STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

APPLICANT: ____________________________

CONTRACTOR / AGENT: ____________________________

LOT: ___________ BLOCK: ___________ SUBDIV: ___________ ID#: ___________

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TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR
OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS.
COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

EXISTING TANK INFORMATION

[ ] GALLONS SEPTIC TANK/GPD ATU  LEGEND: ________ MATERIAL: ________ BAFFLED: [Y / N]
[ ] GALLONS SEPTIC TANK/GPD ATU  LEGEND: ________ MATERIAL: ________ BAFFLED: [Y / N]
[ ] GALLONS GREASE INTERCEPTOR  LEGEND: ________ MATERIAL: ________
[ ] GALLONS DOSING TANK         LEGEND: ________ MATERIAL: ________ # PUMPS: [ ]

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON _____ / _____ / _____ BY _____________________, HAVE
THE VOLUMES SPECIFIED AS DETERMINED BY [ DIMENSIONS / FILLING / LEGEND ], ARE FREE OF OBSERVABLE
DEFECTS OR LEAKS, AND HAVE A [ SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE ] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR  BUSINESS NAME        DATE

EXISTING DRAINFIELD INFORMATION

[ ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM  NO. OF TRENCHES [ ] DIMENSIONS: ________ X ________
[ ] SQUARE FEET SYSTEM  NO. OF TRENCHES [ ] DIMENSIONS: ________ X ________

TYPE OF SYSTEM: [ ] STANDARD [ ] FILLED [ ] MOUND [ ]

CONFIGURATION: [ ] TRENCH [ ] BED [ ]

DESIGN: [ ] HEADER [ ] D-BOX [ ] GRAVITY SYSTEM [ ] DOSED SYSTEM

ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE ________ INCHES [ ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[ ] SYSTEM INSTALLATION DATE            TYPE OF WASTE [ ] DOMESTIC [ ] COMMERCIAL
[ ] GPD ESTIMATED SEWAGE FLOW BASED ON     [ ] METERED WATER [ ] TABLE 1, 64E-6, FAC

SITE CONDITIONS: [ ] SLOPING PROPERTY [ ]

NATURE OF [ ] HYDRAULIC OVERLOAD [ ] SOILS [ ] MAINTENANCE [ ] SYSTEM DAMAGE
FAILURE: [ ] DRAINAGE / RUN OFF [ ] ROOTS [ ] WATER TABLE [ ]

FAILURE SYMPTOM: [ ] SEWAGE ON GROUND [ ] TANK [ ] D BOX/HEADER [ ] DRAINFIELD

REMARKS/ADDITIONAL CRITERIA

SUBMITTED BY: ____________________________ TITLE/LICENSE ____________________________ DATE: ___________

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

Page 4 of 4
INSTRUCTIONS:

PERMIT #
Permit tracking number assigned by department

APPLICANT
Property owner’s full name

CONTRACTOR/AGENT
Licensed contractor or property owner’s legal agent

LOT,BLOCK,SUBDIVISION
Legal description for property

ID #
Property appraiser identification number for property

EXISTING TANK
TANK 1
Complete tank size in gallons or gpd and mark appropriately.
Complete LEGEND (SHO approval number), MATERIAL (concrete, fiberglass, polyethylene) and whether or not tank in BAFFLED.

TANK 2
Same as TANK 1.

GREASE INTERCEPTOR
Same as TANK 1.

DOsing TANK
Same as TANK 1. Complete # PUMPS installed.

TANK CERTIFICATION
Completed by registered septic tank contractor, state-licensed plumber, certified EH professional, or master septic tank contractor. Show the date the tanks were pumped, the name of the pumping company, how the tank volumes were determined (measurement of tank dimensions and calculation of volume, filling the tank from a metered water source, or recording the tank legend for known tanks). If tank dimensions are used, list the tank dimensions in the remarks section. Indicate whether the tank has a solids deflection device or an outlet filter. If the tanks cannot be certified, note that fact in the remarks section.

EXISTING DRAINFIELD
FIELD 1
Complete size of drainfield in square feet, NO. OF TRENCHES (if applicable) and DIMENSION (bed width and length or trench width and total length of trenches).

FIELD 2
Same as FIELD 1

TYPE OF SYSTEM
Mark appropriate block

CONFIGURATION
Mark appropriate block

DESIGN
Mark appropriate blocks

ELEVATION
Record elevation of lowest point of bottom of drainfield in reference to natural grade

FAILURE / REPAIR INFORMATION
INSTALLATION DATE
Record year of original system installation

TYPE OF WASTE
Mark appropriate block

GPD
Provide estimated sewage flow to system based on metered water flow data (if available) or Table 1, whichever is greater.

SITE CONDITIONS
Mark all applicable blocks. Record any other significant conditions.

NATURE OF FAILURE
Mark all applicable blocks.

FAILURE SYMPTOM
Mark all applicable blocks.

REMARKS
Record any other significant criteria that may impact system design. If dimensions are used to determine tank volumes, list the tank dimensions in the remarks section. If the tanks cannot be certified as free of observable defects or leaks, explain in remarks.

SUBMITTED BY
Signature of person performing evaluation

TITLE/LICENSE
Title of department person or license number of other evaluators.

DATE
Date of evaluation.