



Vision: To be the Healthiest State in the Nation

Septic System Permit Checklist

Any paperwork incorrectly or not completely filled out may take longer for the permit to be issued.

Submit the following information to:

Health Department in Hardee County
115 KD Revell Rd
Wauchula, FL 33873
863-773-4161

1. The ZI sheet from Planning and Zoning required for new septic system permitting.

Hardee County Planning and Zoning phone # 863-767-1964

2. Completed septic permit application, including the property survey, & fees

New permit	\$480.00	Modification permit	\$425.00
Repair permit	\$390.00	Existing permit	\$35.00

If paying by check, make payable to: Health Department in Hardee County

3. Completed Agent Authorization Form (optional)

Authorizes an agent or agents to act on your behalf in all aspects of the application to obtain an onsite sewage treatment and disposal system permit from the Florida Department of Health in Hardee County.

4. Site plan drawn to scale for new permitting and modifications/remodels

Repair permit site plans are not required to be drawn to scale.
Example site plans attached.

5. Floor plans for the home or building, required for new permits and building modifications

Floor plans will consist of the existing layout as well as showing the addition or remodel.
Plumbing plans required for commercial buildings.

6. Existing system & repair evaluation form / septic tank certification form (pump out sheet)

For septic systems to be repaired or modified, contact a licensed septic contractor to pump the septic tank and inspect the tank, drainfield, and complete the "pump out sheet".



Vision: To be the **Healthiest State** in the Nation

For New or modification permits--Before submitting your septic application to the Health Department, contact Hardee County Planning and Zoning at phone # **863-767-1964** to apply for the Zoning Information sheet (ZI sheet) for your property. The address for Hardee County Planning & Zoning is 110 S 9th Ave, Wauchula, FL.

The ZI sheet from Planning and Zoning is required for septic system construction permitting.

HEALTH DEPARTMENT REQUIREMENTS

ONSITE SEWAGE TREATMENT DISPOSAL SYSTEM (OSTDS) PERMITS

1. Complete Florida Department of Environmental Protection (DEP) form DEP 4015 Application for Construction Permit. The application must be signed by the owner, agent, or a licensed contractor and shall be accompanied by all required exhibits and fees.
2. A site plan of the lot showing the following must be drawn to scale and must include a **(Repair permits are not required to be to scale)**
 - Boundaries with dimensions.
 - Locations of any existing or proposed residences or buildings.
 - Swimming pools.
 - Recorded easements.
 - The components of the proposed septic tank system and their location on the property.
 - Slope of the property.
 - Any existing or proposed wells.
 - Location of any and all water lines (potable, non-potable, irrigation and water main) and any valves.
 - Drainage features, filled areas, surface water such as lakes, ponds, streams, or canals.
 - Obstructed areas such as driveways, sidewalks, decks, etc.
 - Approximate locations of wells, septic tank systems, surface waters, or other pertinent facilities or features on contiguous or adjacent property. If any of these features are within 75 feet of applicant's lot, the estimated distance must be shown but need not be drawn to scale.
 - Any public drinking water well within 200 feet of applicant's lot shall be shown with the distance from the well to the septic tank system.
 - If lot is 5 acres or more you may draw a minimum 1 acre parcel to scale showing all required features. You must also show the location of that 1 acre parcel within the total site ownership.
4. The lot shall be flagged or otherwise clearly identified.
6. A floor plan shall show the total building area of the structure, the number of bedrooms, and the building area of each dwelling unit. **(Repair permits do not require a floor plan.)**
7. Application Fees: New - \$480.00, Repair - \$390.00, Modification - \$425.00, Existing - \$35.00

Mission:

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

**Ron DeSantis**

Governor

Joseph A. Ladapo, MD, PhD

State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Agent Authorization Form
Complete and attach to permit application

Date: _____

TO: Florida Department of Health in Hardee County, Environmental Health

FROM: _____
Name_____
Address_____
City

State

Zip Code

Phone Number: _____

I, _____ Legal Property Owner of the Land

Parcel(s) located at: _____

Hereby Authorize: _____

as my agent(s)/representative(s) to act on my behalf in all aspects of the application process in order to obtain an onsite sewage treatment and disposal system permit from the Florida Department of Health in Hardee County. My agent/representative id delegated my authority to submit all documents, exhibits and fees necessary to obtain the permit. I understand and agree that I am solely responsible for the accuracy of information submitted and for compliance with all requirements of my onsite sewage treatment and disposal system permit, in my name.

Signed: _____ Date: _____





STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

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

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [] _____

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 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.

PROPERTY INFORMATION

OSTDS REMEDIATION PLAN? [Y / N]

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 I, Chapter 62-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: _____ DATE: _____

Permit Application Number _____

A full-page view of a blank sheet of graph paper. The grid consists of thin, light gray horizontal and vertical lines forming small squares across the entire page. There are no margins, text, or other markings on the paper.

By _____ County Health Department

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FOR NEW/EXISTING/MODIFICATION SYSTEM APPLICATIONS: The plan must be **DRAWN TO SCALE** and must be for the property where the system is to be installed.

1. The site plan must **SHOW BOUNDARIES WITH DIMENSIONS** and any of the following **FEATURES THAT EXIST OR THAT 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 is responsible 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(44)(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 five 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. *The to scale parcel must 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 survey must accompany the application for confirmation of property dimensions only.**

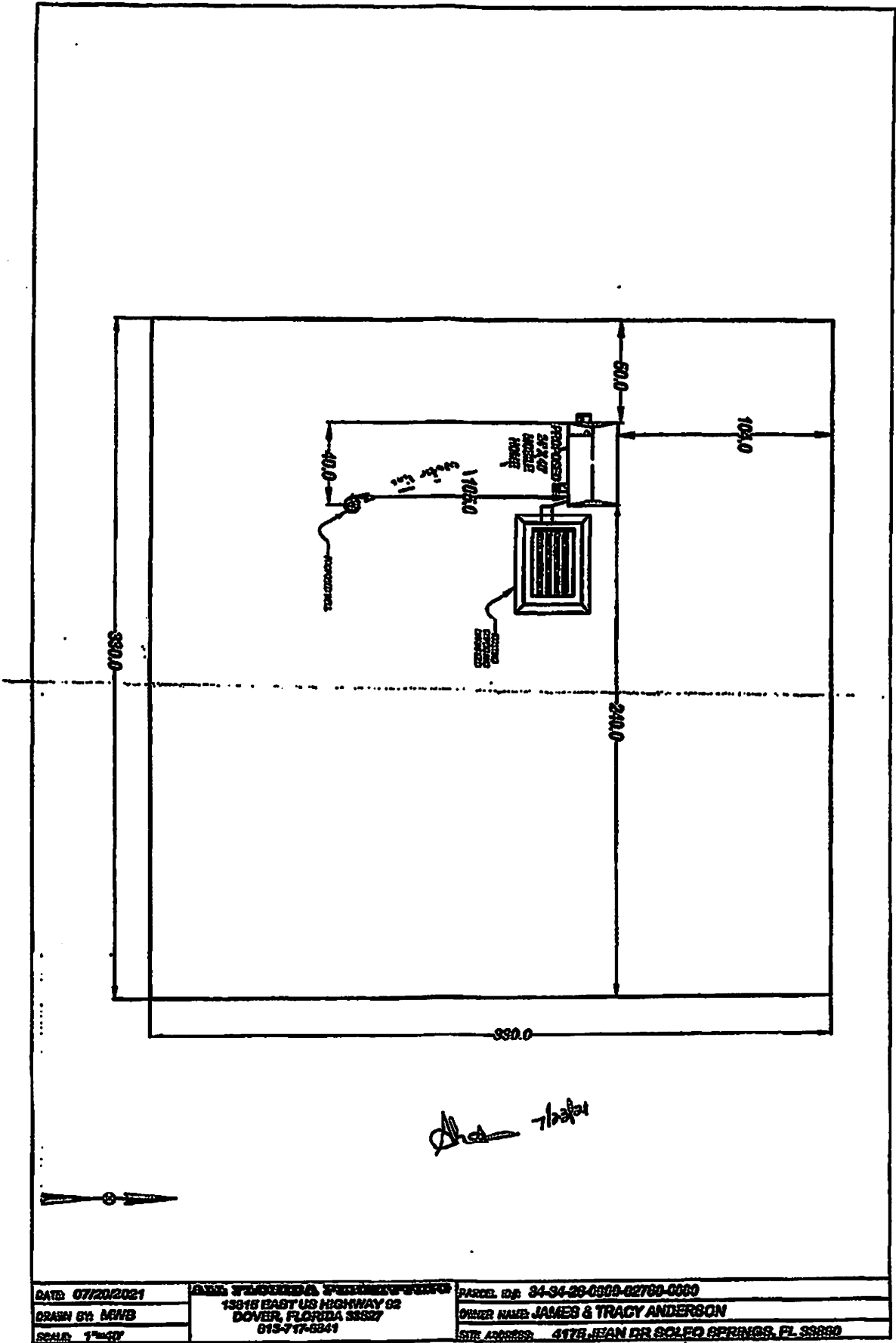
FOR REPAIR APPLICATIONS: A site plan (*NOT REQUIRED TO BE DRAWN TO SCALE*) showing:

- ☐ property dimensions
- ☐ the existing and proposed system configuration and location on the property
- ☐ the building location
- ☐ potable and non-potable water lines, within the existing and proposed drainfield repair area
- ☐ the general slope of the property
- ☐ property lines and easements
- ☐ any obstructed areas
- ☐ any private well *show private potable wells if within 100 feet of system, non-potable within 75 feet*
- ☐ 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 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 surface water bodies.*
- ☐ The existing drainfield type shall be described. For ex., mineral aggregate, non-mineral aggregate, chambers, or other.
- ☐ **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 ALL SITE PLANS (IF APPLICABLE)

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

- Site Plan Example -



DATE: 07/20/2021	13815 EAST US HIGHWAY 92 DOVER, FLORIDA 33527 813-717-8341	PARCEL ID: 34-34-29-0000-02700-0000 OWNER NAME: JAMES & TRACY ANDERSON SITE ADDRESS: 4175 JEAN DR SOLEA SPRINGS, FL 33680
DRAWN BY: MMB		
SCALE: 1"=50'		



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO. _____

SITE EVALUATION AND SYSTEM SPECIFICATIONS

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 / 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/FT] [ABOVE/BELOW] 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 / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]

ESTIMATED WET SEASON WATER TABLE ELEVATION: _____ INCHES [ABOVE / 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: _____

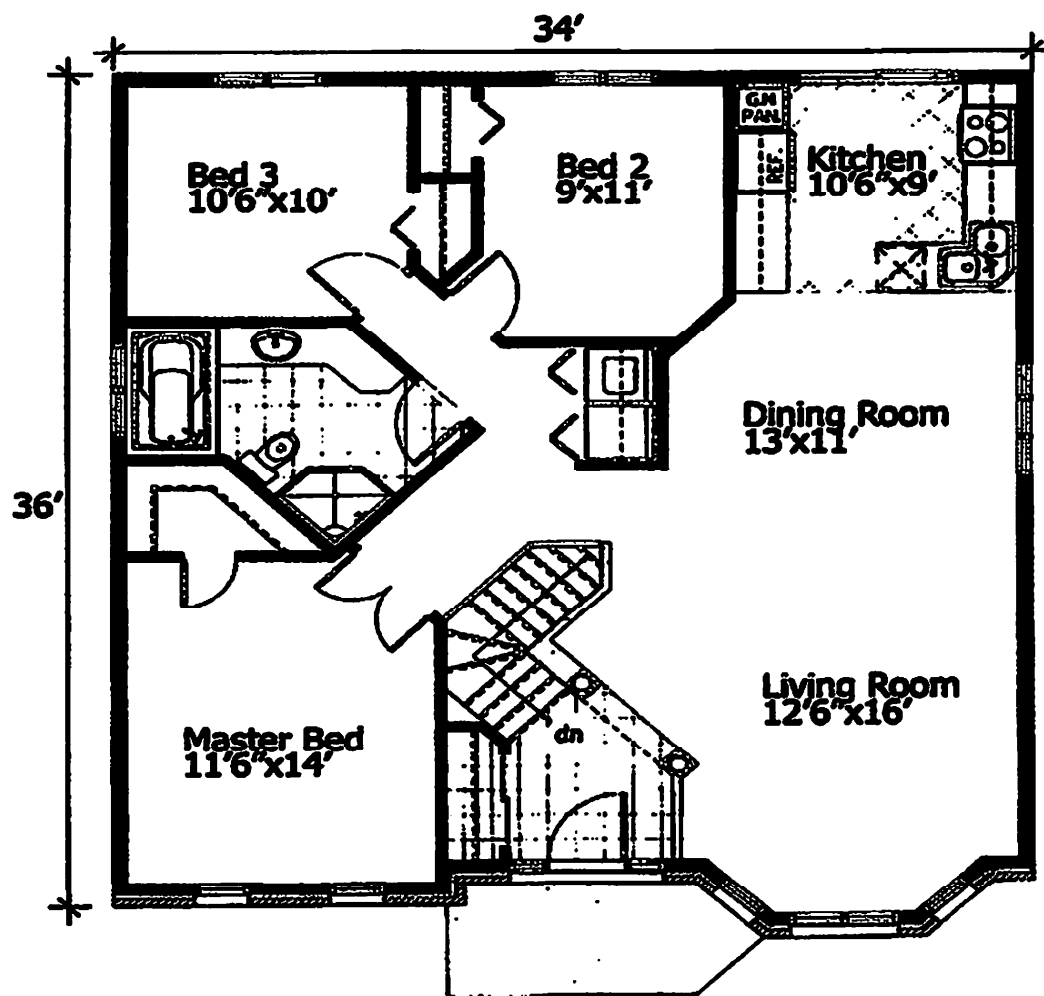
SITE EVALUATED BY: _____ DATE: _____

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-6.004, FAC

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Sample Floor Plan





STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO. _____

EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

APPLICANT: _____

CONTRACTOR / AGENT: _____

LOT: _____ BLOCK: _____ SUBDIV: _____ 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: [Y / N]
[]	GALLONS SEPTIC TANK/GPD ATU	LEGEND: _____	MATERIAL: _____	BAFFLED: [Y / N]
[]	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
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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 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, FAC
SITE [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING		
CONDITIONS: [] SLOPING PROPERTY [] _____		
NATURE OF FAILURE:	[] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE	
	[] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE [] _____	
FAILURE SYMPTOM:	[] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD	
	[] PLUMBING BACKUP [] _____	

REMARKS/ADDITIONAL CRITERIA _____

SUBMITTED BY: _____ TITLE/LICENSE _____ DATE: _____