



State of Florida, Department of Environmental Protection
Application for Onsite Sewage Treatment and Disposal System (OSTDS) Operating Permit

Authority: Chapter 381, F.S. & Chapter 62-6, F.A.C.

Application/Permit Number _____

Operating Permit request ☐ New ☐ Renew ☐ Amend

Operating Permit type ☐ Aerobic Treatment Unit/Performance-Based Treatment System
☐ Commercial Strength Sewage
☐ Industrial/Manufacturing Zone or Equivalent Use

GENERAL INFORMATION

Property Address _____ City _____ State _____ Zip _____
Section _____ Township _____ Range _____ Parcel _____ Lot _____ Block _____ Subdivision _____ Unit _____
Property Owner _____ Phone _____ Email _____
Address of Owner _____ City _____ State _____ Zip _____
Owner's Agent _____ Phone _____ Email _____
Agent's Address _____ City _____ State _____ Zip _____

SYSTEM INFORMATION

Complete those items shown below which are applicable to the existing permitted OSTDS serving the above referenced property.

OSTDS Construction Permit Number (if known) _____ Date of installation approval _____
Septic Tank(s)/Aerobic Treatment Unit _____ gallons Grease Interceptor(s) _____ gallons Dosing Tank _____ gallons
Drainfield size is _____ square feet installed in a ☐ standard subsurface ☐ filled ☐ mound system
The drainfield configuration is in ☐ trenches ☐ bed ☐ other (describe) _____

Onsite Well? ☐ Yes ☐ No System Setback to Wells _____ feet Lot Size _____ square feet
Estimated sewage flow into system _____ Gallons/Day
Number of ☐ businesses or ☐ residential dwelling units served by this OSTDS _____
Additional Comments _____

AEROBIC TREATMENT UNIT/PERFORMANCE-BASED TREATMENT SYSTEM

Treatment Unit Manufacturer _____ Model of Treatment Unit _____
Monitoring required ☐ Yes ☐ No Multiple Aerobic Treatment Units used on the site ☐ Yes ☐ No
Is there an active service agreement for the Aerobic Treatment Unit? ☐ Yes ☐ No **Attach the most recent agreement.**
Service Agreement Expiration Date _____
Maintenance Entity Name _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

NON-RESIDENTIAL ESTABLISHMENT

Attach DEP 4081A Business Survey form(s) for each business which is, or will be, served by the OSTDS.

Briefly describe the type of activities that will be supported by the OSTDS serving this property. _____

What is the zoning designation for the property? _____

I hereby certify that the above information is accurate and a reflection of the actual conditions existing on the above referenced property. I understand that any change of occupancy or tenancy at the above location will require me to file an amendment to this operating permit.

Owner / Agent Printed Name _____ Signature _____ Date _____

APPLICATION STATUS

☐ Approved ☐ Disapproved Disapproval Reason _____

Printed Name

Signature

Office

Date