor License No. Owner's or Agent's Signature Date

Approval Granted By: Issue Date: Hydrologist Approval Initials

Owner Number: Fee Received: \$ Receipt No.: Check No.:

THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS. This permit is valid for 90 days from the date of issue.

Nassau County Health Department Customer Satisfaction Survey

Date: _____ Location: _____ Program: _____

Overall:	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
How would you rate your satisfaction with the information or services you received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Statement	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I got the information or service that I needed. (Accessibility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The service or information was clear and understandable. (Clarity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff was friendly and polite. (Courtesy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff was well informed. (Knowledge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff was helpful. (Helpfulness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was served in a timely manner. (Timeliness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

If you would like for us to contact you, please leave your name, phone number, or address.

Encuesta de Satisfacción al Cliente

Ubicación/Lugar _____

Programa: _____

General:	Muy satisfecho	Satisfecho	Ni satisfecho ni insatisfecho	Insatisfecho	Muy Insatisfecho
¿Cómo calificaría su satisfacción con la información o servicios que ha recibido?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaración	Totalmente de acuerdo	De acuerdo	Ni de acuerdo ni en desacuerdo	No está de acuerdo	Totalmente en desacuerdo
Recibí la información o el servicio que necesitaba. (Accesibilidad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La información o el servicio fue claro y comprensible. (Claridad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El personal fue amable y cortés. (Cortesía)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El personal estaba bien informado. (Conocimiento)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El personal fue útil. (Utilidad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fui atendido en una manera oportuna. (Puntualidad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comentarios adicionales:

¿Podemos contactarlo? Por favor deje su nombre, dirección, y número de teléfono si desea que le respondamos a cerca de sus comentarios.