



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

Permit No. _____

Notification Form for Selection of Private Provider Inspector

Applicant: _____ **Authorized Contractor:** _____

Lot: _____ **Block:** _____ **Subdivision:** _____

Property ID #: _____ [Section/Township/Parcel No. or Tax ID Number]

Property Address: _____

Pursuant to section 381.0065(8), Florida Statutes, as the owner of the residence or business property located above, I authorize the above-named contractor to act on my behalf in choosing a private provider inspector and acknowledge the following regarding the proposed Onsite Sewage Treatment and Disposal System serving my property:

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.

Licensed or certified private inspector(s) authorized to perform construction inspection (use additional sheets if necessary).

Private Inspector Name: _____ Professional License/Certification #: _____

Private Inspector Firm: _____ Department Issued # (if known): _____

Email: _____ Telephone: _____

Mailing Address: _____

Qualification Statement or Resume: Check if on file with the Florida Department of Environmental Protection. Otherwise, demonstrate qualification under 381.0065(8)(c), F.S. Use additional sheets if necessary.

Acknowledged by: _____

(Printed Property Owner Name)

_____ Date

 (Property Owner Signature)

Supplemental List of Authorized Licensed or Certified Private Inspector(s)

Permit No. _____

Date _____

Private Inspector Name: _____ Professional License/Certification #: _____

Private Inspector Firm: _____ Department Issued # (if known): _____

Email: _____ Telephone: _____

Mailing Address: _____

Qualification Statement or Resume: Check if on file with the Florida Department of Environmental Protection. Otherwise, demonstrate qualification under 381.0065(8)(c), F.S. Use additional sheets if necessary.

Private Inspector Name: _____ Professional License/Certification #: _____

Private Inspector Firm: _____ Department Issued # (if known): _____

Email: _____ Telephone: _____

Mailing Address: _____

Qualification Statement or Resume: Check if on file with the Florida Department of Environmental Protection. Otherwise, demonstrate qualification under 381.0065(8)(c), F.S. Use additional sheets if necessary.

Private Inspector Name: _____ Professional License/Certification #: _____

Private Inspector Firm: _____ Department Issued # (if known): _____

Email: _____ Telephone: _____

Mailing Address: _____

Qualification Statement or Resume: Check if on file with the Florida Department of Environmental Protection. Otherwise, demonstrate qualification under 381.0065(8)(c), F.S. Use additional sheets if necessary.
