

**INFORMATION SHEET FOR SEPTIC TANK AND WELL PERMITS**

DOH/NCHD - ENVIRONMENTAL HEALTH  
96135 Nassau Place, Suite B, Yulee, FL 32097  
Mailing: Post Office Box 15100  
FERNANDINA BEACH, FLORIDA 32035  
(904) 548-1830 or (904) 879-6606

PLEASE MAKE CHECKS PAYABLE TO: NASSAU COUNTY HEALTH DEPT. WHEN PAYING BY CASH, PLEASE PRESENT EXACT CHANGE. NO CHANGE IS KEPT IN THIS OFFICE! APPLICATIONS ARE ACCEPTED MONDAY THROUGH FRIDAY FROM 8:30 A.M. TO 11:30 A.M. AND 1:00 P.M. TO 4:00 P.M.

**PERMIT FEES: As of July 1, 2010**

**A new system construction permit package (application, site evaluation, permit, research surcharge, initial first inspection) will be \$520. Each additional inspection is \$50, re-inspection fee is \$75.**

**A repair permit package (application, site evaluation, permit, research surcharge, initial inspection) will be \$490. Again, each additional inspection would be \$75.**

**A modification permit package (application/existing system evaluation, site evaluation, permit, training surcharge, initial inspection) will be \$485. Again, each additional inspection would be \$75.**

**An abandonment permit package (application, permit, inspection) will be \$150.**

**Additional inspections (excavation, stabilization, etc) will be \$50 / Reinspections will be charged \$75**

<b>Existing</b>	<b>\$ 135.00</b>	
<b>Holding Tank</b>	<b>\$ 320.00</b>	
<b>Re-Issued Permit</b>	<b>\$ 145.00</b>	<b>(no changes) Please Bring Original Permit Back</b>
<b>Re-Issued Permit</b>	<b>\$ 220.00</b>	<b>(with changes)</b>
<b>Re-set Benchmark</b>	<b>\$ 170.00</b>	
<b>Variance</b>	<b>\$ 300.00</b>	<b>(Single family residence) per site</b>
<b>Variance</b>	<b>\$ 400.00</b>	<b>(Multi-family or Commercial) per site</b>
<b>Potable Well Permit</b>	<b>\$ 105.00</b>	
<b>Monitoring or Irrigation Well</b>	<b>\$ 80.00</b>	<b>Per Well</b>
<b>Public Supply Well, Commercial/Business</b>	<b>\$ 180.00</b>	
<b>Well Abandonment</b>	<b>No Charge</b>	
<b>Copies</b>	<b>\$ .15</b>	<b>Per Page</b>
<b>Research Fee</b>	<b>\$ 15.00</b>	<b>Per hour</b>

**PLEASE TELL US ABOUT ANY DOGS ON YOUR PROPERTY. WE WILL NOT ENTER WITHOUT NOTIFICATION OF THEIR PRESENCE.**

**ALL PERMIT APPLICATIONS WILL BE AVAILABLE AT THE ENVIRONMENTAL HEALTH DEPARTMENT. APPLICATIONS ARE ACCEPTED MONDAY THROUGH FRIDAY FROM 8:30 A.M. TO 12:00 P.M. AND 1:00 P.M. TO 4:00 P.M.**

**NOTE: DUE TO LOCATING UNDERGROUND UTILITIES PRIOR TO SOIL TEST BORINGS, PLEASE PROVIDE DIRECTIONS TO PROPERTY WITH AN INTERSECTION ¼ OF A MILE FROM YOUR PROPERTY. THE LOCATING OF UNDERGROUND UTILITIES WILL CREATE A DELAY IN THE PROCESSING OF YOUR PERMIT BY 2 TO 5 BUSINESS DAYS.**

**APPLICATIONS WILL NOT BE ACCEPTED UNLESS ALL INFORMATION LISTED BELOW IS OBTAINED AND FORMS ARE FILLED OUT CORRECTLY AND COMPLETELY!**

Provide the following along with your application:

1. **PLAT MAP:** SHOWS YOUR PROPERTY & THE SURROUNDING PROPERTIES. CAN BE OBTAINED FROM THE PROPERTY APPRAISERS OFFICE. 904-491-7300
2. **FLOOR PLAN:** SHOWING THE NUMBER OF BEDROOMS AND THE BUILDING AREA OF EACH DWELLING UNIT.
3. **LETTER OF AUTHORIZATION:** IF THE OWNER OF A PROPERTY USES AN AUTHORIZED REPRESENTATIVE TO OBTAIN A PERMIT A SIGNED STATEMENT FROM THE OWNER OF THE PROPERTY IS REQUIRED, ASSIGNING AUTHORITY FOR THE REPRESENTATIVE TO ACT ON THE OWNER'S BEHALF.
4. **PROPERTY ID:** 18 DIDGET NUMBER 00-00-00-0000-0000-0000 CAN BE OBTAINED FROM THE PROPERTY APPRAISER'S OFFICE. 904-491-7300.
5. **METES AND BOUNDS:** A WRITTEN LEGAL DESCRIPTION OF THE PROPERTY, WHICH CAN BE OBTAINED FROM THE RECORDS DEPARTMENT, LOCATED AT THE NEW COURT HOUSE IN YULEE, 904-548-4600. THIS IS REQUIRED IF THE PROPERTY **IS NOT** IN A NAMED RECORDED SUBDIVISION.
6. **PUBLIC SEWER AVAILABILITY:** WHEN APPLYING FOR A SEPTIC SYSTEM INSIDE THE CITY LIMITS OF AN INCORPORATED MUNICIPALITY OR ANY AREA WHERE SEWER IS AVAILABLE, SUBMIT A LETTER FROM THE PUBLIC UTILITY STATING THE AVAILABILITY OR NOT OF PUBLIC SEWER SERVICE.
7. **WATER USE RECORDS:** IF YOUR APPLICATION IS A REPAIR AND YOU ARE ON PUBLIC WATER SUPPLY, WATER USE RECORDS ARE REQUIRED FOR THE LAST 12 MONTHS.
8. **DATE OF SUBDIVISION:** OFFICIAL DATE OF SUBDIVISION OR DATE LOT WAS ORIGINALLY RECORDED & SUBDIVIDED IN COUNTY PLAT BOOKS. THIS INFORMATION CAN BE OBTAINED FROM THE PROPERTY APPRAISER'S OFFICE. 904-491-7300.
9. **ZONING:** AS DETERMINED BY THE NASSAU COUNTY BUILDING DEPARTMENT AND/OR GROWTH MANAGEMENT LOCATED AT 96161 NASSAU PLACE, YULEE, FLORIDA.904-321-5765
10. **CONTRACT: (holding tank only)** must have copy of contract between customer and septic company for disposal of waste.

**PROVIDE US WITH COPIES THAT WILL BE RETAINED IN THIS OFFICE WITH YOUR RECORDS. IF YOU NEED ADDITIONAL COPIES, PLEASE MAKE THEM BEFORE COMING TO THIS OFFICE. THIS WILL AID IN THE PERMIT PROCESS.**

**APPLICATION FOR CONSTRUCTION PERMIT PAGE 1 OF 3**

TO BE COMPLETED BY APPLICANT OR AGENT. FOR STEP-BY-STEP INSTRUCTIONS REFER TO BACK OF APPLICATION. ***Permit must be in the name of the property owner. Provide a legal surveyor copy of legal deed of property.***

**SITE PLAN ATTACHMENT**

THIS IS A YES OR NO QUESTIONNAIRE PERTAINING TO SITEPLAN. ANY ITEMS CHECKED YES ON THIS FORM MUST BE SHOWN ON YOUR SITE PLAN.

**SITE PLAN**

A SITE PLAN SHOWING BOUNDARIES WITH DIMENSIONS. LOCATIONS OF ANY EXISTING, PROPOSED RESIDENCES OR BUILDINGS, SWIMMING POOLS & RECORDED EASEMENTS. ANY ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM COMPONENTS AND THEIR LOCATION ON THE PROPERTY. THE SLOPE OF THE PROPERTY AND ANY EXISTING OR PROPOSED WELLS, POTABLE AND NON-POTABLE WATER LINES, INCLUDING VALVES, DRAINAGE FEATURES, FILLED AREAS & OBSTRUCTED AREAS. SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS OR CANALS.

**\*\*\*\*SITE PLAN MUST BE DRAWN TO SCALE ON GRAPH PAPER SUPPLIED IN APPLICATION OR BY ENGINEER, SURVEYOR, OR OTHER DESIGN PROFESSIONAL\*\*\*\***

**SITE EVALUATION AND SYSTEM SPECIFICATIONS PAGE 3 OF 3**

COMPLETE APPLICANT NAME, LOT AND BLOCK NUMBER, SUBDIVISION NAME (IF APPLICABLE) AND PROPERTY I.D. NUMBER

**\*\*\*\*\*REPAIR AND EXISTING APPLICATIONS\*\*\*\*\***

**EXISTING SYSTEM AND REPAIR EVALUATION PAGE 4 OF 4**

COMPLETE APPLICANT NAME, LOT AND BLOCK NUMBER, SUBDIVISION NAME (IF APPLICABLE), AND PROPERTY I.D. NUMBER. EXISTING TANK AND DRAINFIELD INFORMATION IS TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPT. EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER STATE CERTIFIED ENVIRONMENTAL PROFESSIONAL.

**ALL REPAIR AND EXISTING PERMITS MUST HAVE SEPTIC TANKS PUMPED BEFORE SITE VISIT CAN BE PERFORMED!**

EXISTING SYSTEM MODIFICATION PERMITS ARE \$485.00. THE \$135.00 EXISTING PERMIT FEE WILL BE APPLIED TO THE TOTAL COST OF THE MODIFICATION PERMIT. A BALANCE OF \$350.00 WILL BE DUE UPON RECEIPT OF MODIFIED PERMIT.

TWO WHITE FLAGS SHALL BE PLACED ON PROPERTY FOR SEPTIC SYSTEM, ONE AT THE BEGINNING AND END OF DRAINFIELD (FLAGS MUST BE 30 FEET FROM ONE ANOTHER). PLACE THE BLUE FLAG AT WELL SITE AND THE YELLOW FLAG SHALL BE PLACED AT THE DRIVEWAY.

**THE SITE EVALUATION WILL BE PERFORMED WHEN OUR OFFICE IS NOTIFIED THAT FLAGS ARE POSTED!!!**

CLEAR PROPERTY OF THICK UNDERBRUSH AND OVERGROWN GRASS WHERE HOME, SEPTIC, WELL, DRIVEWAY AND ANY AREA ADJACENT TO ONSITE FEATURES (E.G. WELLS, PONDS, SEPTIC SYSTEMS) WITHIN 75' OF SEPTIC SITE, ON YOUR LOT.

**A REINSPECTION FEE OF \$75.00 WILL BE CHARGED IF FLAGS ARE NOT POSTED AND/OR LOT IS NOT CLEARED AS TO INSTRUCTIONS WHEN A SITE EVALUATION IS ATTEMPTED!! !!**

**MAKE COPIES OF YOUR SEPTIC PERMIT BEFORE GIVING IT TO YOUR CONTRACTORS OR MAKE SURE YOU GET A COPY OF YOUR PERMIT FROM YOUR CONTRACTOR/AGENT. WHEN YOU CALL THE OFFICE FOR INFORMATION REGARDING YOUR SEPTIC PERMIT, HAVE YOUR PERMIT NUMBER READY. THIS WILL MAKE YOUR PERMIT A LOT EASIER TO LOCATE.**

NOTE:  
SEPTIC TANK CONSTRUCTION PERMITS ARE ISSUED BASED ON MINIMUM STATE STANDARDS. IF A SYSTEM DOES NOT MEET MINIMUM STATE STANDARDS, THE SYSTEM WILL NOT BE APPROVED, AND A \$75.00 RE-INSPECTION FEE SHALL BE CHARGED.

**COMPLETING WELL PERMIT APPLICATION:**

THE APPLICANT FILLS IN THE TOP PORTION OF THE WELL PERMIT AND THE WELL DRILLER COMPLETES THE APPLICATION PRIOR TO ISSUANCE OF A WELL PERMIT. BOTH MUST SIGN AT BOTTOM.

PROVIDE A SITE PLAN OF THE PROPERTY. A COPY OF THE SITE PLAN THAT HAS BEEN SUBMITTED FOR THE SEPTIC PERMIT WILL BE ACCEPTABLE.

**SEPTIC SYSTEM FINAL INSPECTIONS WILL NOT BE APPROVED AND RELEASED TO THE BUILDING DEPARTMENT UNTIL THE WELL HAS BEEN INSTALLED & HOME LOCATED ON THE PROPERTY!**



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: \_\_\_\_\_

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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.

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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  $\leq$  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.

# Site Plan Attachment

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Easements: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate on site plan

Slopes: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate on site plan

Wells on Lot: Yes \_\_\_\_\_ No \_\_\_\_\_ Private \_\_\_\_\_ Irrigation \_\_\_\_\_

If yes, indicate on site plan and show distances to any existing and/or proposed OSTDS

Public Wells: Yes \_\_\_\_\_ \Within 200 Feet \_\_\_\_\_ None \_\_\_\_\_

Beyond 200 Feet \_\_\_\_\_

If yes, indicate on site plan and show distances to any existing and/or proposed OSTDS

Off Site Features: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate on site plan

Drainage Features: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate on site plan and distance to existing and/or proposed OSTDS

Filled Areas: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate filled areas on site plan

Surface Water: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate water on site plan and distance to existing or proposed OSTDS

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Applicant Signature

**NOTICE:** An approval of a septic tank system by the Nassau County Health Department in no way implies that the system has a warranty to work for a specified time. Be advised that the person(s) installing your septic tank system may or may not be the registered septic tank contractor. They may be working under a registered septic contractor or a licensed plumber, and it is the registered contractor or licensed plumber who is ultimately responsible for the installation of the system. We recommend that any warranty should be worked out in advance and should be in writing.



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

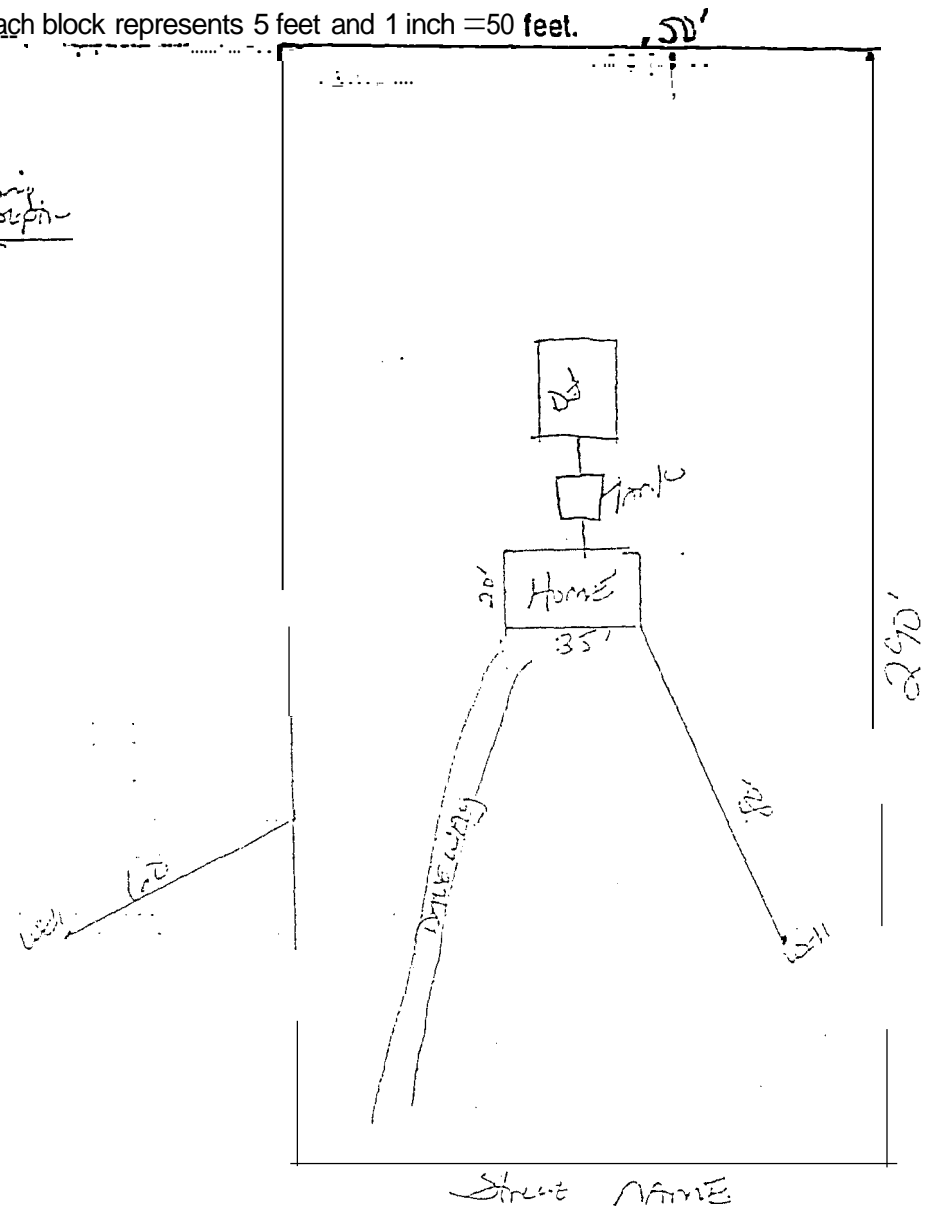
Permit Application Number \_\_\_\_\_

---PART II - SITE PLAN---

Scale: Each block represents 5 feet and 1 inch = 50 feet.

*Existing Septic*

*Septic & well  
greater than  
75' to property  
line*



Notes: SITE PLAN MUST SHOW: DISTANCES & LOT DIMENSIONS  
DITCHES, CULVERT, DRIVEWAY, AND STREET.  
NEIGHBORS SEPTIC TANK, WELL, BUILDINGS & SURFACE WATER  
WITHIN 75FT. OF PROPERTY LINES.

DOCUMENT ON SITE PLAN ANY STATEMENTS ANSWERED YES TO ON SITE  
PLAN ATTACHMENT.

Site Plan submitted by: \_\_\_\_\_

Plan Approved \_\_\_\_\_

By \_\_\_\_\_

Signature \_\_\_\_\_

Not ApprO/ed \_\_\_\_\_

Date \_\_\_\_\_

County Health [ \_\_\_\_\_ ]





**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.

<b>ELEVATION WORKSHEET</b>		<b>ELEVATION OF BENCHMARK / REFERENCE POINT IS: _____</b>					
<b>BENCHMARK</b>	_____	<b>SITE 1</b>		<b>SITE 2</b>		<b>SITE 3</b>	
[+] 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#: \_\_\_\_\_

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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.

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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:[ ]

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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

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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.



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.

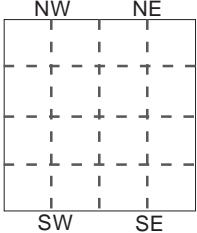
CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

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

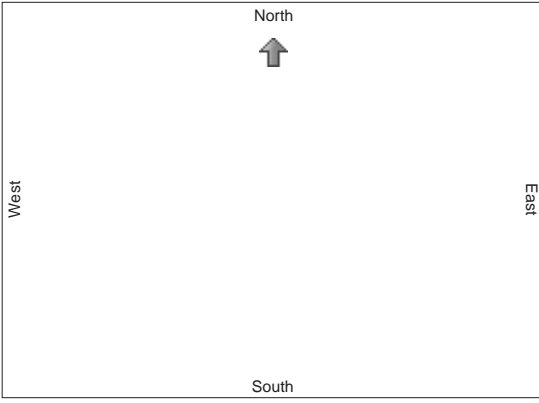
ABOVE THIS LINE FOR OFFICIAL USE ONLY

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 City State Zip
4. 1/4 of Section (Indicate Well on Chart)
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
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 Grouting Interval Seal Material
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



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



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.

WHITE: ORIGINAL FILE
YELLOW: DRILLING CONTRACTOR
PINK: OWNER

CLIENT SATISFACTION SURVEY  
NASSAU COUNTY HEALTH DEPARTMENT

Date of Service: \_\_\_\_\_

Please check the location where you received services. <input type="checkbox"/> Yule <input type="checkbox"/> Hilliard <input type="checkbox"/> Callahan <input type="checkbox"/> Fernandina Beach	Please check the type of service you received. <input type="checkbox"/> Family Planning <input type="checkbox"/> Adult Health <input type="checkbox"/> Child Health <input type="checkbox"/> School Health <input type="checkbox"/> Immunizations <input type="checkbox"/> Dental Health <input type="checkbox"/> Health Education <input type="checkbox"/> Rural Health Van <input type="checkbox"/> Vital Records <input type="checkbox"/> Healthy Start <input type="checkbox"/> Healthy Families <input type="checkbox"/> WIC <input type="checkbox"/> Lab <input type="checkbox"/> Environmental Health <input type="checkbox"/> <u>Epidemiology and Communicable Disease</u> <input type="checkbox"/> Other _____
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Please <i>respond</i> on your recent experience with the Nassau County Health Department.	Strongly Agree	Agree	Disagree	<b>Not Applicable</b>
1. I was treated with courtesy and respect.				
2. I was seen within 30 minutes of my scheduled appointment time.				
3. The staff was knowledgeable and helpful.				
4. Services were available at times that were good for me.				
5. Phones were answered quickly and my messages were returned.				
6. The office/clinic was clean and comfortable.				
7. The staff helped me find other services I needed.				
8. Overall, I am very satisfied with the services I received.				

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OPTIONAL:** If you would like someone from the Health Department to contact you to *discuss* your experience, please provide your name and a contact number.

NAME: \_\_\_\_\_

Thank You (or completing this survey).