Instructions for Septic System Repair Permit Application

Please review all attached documentation for further instruction prior to submittal.

1. Application Form (DEP 4015 form attached)

2. Site Plan (Site Plan Checklist Attached)
   Repair permits need not be to scale. Please verify that all pertinent features are listed in detail (ex. Proposed 900g Septic Tank, Existing 750g Septic Tank, Proposed 500 sqft Bed Drainfield, Existing 225 sqft Trench Drainfield, etc.)

3. Existing System and System Repair Evaluation (DEP 4015 form attached)

4. Site Evaluation (Performed by an approved individual). Alternatively, the Department of Health can perform this for $140 at time of submittal.

5. Broward County Property Appraiser page for the property. (BCPA.net)

6. Permitting Fees:
   $210 Permit Fee for Standard Systems
   $260 Permit Fee for Filled or Mound Systems
   (See Attached Credit Card Authorization Form)

Submit the Application in Person to:

Onsite Sewage (2nd Floor) Env. Engineering
Florida Department of Health in Broward 2421-A SW 6th Avenue
Fort Lauderdale, FL 33315

Submit the Application via Email to:

browardeh@flhealth.gov

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

Application for:

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

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

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:**_____

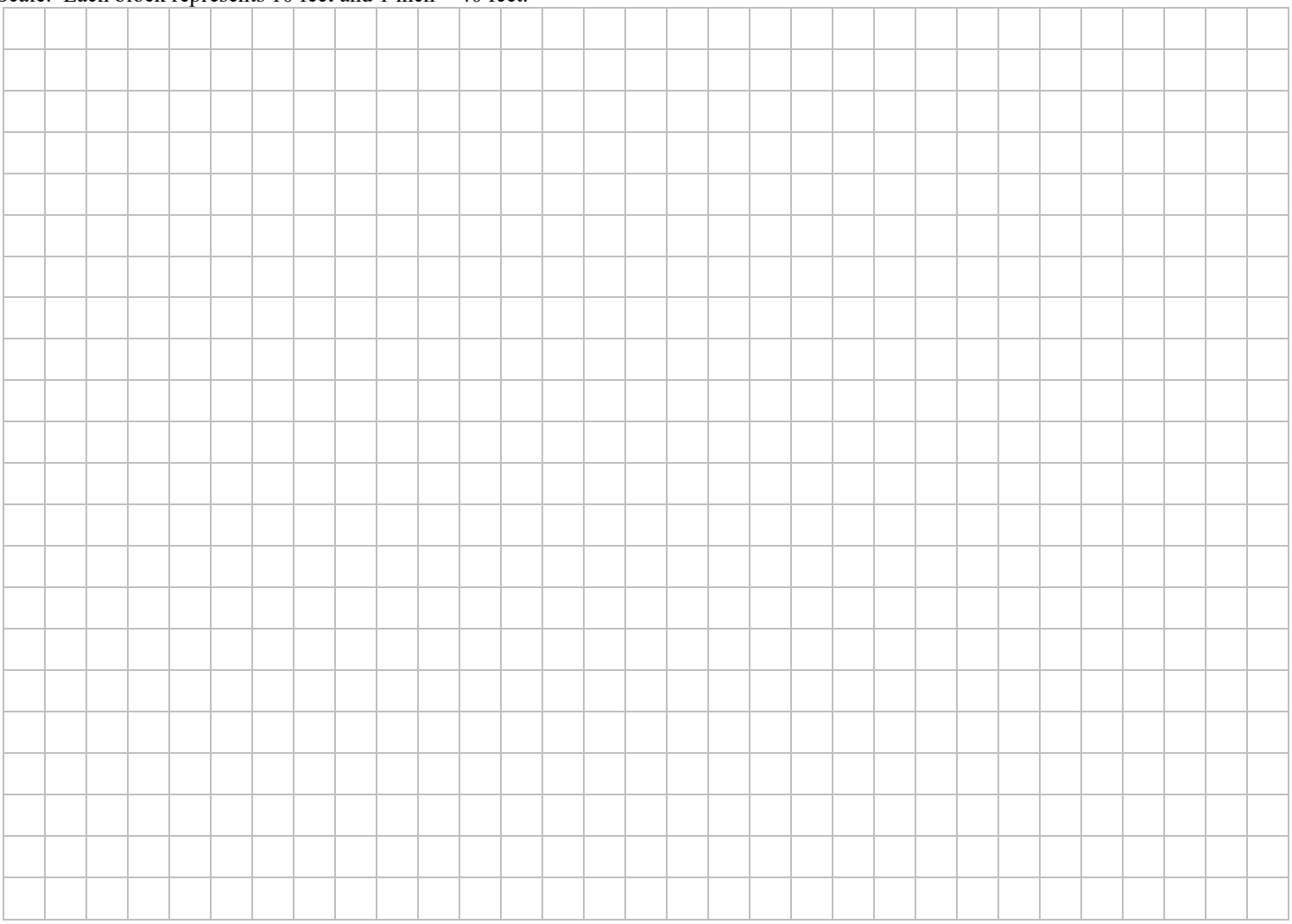
Field	Instruction
Permit Type and Subtype:	What type of system construction permit is the application for. What subtype is proposed. If known indicate category of existing under “other” (New, Repair, Modification, No bedroom addition single family home remodeling or replacement, Commercial establishment 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.

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

Permit Application Number:_____

- PART II - SITEPLAN -

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes:_____

_____

_____

_____

Site Plan submitted by:_____

Plan Approved:_____ Not Approved:_____ Date:_____

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

4015 PG 2: Site Plan Instructions – 62-6.004, F.A.C.

For New/Existing/Modification System Applications:

1. The plan must be **DRAWN TO SCALE** and must be for the property where the system is to be installed. The site plan must **SHOW BOUNDARIES WITH DIMENSIONS** and any of the following **FEATURES THAT EXIST ORTHAT 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 Requires a surveyor to set the Mean High Water Line boundary for tidally influenced surface water bodies. Requires a surveyor or department staff to set the Mean Annual Flood Line for permanent non-tidal surfacewater bodies.
   - 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 must **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 isresponsible 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 62-6.002(47)(b), F.A.C., within 200 feet of the applicant's lot must also be shown, with the distance indicated from the system to the well.**
4. If an individual lot is two 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 parcelmust 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 must be submitted with the application. The applicant lot shall be clearly identified. **A copy of the legal description or surveymust accompany the application for confirmation of property dimensions only.**

FOR REPAIR APPLICATIONS:

1. A site plan (*NOT REQUIRED TO BE DRAWN TO SCALE)* showing:
   - a. ☐ property dimensions
   - b. ☐ the existing and proposed system configuration and location on the property
   - c. ☐ the building location
   - d. ☐ potable and non-potable water lines, within the existing and proposed drainfield repair area
   - e. ☐ the general slope of the property
   - f. ☐ property lines and easements
   - g. ☐ any obstructed areas
   - h. ☐ any private well show private potable wells if within 100 feet of system, non-potable within 75 feet
   - i. ☐ any public wells show if within 200 feet of system any surface water bodies and stormwater systems show if within 100 feet of system. Requires a surveyor to set theMean High Water Line boundary for tidally influenced surface water bodies. Requires a surveyor or department staff toset the Mean Annual Flood Line for permanent non-tidal surface water bodies.
   - j. ☐ The existing drainfield type shall be described. For ex., mineral aggregate, non-mineral aggregate, chambers, or other.
   - k. ☐ **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 ABANDONMENT APPLICATIONS:

1. A site plan (*NOT REQUIRED TO BE DRAWN TO SCALE)* showing:
   - a. ☐ the location on the property of the existing system to be abandoned
   - b. ☐ the building location
   - c. ☐ property lines

FOR ALL SITE PLANS (IF APPLICABLE)

- a. ☐ 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.
- b. ☐ All plans and forms submitted by a licensed engineer shall be dated, signed and sealed.
- c. ☐ The evaluator shall document the locations of all soil profiles on the site plan.

Site Evaluation and System Specifications
Onsite Sewage Treatment and Disposal System (OSTDS)

Applicant:_____ Agent:_____

Lot:_____ Block:_____ Subdivision:_____

Property ID #:_____ [section/township/parcel no. Or tax id number]

To be completed by engineer, health department employee, or other qualified person. Engineers must provide registration number and sign and seal each page of submittal. Complete all items.

Property size conforms to site plan: ☐yes ☐no net usable area available:_____acres

Total Estimated Sewage Flow:_____Gallons per day ☐ Table I **OR** ☐Other

Authorized Sewage Flow:_____ Gallons Per Day ☐ 1500 Gpd/Acre **OR** ☐2500 Gpd/Acre

Unobstructed Area Available: _____ SQFT Unobstructed Area Required:_____ SQFT

Benchmark/Reference Point Location:_____

Elevation of Proposed System Site is:_____☐Inches **OR** ☐FT ☐Above **OR** ☐Below the Benchmark/Reference Point

The Minimum Setback Which Can Be Maintained from the Proposed System to the Following Features

Surface Water:_____ Ft Ditches/Swales:_____Ft Normally Wet? ☐ Yes ☐ No

Wells: Public:_____ Ft Limited Use: _____Ft Private:_____Ft Non-Potable:_____Ft

Building Foundations:_____ Ft Property Lines:_____Ft Potable Water Lines: _____Ft

Site Subject to Frequent Flooding: ☐ Yes ☐ No 10 Year Flooding? ☐ Yes ☐ No

10 Year Flood Elevation For Site:_____Ft MSL/NGVD Site Elevation:_____Ft MSL/NGVD

Soil Profile Information Site 1

Munsell #/Color	Texture	Depth
		To
		To
		To
		To
		To
		To
		To
		To
		To

USDA Soil Series: _____

Soil Profile Information Site 2

Munsell #/Color	Texture	Depth
		To
		To
		To
		To
		To
		To
		To
		To
		To

USDA Soil Series: _____

Observed Water Table:_____Inches ☐Above **OR** ☐Below Existing Grade. Type ☐Perched **OR** ☐Apparent

Estimated Wet Season Water Table Elevation:_____ Inches ☐Above **OR** ☐Below Existing Grade.

High Water Table Vegetation: ☐ Yes ☐ No WSWT Indicator: ☐ Yes ☐ No Depth:_____Inches

Soil Texture/Loading Rate for System Sizing:_____ Depth of Excavation:_____Inches

Drainfield Configuration: ☐ Trench ☐ Bed ☐ Other (Specify):_____

Remarks/Additional Criteria: _____

_____

_____

SITE EVALUATED BY:_____DATE:_____

Instructions

Field	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 and legal description.
Net usable area	Record net usable area available per Rule 62-6.005(7)(c), F.A.C. Net usable area does not include paved areas and prepared road beds within public rights-of-way or easements and does not include surface water bodies. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions that would affect the operation of drainfield systems may be included.
Sewage flow	Record the total estimated sewage flow for the establishment from Chapter 62-6.008(1)(a) or (b), F.A.C. 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 theestimated 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 1.5 times as large as the drainfield absorption area and must meet minimum setbacks in Chapter 62-6, 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 for the most restrictive profile.
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 siteelevation.
Soil profile information	Two soil profiles within the proposed absorption area to a minimum depth of 6 feet or refusal are required. Soil identification willuse 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 (WSWT) elevation based on site evaluation, USDA soil maps, and historical information. Indicate if there ishigh water table vegetation present and list in comments. Indicate presence and depth of shallowest WSWT indicator.
Soil texture	Record soil texture or loading rate for system sizing based on the most restrictive profile.
Depth of excavation	If applicable record depth of excavation required based on the most restrictive profile. 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 and document any WSWT indicators.
Site evaluated by	Signature of evaluator, title, and date of evaluation. Professional engineers must seal all documentation submitted.

Evaluation Worksheet

Elevation of Benchmark or Reference Point is:_____

Benchmark	Site 1	Site 2	Site 3
+ Shot:_____	H.I.:_____	H.I.:_____	H.I.:_____
H.I.:_____	-Shot:_____	-Shot:_____	-Shot:_____

Existing System and System Repair Evaluation
Onsite Sewage Treatment and Disposal System (OSTDS)

Permit No.:_____

Applicant:_____

Contractor / Agent:_____

Lot:_____ Block:_____ Subdivision:_____ 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:☐Yes ☐No
_____ Gallons Septic Tank/Gpd ATU Legend:_____ Material:_____ Baffled:☐Yes ☐No
_____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 ☐ Other:_____
Configuration: ☐ Trench ☐ Bed ☐ Other:_____
Design: ☐ Header ☐ D-Box ☐ Gravity System ☐ Dosed System
Elevation of Bottom of Drainfield in Relation to Natural 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 I, 62-6, F.A.C.

Site Conditions: ☐ Drainage Structures ☐ Pool ☐ Patio / Deck ☐ Parking ☐ Sloping Property ☐Other:_____

Nature of Failure: ☐ Hydraulic Overload ☐ Soils ☐ Maintenance ☐ System Damage ☐ Drainage / Run Off
☐ Roots ☐ Water Table ☐ Other:_____

Failure Symptom: ☐ Sewage on Ground ☐ Tank ☐ D Box/Header ☐ Drainfield ☐ Plumbing Backup ☐Other:_____

Remarks/Additional Criteria:_____

Submitted By: _____ Title/License:_____ Date:_____

INSTRUCTIONS:

Item	Instruction
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:

Item	Instruction
TANK 1	Complete tank size in gallons or gpd and mark appropriately. Complete LEGEND (approval number), MATERIAL (concrete, fiberglass, polyethylene) and whether or not tank is 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 outlet filter. If the tanks cannot be certified, note that fact in the remarks section.

EXISTING DRAINFIELD:

Item	Instruction
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

Item	Instruction
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 I, 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.

REPAIR SITE PLAN CHECKLIST (*NOT REQUIRED TO BE DRAWN TO SCALE)* showing:

- Property dimensions
- Fixed point of reference or benchmark location
- Soil Profiles within 5 feet of the drainfield or drainfield area (Minimum of 2 profiles)
- Setbacks to property lines, building foundations, potable water lines, private potable and non-potable wells, etc. (setbacks must conform to the site evaluation)
- Size of the existing and proposed septic tank (ex. Proposed 900 gallons Septic Tank, Existing 750g Septic Tank). Tanks can be within 2 tank sizes. 1 Tank Size = 150g. Minimum Tank is 600 gallons.
- The existing and proposed drainfield type shall be described, with the size and configuration, dimensions and unobstructed areas. Description: mineral aggregate/rock and pipe, non-mineral aggregate/rock and pipe, chambers, etc. Size: In square feet. Configuration: Bed or a Trench.

***If the residence was built prior to 1983 use Table VI and VII.

Table VI
Residentail Sizing for Slightly Limited Soil

Bedroom(s)	**Trench**	**Bed**
1	75	100
2	150	200
3	225	300
4	300	400
Add per bedroom	75	100

Table VII
Residentail Sizing for Moderatly Limited Soil

Bedroom(s)	**Trench**	**Bed**
1	100	125
2	200	250
3	300	375
4	400	500
Add per bedroom	100	125

***Post 1983 drainfield size will follow the current rule criteria.

- The building location, water supply (private well or water meter), and potable water lines
- Any obstructed areas (patios, decks, parking area, or swimming pools)
- Any wells, Pre-1983 *minimum setback for potable is 50 feet, non-potable is 25 feet or original location, limited use is 100 feet, and public supply is 200 feet*
- Any wells, Post-1983 *minimum setback for potable is 75 feet, non-potable is 50 feet or original location, limited use is 100 feet, and public supply is 200 feet*
- Draw and label drainage features such as swales,ditches and retention or detention areas. That hold water for less than 72 hours. *Minimum setback is 15 feet from the high water line*
- The general slope of the property (if applicable)
- Any surface water bodies minumum setback is 50 feet if platted/buillt pre-1983, 75 if platted/built post-1983 (The department will set the mean annual flood line for all ***not-tidally*** influence surface bodies of water but all ***tidally*** influenced must be submitted with a survey showing the mean high waterline)

Laundry Systems:

Where a residential laundry waste tank and drainfield system is used the minimum laudry waste: **Trench** drainfield absorption area for slightly limited soil shall be 75 square feet for a on or tow bedroom residence with an additional 25 square feet for each additional bedroom. If an absorption **Bed** drainfield is used the minimum drainfield area shall be 100 square feet with an additional 50 square feet for each additional bedroom over two bedrooms.

Bedrooms	Trench	Bed
2	75	100
3	100	150
4	125	200
5	150	250
6	175	300
7	200	350

Notes:

- The amount of drainfield installed during the repair shall not be less than the amount the system had prior to the repair.
- Ajacent/multiple drainfields minimum setbacks are 10 feet for a bed and 2 feet for a trench.
- Proposed drainfields exceeding 1000 total square feet shall be designed by a master septic tank contractor or a Professional Engineer and low-pressue dosed. If the drainfield is split into two drainfilelds equal in size but less than 2,000 total squre feet lift dosed is acceptable in lieu of a low-pressure dosed. Proposed drainfields exceeding 2000 total square feet shall be designed by a Professional Engineer and low-pressue dosed. Systems having more than 2000 square feet of drainfield shall have a minimum of two dosing pumps, with each pump serving a proportionate amount of the total required absorption area. The pumps shall dose alternately.

By checking off any applicable requirements and signing this form, you are acknowledging that all the information is complete on the site plan. Any missing or incorrect information may result in the delay of the permit issuance.

APPLICANT OR AUTHORIZED AGENT _____ DATE _____

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) 467-4898

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