



STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 ONSITE SEWAGE TREATMENT AND
 DISPOSAL SYSTEM
 APPLICATION FOR
 ABANDONMENT PERMIT

PERMIT NO. _____
 DATE ISSUED: _____
 EXPIRATION DATE: _____
 FEE PAID: _____
 RECEIPT #: _____

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. APPLICANT
 MUST MEET REQUIREMENTS OF CHAPTER 64E-6 FLORIDA ADMINISTRATIVE CODE.

APPLICANT: _____ TELEPHONE: _____

AGENT/CONTRACTOR: _____ TELEPHONE: _____

MAILING ADDRESS: _____ CITY: _____

PROPERTY INFORMATION:

PROPERTY STREET ADDRESS:

SUBDIVISION OR CITY: _____ BLK: _____ LOT(S): _____

Lot Size: _____ Acres Water Supply: Private Public

SIGNATURE: _____ DATE: _____

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**INSTRUCTIONS:**

1. POST PERMIT IN A LOCATION VISIBLE FROM THE STREET INSIDE A PLASTIC BAG.
2. HAVE TANK PUMPED AND FAX PUMP RECEIPT TO 690-2101.
3. CRUSH OR COLLAPSE TANK.
4. FILL TANK WITH CLEAN MATERIAL, GRADE AND STAKE AREA.
5. CALL 239-690-2100 FOR INSPECTION.
6. THIS PERMIT IS VALID FOR 90 DAYS FROM DATE OF ISSUE.

**FAILURE TO HAVE THE SYSTEM PROPERLY ABANDONED WITHIN 90 DAYS FOLLOWING CONNECTION TO  
 CENTRALSEWER, OR DEMOLITION, CONDEMNATION, REMOVAL OF AN ESTABLISHMENT  
 MAY RESULT IN A FINE OF UP TO \$500.00 PER DAY.**

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FOR USE BY HEALTH DEPARTMENT ONLY:

DATE OF ISSUE: _____ EXPIRATION DATE: _____

PERMIT ISSUED BY: _____ TITLE: _____

DATE CALLED IN: _____ CALLED IN BY: _____

DATE OF FINAL: _____ FINAL INSPECTION BY: _____