STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR
SEPTAGE DISPOSAL SERVICE PERMIT
TEMPORARY SYSTEM SERVICE PERMIT
SEPTAGE TREATMENT & DISPOSAL FACILITY
SEPTIC TANK MANUFACTURING APPROVAL

Authority: Chapter 381, F.S.
Chapter 64E-6, F.A.C

Application/Permit Number:_____
Date:_____/_____/_____

Application is for:
Septage Disposal Service____ Temporary System Service:_____ Septage Treatment Facility:____ Septic Tank Manufacturing:____

GENERAL INFORMATION

Business Name:_____ Phone Number:_____
Certificate of Authorization #_____ Contractor Registration #_____ Plumbing License #_____
Owner(s) Name:_____ Phone Number:_____
Business Location:_____ City:_____ County:_____
Mailing Address:_____ City:_____ State:_____ Zip:_____

SEPTAGE DISPOSAL SERVICES

Number of Vehicles to be Permitted:_____

Vehicle Identification Number/License Plate Number	Truck Gallonage Capacity	Counties of Operation	Inspected & Approved
			Yes:_____ No:_____
			Yes:_____ No:_____
			Yes:_____ No:_____
			Yes:_____ No:_____

List equipment used in the operation of this business necessary for the sanitary pumping, transport, and disposal of septage: ____

Disposal Method: Wastewater Treatment Plant:_____ Location:_____ Approved: Yes_____ No____
Land Application Site:_____ Location:_____ Approved: Yes_____ No____
Sanitary Landfill:_____ Location:_____ Approved: Yes_____ No____
Owner/Operator of Disposal Site: _____
Are facilities available at the disposal site for the proper treatment and stabilization of septage and grease: Yes_____ No_____
If No, location where the waste will be stabilized: _____
By what method:_____ Facility will be under the regulation of DEP_____ DOH_____ Both_____
Directions to Disposal Site: _____

Provide a letter of authorization from the operator of the disposal site allowing your business to dispose of septage at that location. If restrictions have been placed on your business by the operator of the disposal facility, the restrictions must be specified in the letter.

TEMPORARY SYSTEM SERVICES (INCLUDES PORTABLE TOILETS AND HOLDING TANKS)

Back up Service Available: Yes_____ No_____ If Yes, Name of Back Up Service:_____
Address:_____ Phone Number:_____

Vehicle Identification Number/License Plate Number	Truck Gallonage Capacity (Waste/Water)	Counties of Operation	Inspected & Approved
			Yes:____ No:_____
			Yes:____ No:_____
			Yes:____ No:_____

Disposal Site:_____ Approved: Yes_____ No_____

Provide a letter of authorization from the operator of the disposal site allowing your business to dispose of portable toilet and/or holding tank wastes at that location. If restrictions have been placed on your business by the operator of the disposal facility, the restrictions must be specified in the letter.

SEPTAGE TREATMENT & DISPOSAL FACILITIES

Facility Owner(s):_____ Phone Number:_____
Facility Location:_____ County:_____
Directions to Facility:_____
Name of businesses using facility:

Business Name	Address	Phone #	Permit #

Methods of Treatment:_____ Maximum volume to be received daily:
Number of treatment receptacles at facility:_____ Volume of each receptacle: _____gallons
Material used in construction: Concrete_____ Fiberglass_____ Other_____ _____gallons
If Other, describe:_____ _____gallons
_____gallons

Describe the treatment processes to be used: _____

Will treated septage be disposed of at this site: Yes_____ No_____ If yes, describe what equipment and methods will be used for the removal and disposal of the treated material: _____

If no, provide the location where the treated material will ultimately be deposited: _____

Will other waste types be treated at this facility (example: Wastewater treatment plant residuals, portable toilet wastes, industrial wastes, holding tank wastes, food establishment sludges, etc.): Yes_____ No_____ If yes, describe how they will be segregated and handled: _____

Will this facility be operating under a permit from the Florida Department of Environmental Regulation: Yes_____ No_____
If yes, describe the permit and its conditions of operation (If no, an agricultural use plan must be prepared and submitted for review and approval to the department prior to authorizing land application of treated septage) _____

SEPTIC TANK MANUFACTURING FACILITIES

Business Name:_____ Phone Number:_____
Owner(s) Name_____ Phone Number:_____
Business Location:_____ City:_____ State:_____ Zip:_____
Mailing Address:_____ City:_____ State:_____ Zip:_____

Tank Size Requesting Approval:_____ Material Used_____ Reinforcing:_____
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Engineering Plans Submitted: Yes_____ No_____ Date Submitted:_____/_____/_____ Approval Granted: Yes_____ No_____

Signature of Applicant:_____ Date:_____/_____/_____

To be Completed by Health Unit:

Disapproved: _____ Date:_____/_____/_____ Reason: _____

Approved: _____ By:_____ Title: _____ CPHU Date: _____/_____/_____

(Circle as many as apply) Septage Disposal Service Temporary System Service Septage Treatment & Disposal Facility Septic Tank Manufacturing Facility