

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

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: _____
 Tank Size Requesting Approval: _____ Material Used _____ Reinforcing: _____
 Tank Size Requesting Approval: _____ Material Used _____ Reinforcing: _____
 Tank Size Requesting Approval: _____ Material Used _____ Reinforcing: _____

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