



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

PERMIT # _____

APPLICANT: _____

MST CONTRACTOR: _____ REGISTRATION NO. SM _____

PROPERTY STREET ADDRESS: _____

LOT: _____ BLOCK: _____ SUBDIV: _____ ID#: _____

COMPLETE ALL APPLICABLE ITEMS. DRAW AS-BUILT SYSTEM AND RECORD ELEVATION MARKS ON BACK OF FORM.

TANK 1: NEW [] SIZE _____ MATERIAL _____ LEGEND _____ OUTLET FILTER []
 TANK 2: NEW [] SIZE _____ MATERIAL _____ LEGEND _____ OUTLET FILTER []

GREASE TRAP: NEW [] SIZE _____ MATERIAL _____ LEGEND _____

DOSING TANK: PUMPS: NEW [] # PUMPS: _____ MAKE AND MODEL NO. _____
 DOSING TANK: PUMPS: NEW [] # PUMPS: _____ MAKE AND MODEL NO. _____

FIELD 1: SIZE _____ # PIPES _____ # TRENCHES _____ BED _____ X _____ [D BOX / HEADER]
 NEW [] ELEVATION OF BOTTOM OF DRAINFIELD _____ [IN / FT] [ABOVE / BELOW] BENCHMARK/REF POINT
 FIELD 2: SIZE _____ # PIPES _____ # TRENCHES _____ BED _____ X _____ [D BOX / HEADER]
 NEW [] ELEVATION OF BOTTOM OF DRAINFIELD _____ [IN / FT] [ABOVE/BELOW] BENCHMARK/REF POINT

AGGREGATE: SIZE: _____ SOURCE: _____
 FILL: AMOUNT: _____ INCHES TEXTURE: _____
 EXCAVATION: DEPTH: _____ INCHES TEXTURE: _____
 FILLED/MOUND SYSTEM STABILIZATION DATE: ____ / ____ / ____ MATERIAL: _____

SETBACKS: SURFACE WATER: _____ DITCHES: _____ FOUNDATION: _____ PROPERTY LINE: _____
 [IN FEET] WELLS: PRIVATE: _____ PUBLIC: _____ IRRIGATION: _____ WATER LINES: _____

ABANDONMENT: TANK PUMPED: ____ / ____ / ____ TANK CRUSHED AND FILLED: ____ / ____ / ____
 BY: _____ REGISTRATION NO: _____

REMARKS [DESCRIBE ANY REPAIRS OR MODIFICATIONS TO EXISTING SYSTEM]: _____

THIS IS TO CERTIFY THAT I HAVE PERSONALLY INSPECTED THE ABOVE REFERENCED ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM INSTALLATION. THE SYSTEM INSTALLED IS IN FULL COMPLIANCE WITH THE PERMIT AND S. 381.0065, FLORIDA STATUTES, AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.
 I UNDERSTAND THAT FALSIFICATION OF THIS REPORT IS GROUNDS FOR IMPOSITION OF AN ADMINISTRATIVE FINE OR SUSPENSION OR REVOCATION OF MY SEPTIC TANK CONTRACTING REGISTRATION AND AUTHORIZATION.

SIGNATURE: _____ DATE: _____

AS BUILT INSTALLATION SKETCH

INSTRUCTIONS:

PERMIT # : Permit tracking number assigned by Health Department.
 APPLICANT Property owner's full name.
 MST CONTRACTOR: Master Septic Tank Contractor performing certification.
 REGISTRATION NO: Master Septic Tank Contractor registration number.
 PROPERTY STREET ADDRESS: Street address and locale of installation.
 LOT/BLOCK/SUBDIVISION/ID#: Property appraiser lot identification.
 TANK1: Complete all information on new and existing tanks. Indicate if Tank is NEW or leave blank for existing. Complete SIZE (gallons), MATERIAL (concrete, fiberglass, polyethylene), LEGEND (SHO Approval No.). Mark OUTLET FILTER if installed - leave blank if NA.
 TANK2: Same as TANK1.
 GREASE TRAP: Same as TANK1.
 DOSING TANK: Same as TANK1. Complete information on new and existing pumps indicating if pumps are NEW (leave blank for existing), # PUMPS, and MAKE AND MODEL NO.
 FIELD 1: Complete all information on new and existing drainfields. Indicate if NEW field or leave blank for existing. Complete SIZE (square feet), # PIPES, # TRENCHES (leave blank if NA), DIMENSIONS (width and bed length or total length of all trenches), D BOX/HEADER (circle applicable item), ELEVATION (elevation of lowest point of bottom of drainfield in relation to benchmark or reference point).
 FIELD 2: Same as FIELD1.
 AGGREGATE: Complete all items indicating SIZE and SOURCE from bill of lading.
 FILL: Complete if applicable indicating AMOUNT of fill in inches from natural grade and USDA soil TEXTURE.
 EXCAVATION: Complete if applicable indicating DEPTH of excavation in inches an USDA soil TEXTURE of replacement material.
 FILLED/MOUND SYSTEM STABILIZATION: Complete if applicable DATE and MATERIAL.
 SETBACKS: Complete all items indicating NA if not applicable. Actual measurements in feet for all applicable items.
 ABANDONMENT: Complete if applicable indicating date TANK PUMPED and date TANK CRUSHED AND FILLED and name and registration number of permitted septage disposal company pumping tank.
 REMARKS: Describe any repairs or modifications to existing system or other site specific information.
 SIGNATURE: Signature of Master Septic Tank Contractor performing certification.
 DATE: Date of Certification.

SYSTEM ELEVATION SURVEY

BENCHMARK: _____
 NATURAL GRADE: _____

 TANK INLET: _____
 TANK OUTLET: _____
 TOP OF TANK: _____

 TANK INLET: _____
 TANK OUTLET: _____
 TOP OF TANK: _____

 DRAINFIELD: Indicate in as-built sketch

| TOP | DEPTH | BOTTOM |
|---------|-------|--------|
| A _____ | _____ | _____ |
| B _____ | _____ | _____ |
| C _____ | _____ | _____ |
| D _____ | _____ | _____ |
| E _____ | _____ | _____ |
| F _____ | _____ | _____ |
| G _____ | _____ | _____ |
| H _____ | _____ | _____ |

