



State of Florida  
Department of Environmental Protection  
Onsite Sewage Treatment and Disposal System (OSTDS)

**Property Owner's Notice Authorizing Private Provider Inspector**

**Part 1 – Applicant Information**

Property Owner Name \_\_\_\_\_  
Property Owner Email \_\_\_\_\_ Property Owner Phone \_\_\_\_\_  
Authorized Contractor (if applicable) \_\_\_\_\_  
Authorized Contractor Email \_\_\_\_\_ Authorized Contractor Phone \_\_\_\_\_

**Part 2 – Property Information**

Property Address \_\_\_\_\_ Application No. (if known) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Unit \_\_\_\_\_  
Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Parcel No. \_\_\_\_\_

**Part 3 – Request (SELECT ONE)**

- ☐ Initial authorization to use a Private Provider Inspector. **Fee required. Continue to Part 4.**  
☐ Rescind prior authorization to use a Private Provider Inspector and request that construction inspection(s) be conducted by the Department. No fee. **Sign below and submit.**  
☐ Amend authorization to use a different Private Provider Inspector. No fee. **Continue to Part 4.**

\_\_\_\_\_  
(Printed Property Owner Name)

\_\_\_\_\_  
(Property Owner Signature)

\_\_\_\_\_  
Date

**Part 4 – Authorized Licensed or Certified Private Provider Inspector(s)**

The following information is required for each qualified Private Provider Inspector performing a construction inspection. Use additional sheets if necessary. Each additional sheet must be signed and dated by the property owner. A qualification statement or resume must be attached for each Private Provider Inspector if not already on file with the Florida Department of Environmental Protection.

**Authorized Private Provider Inspector 1**

Inspector Name \_\_\_\_\_ Business \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Qualification Type(s): ☐ Certified Environmental Health Professional ☐ Professional Engineer  
☐ Master Septic Tank Contractor ☐ Professional Engineer Staff

Professional Certification / Registration / License No. \_\_\_\_\_

Department Private Provider Inspector Registry No. (if known) \_\_\_\_\_

Comments \_\_\_\_\_

Authorized Private Provider Inspector 2

Inspector Name \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Qualification Type(s): ☐ Certified Environmental Health Professional ☐ Professional Engineer  
☐ Master Septic Tank Contractor ☐ Professional Engineer Staff

Professional Certification / Registration / License No. \_\_\_\_\_

Department Private Provider Inspector Registry No. (if known) \_\_\_\_\_

Comments \_\_\_\_\_

**Part 5 – Property Owner Acknowledgement**

Pursuant to subsections 381.0065(8), F.S., and 62-6.003(3), F.A.C., I am the owner of the residence or business listed on the application for a construction permit for the property identified. I hereby acknowledge and provide notice regarding the inspection(s) for the proposed Onsite Sewage Treatment and Disposal System for this property and authorize the Private Provider Inspector(s) in Part 4 of this application to perform the inspection(s):

I have elected to use one or more private providers to perform an Onsite Sewage Treatment and Disposal System inspection that is the subject of the enclosed permit application. I understand that the Department of Environmental Protection may not perform the required Onsite Sewage Treatment and Disposal System inspection to determine compliance with the applicable codes, except to the extent authorized by law. Instead, the inspection will be performed by the licensed or certified private provider identified in the application. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified private provider and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the Department from any claims arising from my use of the licensed or certified private provider identified in the application to perform the Onsite Sewage Treatment and Disposal System inspection that is the subject of the enclosed permit application. Additionally, I understand that in the event the Onsite Sewage Treatment and Disposal System does not comply with applicable rules and law, I will be responsible for remediating the system in accordance with existing law.

\_\_\_\_\_  
(Printed Property Owner Name) (Property Owner Signature) Date

**Part 6 – Department Review - TO BE COMPLETED BY THE DEPARTMENT**

Submittal Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_

Application No. \_\_\_\_\_ Authorization Request ☐ Initial ☐ Amend ☐ Rescind  
☐ Approved ☐ Disapproved Disapproval Reason \_\_\_\_\_

\_\_\_\_\_  
Printed Name Signature Office Date

## **Instructions for DEP 4015A Property Owner's Notice Authorizing Private Provider Inspector**

All information must be legible. Form DEP 4015A must be signed by the property owner and completed by either the property owner or an authorized contractor. Form DEP 4015A and the owner's written acknowledgment must be signed, dated, and effective prior to the first inspection performed by the Private Provider Inspector. Amendments to Form DEP 4015A must be submitted on a separate DEP 4015A form.

### **Part 1 – Applicant Information**

<b>Item</b>	<b>Instructions</b>
Property Owner Name, Email and Phone	Property owner's full name, email address and telephone number.
Authorized Contractor (if applicable) Name, Email and Phone	A legally authorized contractor for purposes of hiring one of the listed Private Provider Inspectors per subsection 381.0065(8), F.S. Provide name, email and telephone number.

### **Part 2 – Property Information**

<b>Item</b>	<b>Instructions</b>
Property Address, City, State and Zip Code	Property street number and street name, city, state and zip code.
Application No. (if known)	Construction application number assigned by Department.
Lot, Block, Subdivision, Unit	Lot, block, subdivision and unit for property (recorded or unrecorded subdivision).
Section, Township, Range, Parcel No.	Section, township, range and parcel/tax ID number for property. Parcel/tax ID is a 27-digit number for property (property appraiser ID number).

### **Part 3 – Request (SELECT ONE)**

<b>Item</b>	<b>Instructions</b>
Initial Authorization	Select this item if this is the first request to use a Private Provider Inspector. Fee required.
Rescind Authorization	Select this item to withdraw an authorization to use a Private Provider Inspector and instead request that the Department conduct construction inspection(s). No fee required.
Amend Authorization	Select this item to change the current Private Provider Inspector listed in a previous Notice. No fee required.
Printed Property Owner Name, Signature and Date	If request is to rescind authorization, the property owner must print their name, sign and date the form. Submit completed form to the Department.

#### **Part 4 – Authorized Licensed or Certified Private Provider Inspector(s)**

Provide the following information for each Private Provider Inspector authorized and acknowledged by the property owner or authorized contractor to inspect the construction of the Onsite Sewage Treatment and Disposal System. If necessary, submit additional sheets signed and dated by the property owner.

Note: The inspection cannot be performed by a Private Provider Inspector or authorized representative of the Private Provider Inspector who installed the Onsite Sewage Treatment and Disposal System for this property (subsection 381.0065(8), F.S., and Rule 62-6.024, F.A.C.)

<b>Item</b>	<b>Instructions</b>
Private Provider Inspector and Business Name	Name of authorized Private Provider Inspector and their business name.
Email and Phone	Private Provider Inspector email address and telephone number.
Mailing Address, City, State and Zip Code	Street number, street name, city, state and zip code of mailing address for Private Provider Inspector business.
Qualification Type	Select the qualification(s) of the Private Provider Inspector. Select all that apply. <ul style="list-style-type: none"><li>• Environmental health professional certified under Section 381.0101, F.S.</li><li>• Master septic tank contractor registered under Part III of Chapter 489, F.S.</li><li>• Professional engineer licensed under Chapter 471, F.S., and have passed all parts of the Onsite Sewage Treatment and Disposal System Accelerated Certification Training.</li><li>• Working under the supervision of a licensed professional engineer under Chapter 471, F.S., and have passed all parts of the Onsite Sewage Treatment and Disposal System Accelerated Certification Training.</li></ul>
Professional Certification/ Registration/ License No.	Number identifying the professional license/certification number issued to the private provider inspector. For certified environmental health professionals, provide the certification number issued by the Florida Department of Health. For master septic tank contractors, provide the registration number issued by the Florida Department of Environmental Protection. For engineers, provide the license number of the professional engineer issued by the Florida Board of Professional Engineers. For engineer employees, provide the license number of the supervising professional engineer.
Department Registry No. (if known)	Department of Environmental Protection's registry number issued per paragraph 62-6.024(4)(b), F.A.C.

#### **Part 5 – Property Owner Acknowledgement**

<b>Item</b>	<b>Instructions</b>
Printed Property Owner Name, Signature and Date	Property owner's attestation acknowledging their option to use a Private Provider Inspector. Property owner must print their name, sign and date the form. Submit to the Department the completed form and required fees.

**Part 6 – Department Review - TO BE COMPLETED BY THE DEPARTMENT**

<b>Item</b>	<b>Instructions</b>
Submittal Date, Amount Paid and Receipt No.	Date form submitted to the Department. Fee amount paid and Department issued receipt number.
Application No.	Application for construction permit number assigned by Department.
Authorization Request	Select whether the requested authorization is initial, amended or rescinded.
Review Results	Select whether the request is approved or disapproved. Provide reason for disapproval.
Department Reviewer Name, Signature, Department and Date	The Department reviewer must print their name, provide signature, indicate the associated office of the reviewer, date the form and add Form DEP 4015A to the construction permit file.