

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

Application Permit Number: \_\_\_\_\_

## ONSITE SEWAGE TREATMENT and DISPOSAL SYSTEM (OSTDS)

Site Information Documentation Form

**\*\*\*IMPORTANT\*\*\*** - PLEASE READ CAREFULLY AND PROVIDE ALL REQUESTED INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS YES OR NO If you answered <b>yes</b> to any questions, these items <b>must be drawn</b> on the site plan. This is for <b>existing</b> and <b>proposed</b> components.	YES (Show on site plan)	NO
1. Is there any slope to your property? If yes, show the direction of the slope with arrows (i.e. front to back, L to R, etc.) If yes, what is the percentage of slope? (1% = 1' to 100') _____		
2. Are there any drainage features, ditches, swales, retention areas, within 75 feet of the existing or proposed OSTDS?		
3. Are there any recorded easements on your property?		
4. Are there any lakes, streams, canals, or standing water, on or within 75' of your lot? If so, you must have the "mean annual flood line" determined by this office or a certified professional surveyor and mapper with experience in the determination of flood water elevation lines. (Chapter 381.0065(4)(i), Florida Statutes)		
5. Is there public sewer available <b>existing</b> or <b>proposed</b> to this property? Please indicate distance in feet _____ ft.		
6. Are there any wells ( <b>existing</b> or <b>proposed</b> ) on the property or adjacent properties within 200 feet of the proposed or existing OSTDS? If none, please indicate none on the site plan. If yes, continue and indicate what distance from existing or proposed OSTDS.		
7. Are there any <b>proposed</b> or <b>existing</b> potable or non-potable waterlines on the property?		
8. Are there any buildings <b>existing</b> or <b>proposed</b> other than the one that will be served by this existing or proposed OSTDS?		
9. Are there any paved or compacted <b>existing</b> or <b>proposed</b> areas on this property?		
10. Is there or will there be a pool located on this property?		
11. Are there any existing OSTDS on this property or adjacent properties?		
12. Does the site plan show all septic system components?		

**\*\*\*IMPORTANT\*\*\*** – The size and location of all buildings are required to be drawn on the site plan. Please complete this information before submitting the application for an OSTDS permit. **Failure to do so will slow your permitting process.** Also, your permit will be issued based on the above information. Therefore, if any of this information changes, an amended site plan must be submitted.

Name: \_\_\_\_\_  
(Please print)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Circle One:**

Property Owner  
Authorized Agent

Contractor  
Engineer