Instructions for Septic Tank Abandonment Permit Application

1. Application Form (DEP4015 form attached)
2. Site Plan or sketch of the property showing location of septic systems.
3. Tank pump out receipt from a licensed waste hauler
4. $50 fee (Credit Card Authorization form attached)

How to Submit the Application

Mail:

Environmental Engineering
Box 13
Florida Department of Health in Broward
2421-A SW 6th Avenue
Fort Lauderdale, FL 33315

E-mail:
BrowardEH@flhealth.gov

How to Make a Payment

Online:

www.myfloridaEHpermit.com

For "Billing Code" or "Audit Control Number", refer to the 06-BID-XXXXX number

Credit card docusign authorization form:

To access, Click-here

Mail:

Make check payable to: **Florida Department of Health in Broward County** and send to:

Florida Department of Health - Broward County
Cashier's Office
780 SW 24th Street
Fort Lauderdale, FL 33315

Mail credit card authorization form or fax to (954)467-4434

In Person:

Florida Department of Health - Broward County
Cashier's Office - Operations Building (2nd Floor)
2421-A SW 6th Avenue
Fort Lauderdale, FL 33315
Hours of Operation: Monday-Friday 8:00AM-4:30PM

Application For Construction Permit
Onsite Sewage Treatment and Disposal System (OSTDS)

Permit No. ___________
Date Paid: ___________
Fee Paid: ___________
Receipt #: ___________

Application for:

☐ New System ☐ Existing System ☐ Temporary
☐ Repair ☐ Abandonment ☐ Other

Subtype:

☐ Aerobic Treatment Unit ☐ Holding Tank ☐ Other (describe):_______________
☐Non-innovative Performance-based treatment system (PBTS) ☐ Innovative PBTS ☐ Innovative, Non PBTS

Does the system include nitrogen treatment?

☐ Enhanced Nutrient-Reducing OSTDS ☐ In-ground Nitrogen Reducing Biofilter

Applicant: ______________________________ **Email:** ______________________
Agent: ______________________________ **Telephone:**______________________

Mailing Address:____

To be completed by applicant or applicant's authorized agent. Systems must be constructed by a person licensed pursuant 489.105(3)(m) or 489.552, Florida Statutes. It's the applicant's responsibility to provide documentation of the date the lot was first recorded in its present form or platted (MM/DD/YY) if requesting consideration of statutory grandfather provisions.

Property Information

Lot:__________ Block:____________ Subdivision:________________________ Date Lot Recorded:____________

Property Id #:________________ Zoning:_________I/M Or Equivalent: ☐ Yes ☐ No Property Size:______Acres

Water Supply: Private☐ **Public Not Limited Use** ☐<=2000gpd ☐>2000gpd **Limited Use Public** ☐<=2000gpd ☐>2000gpd

Is Sewer Available As Per 381.0065, F.S.? ☐ Yes ☐ No

Property Address:____

Directions To Property: ____

Building Information ☐ Residential ☐ Commercial

Unit No.	Type of Establishment	No. of Occupants	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1					
2					
3					
4					

☐ **Floor/Equipment Drains**____________☐ **Other (Specify)**__________________________

SIGNATURE: ____**DATE:**____________________

Field	Instruction
Permit Type and Subtype:	What type of system construction permit is the application for. What subtype is proposed. If known indicate category of existing under “other” (New, Repair, Modification, No bedroom addition single family home remodeling or replacement, Commercial establishment less than 20% increase in domestic flow).
Does the system include nitrogen treatment?	Is this system installed as an enhanced nutrient-reducing Onsite Sewage Treatment and Disposal System (OSTDS) as defined in 381.0065(2)(f), Florida Statutes? Is an in-ground nitrogen reducing biofilter proposed at this location?
Applicant:	Property owner's full name.
Agent:	Property owner's legally authorized representative.
Email:	Email address for applicant or agent.
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 Lot Recorded:	Official date of lot 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 is considered a subdivision of the lot, resulting in new lots and dates recorded.
Property ID#:	Typically, 27-character number for property. Department 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:	Area of lot in acres (square footage divided by 43,560 square feet). List only the square footage contained within the bounds of the legal description.
Water Supply:	Check which type of water supply will serve the lot. Most common are public not limited use and private. If public, indicate if the well supplies an estimate sewage flow of up to or more than 2000 gallons per day. For types, see 62-6.002(47), F.A.C.
Sewer Availability:	Is sewer available as per 381.0065, Florida Statutes?
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 I, Chapter 62-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office and number of occupants.
No. Occupants	List proposed number of occupants, required for system size determination if more than two occupants per bedroom, or more than one occupant for the fifth and subsequent bedrooms.
No. Bedrooms:	Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants per 381.0065(2)(b), Florida Statutes.
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 I, Chapter 62-6, FAC.
Fixtures:	Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.
Signature Of Applicant Or Agent. Date Application	Signature of applicant or agent. Date application submitted to the permitting office with appropriate fees and attachments
Attachment	A site plan on page 2 of this form or separately, according to the directions for page 2. Page 3 of this form (Site evaluation and system specification). When existing systems have to evaluated, Page 4 of this form (Existing system and repair evaluation). For residences, a floor plan 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 necessaryto determine composition and quantity of wastewater. A copy of the legal description or survey must be included.

CREDIT CARD AUTHORIZATION FORM

Facility: (Name) ___________________________________

Address: ____

City, State, Zip: ___________________________________ Phone: _____________________

TO: FLORIDA DEPARTMENT OF HEALTH IN BROWARD COUNTY

We have taken an extra step to protect our clients from credit card fraud. An authorization form, filled out and faxed to us along with a copy of your current ID will ensure us that the person using your card is you. This is to confirm that you are using our services with your credit card. It is very important for us to have you complete this form and fax it back to us as soon as possible, so we can process your payment. Thank you for your cooperation.

Cardholder: ______________________________ Card #: __________________________

Circle Type: **VISA** **MASTERCARD** **AMERICAN EXPRESS** **DISCOVER**

Expiration Date: ______________________________ Security Code: ____________________

Credit Card Billing Address: ____

City, State, Zip: ____

Telephone Number: ____

I AUTHORIZE BROWARD COUNTY HEALTH DEPARTMENT TO CHARGE MY ACCOUNT FOR THE FOLLOWING:

Amount: $__________________________ and Service ___________________________________

If this is a renewal of BCHD License or Permit, Please print your Permit # ____ 06 _______________

Signature:______________________________________ **Date:** _______________________

FAX THIS FORM TO: (954) 467-4434 OR E-MAIL IT TO: BrowardEHCashier@flhealth.gov

Please make any updates to the renewal of your Broward County Health Department License or Permit.

Facility Name: _______________________________________License/Permit# ______________________________

Location Address: ____________________________________ Location City, State, Zip _________________________

Location Phone: _____________________________________ Location Fax: ________________________________

Business Name: _____________________________________ Address: ___________________________________

City, State, Zip: ______________________________________ Owner/Manager/Contact _________________________

Phone: _______________________ Email: ____________________________ Fax #: ______________________

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION