



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

PERMIT NO. _____
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

JOB

CONSTRUCTION PERMIT FOR:

[X] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [] _____

APPLICANT: _____

PROPERTY ADDRESS: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____

[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]

PROPERTY ID #: _____

[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [] GALLONS / GPD SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN-SERIES []
A [] GALLONS / GPD CAPACITY MULTI-CHAMBERED/IN-SERIES []
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS # PUMPS []

D [] SQUARE FEET PRIMARY DRAINFIELD SYSTEM

R [] SQUARE FEET SYSTEM

A TYPE SYSTEM: [] STANDARD [] FILLED [X] MOUND [] _____

I CONFIGURATION: [] TRENCH [X] BED [] _____

N

F LOCATION OF BENCHMARK: ()

I ELEVATION OF PROPOSED SYSTEM SITE [] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [] INCHES EXCAVATION REQUIRED: [] INCHES

O _____
T _____
H _____
E _____
R _____

SPECIFICATIONS BY: RONALD SCHLEGEL TITLE: P.E.# 40232

APPROVED BY: _____ TITLE: _____ CHD

DATE ISSUED: _____ EXPIRATION DATE: _____

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. _____
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

JOB APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [] _____

APPLICANT: _____ EMAIL: _____

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: _____

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

OSTDS REMEDIATION PLAN? [Y / N]

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: _____

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

[] RESIDENTIAL

[] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Isidro Lagunas DATE: _____



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO. _____

SITE EVALUATION AND SYSTEM SPECIFICATIONS

JOB
APPLICANT: _____ AGENT: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____

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

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS
MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: ☐ YES ☐ NO NET USABLE AREA AVAILABLE: _____ ACRES

TOTAL ESTIMATED SEWAGE FLOW: _____ GALLONS PER DAY [TABLE I / OTHER]

AUTHORIZED SEWAGE FLOW: _____ GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]

UNOBSTRUCTED AREA AVAILABLE: _____ SQFT UNOBSTRUCTED AREA REQUIRED: _____ SQFT

BENCHMARK/REFERENCE POINT LOCATION: (_____)

ELEVATION OF PROPOSED SYSTEM SITE IS _____ [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES

SURFACE WATER: _____ FT DITCHES/SWALES: _____ FT NORMALLY WET? ☐ YES ☐ NO

WELLS: PUBLIC: _____ FT LIMITED USE: _____ FT PRIVATE: _____ FT NON-POTABLE: _____ FT

BUILDING FOUNDATIONS: _____ FT PROPERTY LINES: _____ FT POTABLE WATER LINES: _____ FT

SITE SUBJECT TO FREQUENT FLOODING: ☐ YES ☐ NO 10 YEAR FLOODING? ☐ YES ☐ NO

10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: _____ FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

MUNSELL #/COLOR	TEXTURE	DEPTH
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
USDA SOIL SERIES: _____		

SOIL PROFILE INFORMATION SITE 2

MUNSELL #/COLOR	TEXTURE	DEPTH
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
USDA SOIL SERIES: _____		

OBSERVED WATER TABLE: _____ INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]

ESTIMATED WET SEASON WATER TABLE ELEVATION: _____ INCHES [ABOVE / BELOW] EXISTING GRADE

HIGH WATER TABLE VEGETATION: ☐ YES ☐ NO WSWT INDICATOR: ☐ YES ☐ NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: _____ DEPTH OF EXCAVATION: _____ INCHES

DRAINFIELD CONFIGURATION: ☐ TRENCH ☐ BED ☐ OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA: _____

ENGINEER: RONALD SCHLEGEL P.E.# 40232

SITE EVALUATED BY: J.M. CLEVINGER C.E.H.P.# 2204

DATE: _____

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

REV: _____

Incorporated: 62-6.004, FAC

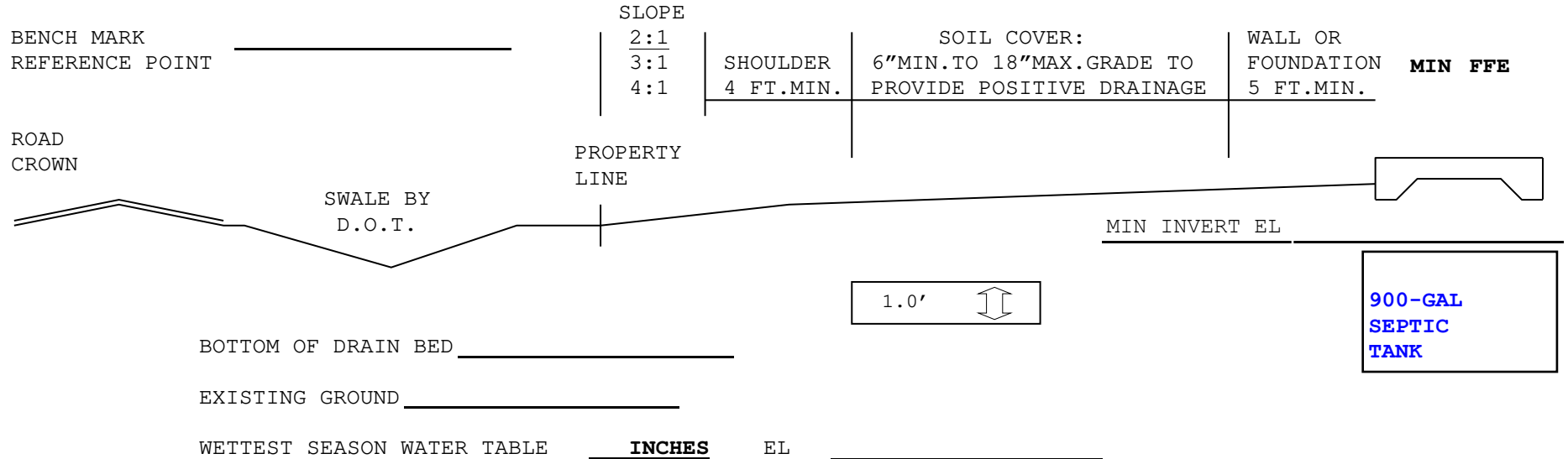
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APOGEE DESIGN, (239) 466-6596 FAX 466-3756

PROPOSED SEPTIC SITE ELEVATIONS

ADDRESS: _____ STRAP #: _____

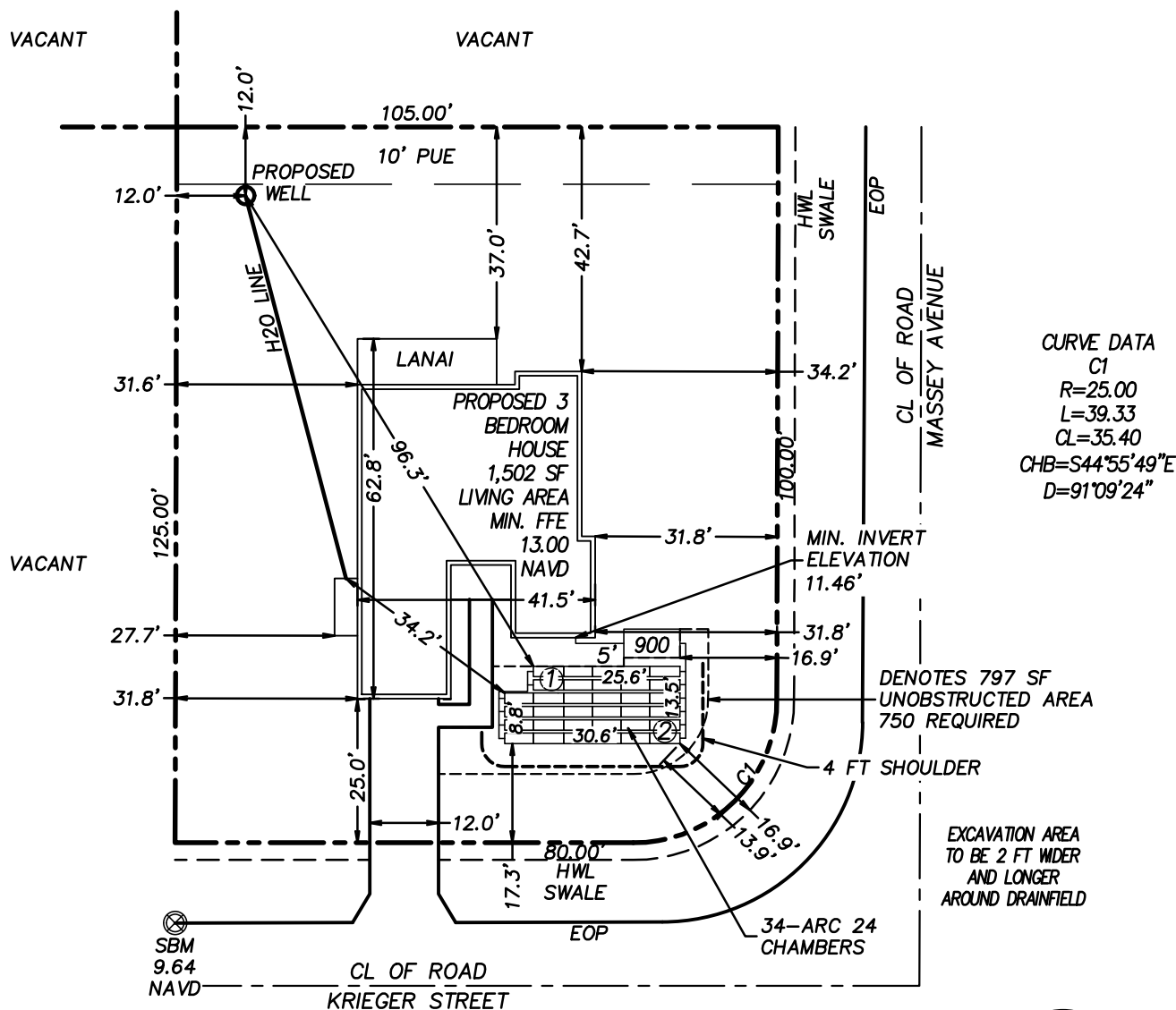
SUBDIVISION: _____ LOT: _____ BLOCK: _____



PRESCRIBED CORRECTIONS

FROM THE DRAIN FIELD AREA PLUS 2 FEET WIDER AND LONGER COMPLETELY REMOVE ALL TOPSOIL TO A DEPTH OF **43 INCHES** BELOW EXISTING GRADE. REMOVE ALL TOPSIL AND ROOT MATERIAL FROM TOE OF SLOPE TO TOE OF SLOPE. INSTALLER TO VERIFY 54" EFFECTIVE SOIL DEPTH. REPLACE REMOVED MATERIAL WITH AND CONSTRUCT MOUND OF CLEAN SAND.

RONALD SCHLEGEL P.E. #40232



CURVE DATA
C1
R=25.00
L=39.33
CL=35.40
CHB=S44°55'49"E
D=91°09'24"

DENOTES 797 SF
UNOBSTRUCTED AREA
750 REQUIRED

EXCAVATION AREA
TO BE 2 FT WIDER
AND LONGER
AROUND DRAINFIELD



SEPTIC DETAIL
30'
SLOPE < 1%

NOTES:

Septic Detail prepared specifically for septic system construction and shall not be used for any other purpose.
The Building Setbacks noted on this Septic Detail have been provided by others, who are responsible for their accuracy. The preparer of this Septic Detail is not responsible for Building Setback errors.
Information used in the preparation of this Septic Detail obtained from survey supplied by Contractor.
The Contractor shall review this application and the DOH permit and shall notify all parties of any discrepancies, errors or omissions prior to any construction.
Corrections or changes must be made in writing on the applicable forms and resubmitted to DOH for review and approval.
Contractor to verify the location of existing wells, easements and setbacks.
The entire mound including slopes, shoulders and the soil cap shall be stabilized with vegetation. Slopes steeper than 5:1 shall be sodded or hydroseeded.
No off-site features are noted except those indicated on the Septic Detail.

LEGEND	
TEST HOLE #1	①
TEST HOLE #2	②
UNOBSTRUCTED AREA	-----
HWL SWALE	-----
EXCAVATION AREA	-----
PROPERTY LINE	-----
EASEMENT	-----

<p>FLORIDA GULF ENGINEERING, INC. PO BOX 1179 CARABELLE, FLORIDA 32322 Ronald Schlegel P.E. #40232 C.A. # 7720</p>	<p>APOGEE DESIGN 18510 TULIP ROAD FORT MYERS, FLORIDA 33967 Phone (239) 466-6596 Fax (239) 466-3756</p>	<p>ADDRESS: 14317 MASSEY AVENUE PORT CHARLOTTE, FLORIDA 33953 PID# 402104257007 JOB# 2304163 DATE: 05-12-2023 REVISED:</p>
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