



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