



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]
 BAFFLE: [Y/N] FILTER: [Y/N] SOLIDS DEFLECTION DEVICE: [Y/N] DIMENSIONS: L _____ W _____ D _____
- [] GALLONS SEPTIC TANK/GPD ATU LEGEND: _____ MATERIAL: _____ BAFFLED: [Y / N]
 BAFFLE: [Y/N] FILTER: [Y/N] SOLIDS DEFLECTION DEVICE: [Y/N] DIMENSIONS: L _____ W _____ D _____
- [] GALLONS GREASE INTERCEPTOR LEGEND: _____ MATERIAL: _____
 BAFFLE: [Y/N] FILTER: [Y/N] SOLIDS DEFLECTION DEVICE: [Y/N] DIMENSIONS: L _____ W _____ D _____
- [] GALLONS DOSING TANK LEGEND: _____ MATERIAL: _____ PUMPS: []
 BAFFLE: [Y/N] FILTER: [Y/N] SOLIDS DEFLECTION DEVICE: [Y/N] DIMENSIONS: L _____ W _____ D _____

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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.