



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

INTEROFFICE MEMORANDUM

INFORMATION
HSES 09-001

DATE: February 10, 2009

TO: County Health Department Directors/Administrators
ATTN: Environmental Health and Engineering Directors

THROUGH: Lisa Conti, D.V.M., M.P.H., Dipl. ACVPM, CEHP
Director, Division of Environmental Health

FROM: Gerald R. Briggs, Chief
Bureau of Onsite Sewage Programs

SUBJECT: Onsite Sewage Program Evaluations 2009

INFORMATION ONLY

The Bureau of Onsite Sewage Programs has amended the program evaluation tool that will be used during the 2009 - 2011 programmatic evaluation cycle. A list of the counties and assigned evaluators for the counties to be evaluated in 2009 and the updated Onsite Program Consultant State Map are included. The assigned evaluators will coordinate and schedule the evaluations with the respective CHD EH Directors. Our thanks are extended to the Environmental Health Program Evaluation Development Workgroup, which assisted with the revision of the 2009 - 2011 programmatic review tools.

The evaluations will be scored in five areas consisting of multiple items, which are identified along with the value of each item (See attached evaluation tool, guide, and worksheets). The evaluation will receive an overall score based on the total number of points earned towards the value of each item. If the overall score is less than 60%, within 12 months of the evaluation, a re-evaluation will be conducted to ensure implementation of corrective actions and overall program improvements.

Please note travel to conduct program evaluations may be impacted by budgetary reductions. To overcome these difficulties, the bureau will schedule half of the program evaluations prior to the end of the current fiscal year (i.e., June 30, 2009), and the remaining after July 1, 2009. In the event travel is suspended, the records review portion of the program evaluation (Attachment A) will be conducted from the data in the Environmental Health Database (Centrax and Re-Host). The field portion of the program evaluation (Attachment B) will be suspended, scored "not applicable" and the county health department will be asked to forward copies of the surveys, site and floor plans for the randomly selected records to be reviewed. Also note, a copy of the CHD environmental health program's table of organization, indicating employee names and program areas will be requested.

Program evaluations are an important part of the Quality Improvement process. I appreciate the cooperation and assistance that has been extended to the evaluation staff. Comments or suggestions related to the program evaluation procedure should be directed to Ed Barranco at (850) 245-4070.



Division of Environmental Health, Bureau of Onsite Sewage Programs
4052 Bald Cypress Way, Bin #A08, Tallahassee, Florida 32399-1713

2009 ONSITE PROGRAM EVALUATIONS

ASSIGNED CONSULTANTS

| COUNTY | Evaluator |
|---------------|------------------|
| Alachua | Kim Duffek |
| Baker | Kim Duffek |
| Bradford | Kim Duffek |
| Broward | Marcelo Blanco |
| Calhoun | Melissa Durkin |
| Columbia | Marcelo Blanco |
| DeSoto | Marcelo Blanco |
| Flagler | Kim Duffek |
| Glades | Bart Harriss |
| Gulf | Melissa Durkin |
| Hamilton | Melissa Durkin |
| Hendry | Bart Harriss |
| Jefferson | Melissa Durkin |
| Lafayette | Marcelo Blanco |
| Liberty | Melissa Durkin |
| Madison | Melissa Durkin |
| Orange | Marcelo Blanco |
| Osceola | Kim Duffek |
| Pasco | Marcelo Blanco |
| Pinellas | Marcelo Blanco |
| Santa Rosa | Melissa Durkin |
| St Lucie | Kim Duffek |
| Suwannee | Kim Duffek |
| Wakulla | Melissa Durkin |

HSES OSTDS Programmatic Evaluation Guide

2009 - 2011 Cycle

Interoffice Memorandum HSES 09-001 contains attachments A, B, C, D and E, which describes each item contained within the HSES OSTDS Program Evaluation and Quality Improvement Tool.

I. Technical and Administrative Review:

A. RECORDS REVIEW (See Attachment A)

A1 – A3 New, Repair and Existing/Modification

A review of new, repair and existing/modification permit application records. Seven of each will be randomly selected from systems receiving final system installation approval in the six months prior to the evaluation. All application packages will be used to generate the report. This random sample of 21 records will be obtained from REHOST prior to the evaluation.

A4 Enforcement

A compliance review of enforcement actions will be conducted from a random sample of five complaints from the previous twelve months. Enforcement actions will be reviewed for compliance with ten specific criteria. The complaints will be comprised of septic tank contracting complaints received through the State Health Office Hotline, sanitary nuisance and rule violation complaints.

A5 Permit Denials and Variances

A review of permit denial and variance applications. A random sample comprising five permit denials and variances will be reviewed for compliance with seven specific criteria. Items one through five will be reviewed for compliance in advance of the evaluation by the State Health Office Variance Coordinator and items six and seven will be reviewed by the evaluator while on site.

A6 – A14 Operating Permit Records

A review of operating permit files for each of the following: septic tank cleaning services, portable toilet services, septic tank manufacturers, septage treatment and land application facilities, aerobic treatment unit systems (ATU), maintenance entity services, I/M zone systems, commercial sewage systems, and performance-based treatment systems (PBTS). A random sample of five operating permit files will be reviewed in each of these areas.

B. FIELD EVALUATION (See Attachment B)

The conformity section will evaluate a combination of seven open and recently closed onsite sewage treatment and disposal systems that have received final system approval within the previous several weeks prior to the scheduled program evaluation. Priority will be given to new systems, followed by repair and modifications. Two of the seven systems evaluated will be mound systems. The twenty one items in this section were selected for their high impact on the public's health. The information gathered for each of these inspections will be compared to the site evaluation and construction permit associated with the respective application packet. Items observed as violations and noted for correction by the inspector will be awarded full credit.

C. IMPLEMENTATION OF REQUIRED CORRECTIONS

In Prior Evaluations Listed As Recommendations - See Attachment C.

A review of the county health department’s implementation of required corrections from their previous program evaluation will be conducted. The score will be reported as the percentage of prior corrections satisfactorily implemented.

II. **Equipment:** See Attachment D.

- Required equipment should be evaluated prior to the evaluator and inspector conducting the field component of the program evaluation. If all equipment is available to all field staff and is in good working order, these items will receive credit. Necessary equipment will include: six foot auger, water bottle, 100 foot or longer tape measure, sharpshooter shovel, probing rod, laser level or surveyor’s level with stadia rod, soil survey of county and Munsell Soil Color Book.

III. **Training and Monitoring:** See Attachment E.

- A. Using the Table of Organization that the county provided, confirm with David Wolfe that all employees are in compliance with 381.0101, FS and 64E-18, FAC. If all employees are in compliance, this question will receive credit.
- B. Using the Table of Organization that the county provided, confirm with David Wolfe that all employees have signed the Acknowledgement of Receipt of Procedures for Site Evaluations and Final Inspections (HSES 00-034). If all employees are in compliance, this question will receive credit.
- C. Some form of documentation must be presented, i.e. agendas, minutes, etc., for this question to receive credit.
- D. Review inspection reports of the new, repair and existing/modification records for initials of supervisors, on at least 90% of the inspection reports to receive credit.

In counties with more than one office, records and installation sites will be drawn from all offices in approximate proportion to the quantity of work performed in each of the offices. Prior to the close of the evaluation, the evaluator will meet with the Environmental Health Director, Supervisory staff and other appropriate staff to review the details of the findings from the evaluation. A final report of the evaluation to the county health department administrator and director will follow the evaluation. The report will note strengths and weaknesses, include all required corrections and make recommendations for program improvements.

Program evaluations score methodology:

| <u>OVERALL SCORE</u> | <u>CATEGORY</u> |
|-----------------------------|---|
| 90% - 100% | Excellent |
| 80% - 89% | Good |
| 75% - 79% | Fair |
| <75% | Corrective Action Plan (CAP) Required. CAP report will include all required corrections and will provide time frames for implementation of corrections. |
| <60% | Corrective Action Plan (CAP) and 12-month re-evaluation. |

Note: Program evaluations with an overall score \geq 75%, but with subcomponent scores of <75%, are required to submit an implementation plan for all noted corrections.

Within 30 days of receipt of the final report, the county health department is expected to respond in writing with a Corrective Action Plan (CAP) or Implementation Plan (IP) of the report's required corrections. The CAP and or the IP must include the dates for the implementation of all required corrections. In addition to the CAP, county health department receiving a total score less than 60% will be re-evaluated within 12 months of the date of the evaluation report.

Corrective Action Plans and Implementation Plans must be submitted electronically to:

Ed Barranco, Environmental Administrator
Bureau of Onsite Sewage Programs, QA/Training Section

Note, management and internal monitoring/qualitative improvement items (i.e., work load units, supervisor observation of field staff, supervisory position descriptions per memo HSEF 2001-006, written procedures for field staff mileage and DAR verifications, training, verification that field staff is in compliance with DOH 150-4 for attendance to the Basic Environmental Health Orientation, and turnover rate surveys) will not be evaluated using the 2009 - 2011 technical program evaluation tools. A number of these items will no longer be assessed by central office and others have been incorporated into the self-assessment tool, i.e., the Environmental Health Leadership and Sustainability Evaluation tool (EHLS), developed by the Division Director's Office, which is to be completed annually by the Environmental Health Director.

**HSES OSTDS PROGRAM EVALUATION AND
QUALITY IMPROVEMENT TOOL
(2009-2011)**

_____ **County Health Department**

| | | Value | Points |
|---|--|--------------|---------------|
| I. Technical and Administrative Review | | 80% | |
| A. | Records Review (see attachments A1 through A14) | 50% | |
| A1. | New System | 25% | |
| A2. | System Repairs | 25% | |
| A3. | Existing and Modifications | 25% | |
| A4. | Enforcement | 3% | |
| A5. | Permit Denial and Variances | 4% | |
| A6. | Septic Tank Cleaning Services | 2% | |
| A7. | Portable Toilet Services | 2% | |
| A8. | Septic Tank Manufacturers | 2% | |
| A9. | Septage Treatment and Land Application Facilities | 2% | |
| A10. | Aerobic Treatment Unit Systems (ATU) | 2% | |
| A11. | Maintenance Entity Services (ATU & PBTS) | 2% | |
| A12. | I/M/ Zone Systems | 2% | |
| A13. | Commercial Sewage Systems | 2% | |
| A14. | Performance Based Treatment Systems (PBTS) | 2% | |
| B. | Field Evaluation | 25% | |
| | (See attachment B) | | |
| C. | Implementation of Required Corrections (In Prior Evaluations Listed As Recommendations) | 25% | |
| | (See attachment C) | | |
| II. Equipment | | 8% | |
| | (See attachment D) | | |
| III. Training and Monitoring | | 12% | |
| | (See attachment E) | | |
| <u>Totals</u> | | 100% | |

Attachment A

A. RECORDS REVIEW: 1. NEW SYSTEMS

| | NO. | ITEM | VAL | SCORE | Evaluators Decision Making Guide |
|-----------------|-----------|--|------------------------|-------|---|
| Appl. | 1. | SIZING CRITERIA / ESTIMATED SEWAGE FLOW | 5 | X O | NUMBER OF BEDROOMS, BUILDING AREA AND BUSINESS ACTIVITY INFORMATION REQUIRED BY TABLE I, CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE. MUST BE CONSISTENT WITH FLOOR PLAN (+/- 10FT ² ALLOWANCE PROVIDED IT DOES NOT AFFECT SEWAGE FLOW CATEGORY). |
| | Site Plan | 2. | LOT SIZE | 5 | X O |
| 3. | | OSTDS LOCATION AND CONFIGURATION | 5 | X O | INDICATE THE OSTDS LOCATION, SIZE, AND CONFIGURATION ON THE PROPERTY WITH SETBACKS, MUST BE DRAWN TO SCALE. |
| 4. | | BENCHMARK, PROFILE LOCATION, CCCL SHOWN | 5 | X O | MUST BE DRAWN TO SCALE. INCLUDE LOCATION OF THE REFERENCE POINT/BENCHMARK AND THE TWO SOIL PROFILE LOCATIONS WITHIN DRAIN FIELD AREA. DOCUMENTATION OF CCCL, IF APPLICABLE. |
| 5. | | SURFACE WATER | 5 | X O N | INDICATE THE LOCATION AND SETBACKS OF ALL SURFACE WATER BODIES ON PROPERTY, MUST BE DRAWN TO SCALE. MUST INDICATE MHWL OR MAFL, IF APPLICABLE AND INCLUDE ELEVATION AND INDICATOR DOCUMENTATION. |
| 6. | | ONSITE WELLS | 5 | X O N | INDICATE THE LOCATION AND SETBACKS OF ALL EXISTING OR PROPOSED ONSITE WELLS, MUST BE DRAWN TO SCALE. |
| 7. | | OFFSITE FEATURES | 5 | X O | INDICATE THE LOCATION AND SETBACKS TO OFFSITE WELLS, OSTDS, SURFACE WATER BODIES AND OTHER RELEVANT FEATURES WITHIN 75 FEET OF THE PROPERTY LINE, AND DOCUMENT PRESENCE OR ABSENCE OF THESE OFFSITE FEATURES. |
| 8. | | FLOOR PLAN | 5 | X O | CONFORMS TO SIZING CRITERIA FOR ESTIMATED SEWAGE FLOW. EACH BEDROOM LABELED AND OUTSIDE BUILDING DIMENSIONS SHOWN, COMMERCIAL FEATURES NECESSARY TO DETERMINE THE COMPOSITION AND QUANTITY OF WASTEWATER ARE SHOWN (64E-6.008 TABLE I CRITERIA.). |
| Site Evaluation | | 9. | AUTHORIZED SEWAGE FLOW | 5 | X O |
| | 10. | BENCHMARK | 5 | X O | LOCATION OF A FIXED POINT OF REFERENCE ESTABLISHED RELATIVE TO EXISTING PROPERTY ELEVATION. DESCRIBE THE SPECIFIC REFERENCE POINT USED. |
| | 11. | SOIL PROFILES | 5 | X O | A MINIMUM OF TWO SOIL PROFILES, AT SITE OF SYSTEM INSTALLATION, USING USDA METHODOLOGY ARE REQUIRED. |
| | 12. | ESTIMATED WET SEASON WATER TABLE ELEVATION AND DOCUMENTATION | 5 | X O | RECORD THE EWSWT ELEVATION BASED ON SITE EVALUATION, USDA SOIL MAPS, AND HISTORICAL INFORMATION. MUST CONFORM TO SOIL PROFILE INFORMATION. MUST CORRECTLY DOCUMENT SHWT INDICATORS. . |
| | 13. | LOADING RATE OR AND SIZING TEXTURE | 5 | X O | RECORD LOADING RATE AND/OR SIZING TEXTURE FOR SYSTEM SIZING. (CHAPTER 64E-6, TABLE III, FOOTNOTES, FLORIDA ADMINISTRATIVE CODE) MUST CONFORM TO PROFILE INFORMATION. |
| Permit | 14. | TANK CAPACITY | 5 | X O | MINIMUM SPECIFICATIONS PER REGULATIONS |
| | 15. | DRAINFIELD AMOUNT | 5 | X O | MINIMUM SPECIFICATIONS PER REGULATIONS |
| | 16. | BOTTOM OF DRAINFIELD ELEVATION | 5 | X O | MUST CONFORM WITH SITE EVALUATION, AND REGULATIONS |
| | 17. | APPROVED BY | 5 | X O | CERTIFIED COUNTY HEALTH DEPARTMENT PERSONNEL REVIEWING AND APPROVING PERMIT. NAME PRINTED, TITLE, SIGNATURE OR INITIALS. |
| | 18. | PERFORMANCE INDICATORS | 5 | X O | ENVIRONMENTAL HEALTH DATABASE IS USED AS PRINCIPAL MEANS OF DATA COLLECTION. NUMBER OF WORKING DAYS TO ISSUE PERMIT FROM RECEIPT OF COMPLETED APPLICATION IS 8 WORKING DAYS OR LESS FROM COMPLETE APPLICATION DATE. |
| Inspection | 19. | STATE HEALTH OFFICE APPROVAL NUMBER OF SEPTIC TANK | 5 | X O | MUST CONFORM TO REGULATIONS. INSPECTION DOCUMENTS STATE HEALTH OFFICE APPROVAL NUMBER FOR ALL TANKS AND RECORD MAKE/MODEL OF OUTLET FILTER. MAKE AND MODEL TO BE ENFORCED ONCE THE REQUIREMENT IS PROMULGATED BY RULE. |
| | 20. | DRAINFIELD AMOUNT | 21* | X O | MUST CONFORM TO OSTDS PERMIT AND REGULATIONS. AGGREGATE ABSORPTION BEDS AND INDIVIDUAL TRENCHES MUST BE MEASURED AND DOCUMENTED FOR LENGTH AND WIDTH. ALTERNATIVE DRAINFIELD PRODUCTS: DOCUMENTED ON LINE "DRAINFIELD AREA", RECORD COMPARABLE AMOUNT OF DRAINFIELD PRODUCT TO STANDARD AGGREGATE DRAINFIELD, ON LINE 'OTHER'. RECORD- BRAND, MODEL AND QUANTITY OF ALTERNATIVE DRAINFIELD UNITS. |
| | 21. | FINAL SYSTEM ELEVATION | 21* | X O | BOTTOM OF THE DRAINFIELD MUST BE REFERENCED TO THE BENCHMARK. |
| | 22. | CONSTRUCTION AND FINAL APPROVAL | 21* | X O | INSPECTION FORM MUST CLEARLY DOCUMENT CORRECTION OF VIOLATIONS. FORM SIGNED BY CERTIFIED PERSONNEL. NAME PRINTED, SIGNATURE OR INITIALS. IF ANY OF THE ABOVE ITEMS RECEIVE A "O", THIS ITEM WILL NOT RECEIVE CREDIT. |

X = Full Credit, O = No Credit, N = Not Applicable

New system permit records represent 25 % of the total records score

Attachment A

A. RECORDS REVIEW: 2. SYSTEM REPAIRS

| | | NO. | ITEM | VAL | SCORE | Evaluators Decision Making Guide |
|-------------------|-----------|-----|--|-----|-------|---|
| Appl. | Site Plan | 1. | ESTABLISHMENT INFORMATION | 5 | X O | INDICATE THE NUMBER OF BEDROOMS AND BUILDING AREA AND/OR THE APPROPRIATE INFORMATION FROM TABLE I OF THE EXISTING ESTABLISHMENT. |
| | | 2. | EXISTING OSTDS LOCATION AND CONFIGURATION | 5 | X O | INDICATE THE EXISTING SYSTEM LOCATION AND CONFIGURATION ON THE PROPERTY. LABEL AS EXISTING AND INDICATE THE SETBACKS TO PROPERTY LINES AND OTHER FEATURES. |
| | | 3. | PROPOSED OSTDS LOCATION AND CONFIGURATION | 5 | X O | INDICATE THE PROPOSED SYSTEM LOCATION AND CONFIGURATION ON THE PROPERTY. LABEL AS PROPOSED AND INDICATE THE SETBACKS TO PROPERTY LINES AND OTHER FEATURES. |
| | | 4. | BENCHMARK, PROFILE LOCATION, CCCL SHOWN | 5 | X O | MUST INCLUDE LOCATION OF THE REFERENCE POINT/BENCHMARK AND TWO SOIL PROFILE LOCATIONS WITHIN DRAIN FIELD AREA. DOCUMENTATION OF CCCL, IF APPLICABLE. |
| | | 5. | SURFACE WATER | 5 | X O N | INDICATE THE LOCATION AND SETBACKS OF ALL SURFACE WATER BODIES ON PROPERTY. MUST INDICATE MHWL OR MAFL, IF APPLICABLE AND INCLUDE DOCUMENTATION. |
| | | 6. | ONSITE WELLS | 5 | X O N | INDICATE THE LOCATION AND SETBACKS OF ALL EXISTING OR PROPOSED ONSITE WELLS. |
| | | 7. | OFFSITE FEATURES | 5 | X O | INDICATE THE LOCATION AND SETBACKS TO OFFSITE WELLS, OSTDS, SURFACE WATER BODIES AND OTHER RELEVANT FEATURES WITHIN 75 FEET OF THE PROPERTY LINE WHICH RESTRICTS REPLACEMENT OR RELOCATION OF THE DRAINFIELD SYSTEM AND DOCUMENT PRESENCE OR ABSENCE OF THESE OFFSITE FEATURES. |
| Repair Evaluation | | 8. | EXISTING TANK CERTIFICATION | 5 | X O | REQUIRED. CERTIFICATION ON FORM DH 4015 PAGE 4 THAT TANK WAS PUMPED, AND HAS NO VISIBLE DEFECTS OR LEAKS FROM A LICENSED SEPTIC TANK CONTRACTOR OR DBPR PLUMBER; OR DOCUMENTATION THAT THE SYSTEM HAS BEEN INSPECTED AND APPROVED WITHIN THE PREVIOUS 3 YEARS. DOCUMENTATION OF THE PRESENCE OR ABSENCE OF THE OUTLET FILTER IS REQUIRED. |
| | | 9. | EXISTING DRAINFIELD SIZE | 5 | X O | INDICATE THE APPROXIMATE SQUARE FOOTAGE OF THE EXISTING DRAINFIELD |
| | | 10. | EXISTING DRAINFIELD ELEVATION | 5 | X O | INDICATE THE ELEVATION OF THE BOTTOM OF THE DRAINFIELD IN RELATION TO EXISTING GRADE. |
| | | 11. | YEAR OF ORIGINAL SYSTEM INSTALLATION | 5 | X O | DOCUMENTATION OF YEAR OF ORIGINAL SYSTEM INSTALLATION. |
| | | 12. | CAUSE OF FAILURE | 5 | X O | DOCUMENTATION OF A BRIEF DESCRIPTION OF THE NATURE OF THE FAILURE WHICH IS OCCURRING. |
| Site Evaluation | | 13. | ESTIMATED WET SEASON WATER TABLE ELEVATION AND DOCUMENTATION | 5 | X O | RECORD THE EWSWT ELEVATION BASED ON SITE EVALUATION, USDA SOIL MAPS, AND HISTORICAL INFORMATION. MUST CONFORM TO SOIL PROFILE INFORMATION. MUST CORRECTLY DOCUMENT SHWT INDICATORS |
| | | 14. | BENCHMARK | 5 | X O | LOCATION OF A FIXED POINT OF REFERENCE ESTABLISHED RELATIVE TO EXISTING PROPERTY ELEVATION. DESCRIBE SPECIFIC REFERENCE POINT USED. |
| | | 15. | SOIL PROFILES | 5 | X O | A MINIMUM OF TWO SOIL PROFILES, AT SITE OF SYSTEM INSTALLATION, USING USDA METHODOLOGY IS REQUIRED. |
| | | 16. | LOADING RATE OR SIZING TEXTURE | 5 | X O | RECORD LOADING RATE OR SIZING TEXTURE FOR SYSTEM SIZING. (CHAPTER 64E-6, TABLE III, FOOTNOTES, FLORIDA ADMINISTRATIVE CODE) MUST CONFORM TO PROFILE INFORMATION. |
| Permit | | 17. | TANK CAPACITY | 5 | X O | REQUIRED. EXISTING TANK MUST BE WITHIN 2 SIZES. APPROVAL OF EXISTING TANK MUST BE DOCUMENTED ON PERMIT IN APPROPRIATE SPACE INCLUDING CAPACITY. |
| | | 18. | DRAINFIELD AMOUNT | 5 | X O | MINIMUM SPECIFICATIONS PER REGULATIONS. |
| | | 19. | BOTTOM OF DRAINFIELD ELEVATION | 5 | X O | MUST CONFORM TO SITE EVALUATION AND REGULATIONS. |
| | | 20. | APPROVED BY | 5 | X O | CERTIFIED COUNTY HEALTH DEPARTMENT PERSONNEL REVIEWING AND APPROVING PERMIT. NAME PRINTED, TITLE, SIGNATURE OR INITIALS. |
| | | 21. | PERFORMANCE INDICATORS | 5 | X O | ENVIRONMENTAL HEALTH DATABASE IS USED AS PRINCIPAL MEANS OF DATA COLLECTION. NUMBER OF WORKING DAYS TO ISSUE PERMIT FROM RECEIPT OF COMPLETED APPLICATION IS 2 WORKING DAYS OR LESS. |
| Inspection | | 22. | STATE HEALTH OFFICE APPROVAL NUMBER OF SEPTIC TANK | 5 | X O N | MUST CONFORM TO REGULATIONS. INSPECTION DOCUMENTS STATE HEALTH OFFICE APPROVAL NUMBER, MARK N/A FOR OLDER PRE-LEGEND TANKS, RECORD FILTER DEVICE MAKE/MODEL, IF APPLICABLE. |
| | | 23. | DRAINFIELD AMOUNT | 21* | X O | MUST CONFORM TO OSTDS PERMIT AND REGULATIONS. AGGREGATE ABSORPTION BEDS AND INDIVIDUAL TRENCHES MUST BE MEASURED AND DOCUMENTED FOR LENGTH AND WIDTH. ALTERNATIVE DRAINFIELD PRODUCTS: DOCUMENTED ON LINE "DRAINFIELD AREA", RECORD COMPARABLE AMOUNT OF DRAINFIELD PRODUCT TO STANDARD AGGREGATE DRAINFIELD, ON LINE 'OTHER'. RECORD- BRAND, MODEL AND QUANTITY OF ALTERNATIVE DRAINFIELD UNITS. |
| | | 24. | ELEVATION | 21* | X O | BOTTOM OF THE DRAINFIELD MUST BE REFERENCED TO THE BENCHMARK |
| | | 25. | CONSTRUCTION AND FINAL SYSTEM APPROVAL | 21* | X O | INSPECTION FORM MUST CLEARLY DOCUMENT CORRECTION OF VIOLATIONS. FORM SIGNED BY CERTIFIED PERSONNEL. NAME PRINTED, TITLE, SIGNATURE OR INITIALS. IF ANY OF THE ABOVE ITEMS RECEIVE A "O", THIS ITEM WILL NOT RECEIVE CREDIT. |

X = Full Credit, O = No Credit, N = Not Applicable. System repair permit records represent 25 % total records score.

Attachment A

A: RECORDS REVIEW: 3. EXISTING SYSTEM AND MODIFICATION PERMITS

| | NO. | ITEM | VAL | SCORE | Evaluators Decision Making Guide |
|--------------|-----|--|-----|-------|--|
| Appl. | 1. | EXISTING ESTABLISHMENT INFO | 5 | X O | INDICATE THE NUMBER OF BEDROOMS AND BUILDING AREA AND/OR THE APPROPRIATE INFORMATION FROM TABLE I OF THE EXISTING ESTABLISHMENT. |
| | 2. | PROPOSED ESTABLISHMENT INFO | 5 | X O | INDICATE THE NUMBER OF BEDROOMS AND BUILDING AREA AND/OR THE APPROPRIATE INFORMATION FROM TABLE I OF THE PROPOSED ESTABLISHMENT. |
| Site Plan | 3. | LOT SIZE | 5 | X O | LOT SIZE BASED ON DIMENSIONS MUST CONFORM TO APPLICATION, SITE EVALUATION AND REGULATIONS. MUST BE DRAWN TO SCALE. MAY SHOW LOCATION OF ONE ACRE OR LARGER PARCEL INSIDE TOTAL SITE OWNERSHIP OF GREATER THAN OR EQUAL TO 5 ACRES. |
| | 4. | OSTDS LOCATION AND CONFIGURATION | 5 | X O | INDICATE THE OSTDS LOCATION, SIZE, AND CONFIGURATION ON THE PROPERTY WITH SETBACKS TO PROPERTY LINES AND OTHER FEATURES. PLANS FOR MODIFICATIONS MUST BE DRAWN TO SCALE. |
| | 5. | BENCHMARK, PROFILE LOCATION, CCCL SHOWN | 5 | X O | MUST BE DRAWN TO SCALE. INCLUDE LOCATION OF THE REFERENCE POINT/BENCHMARK AND TWO SOIL PROFILE LOCATIONS WITHIN DRAIN FIELD AREA. DOCUMENTATION OF CCCL, IF APPLICABLE. |
| | 6. | SURFACE WATER | 5 | X O N | INDICATE THE LOCATION AND SETBACKS OF ALL SURFACE WATER BODIES ON PROPERTY. SETBACKS FOR MODIFICATIONS DRAWN TO SCALE. MUST INDICATE MHWL OR MAFL. IF APPLICABLE AND INCLUDE DOCUMENTATION. |
| | 7. | ONSITE WELLS | 5 | X O N | INDICATE THE LOCATION AND SETBACKS OF ALL EXISTING OR PROPOSED ONSITE WELLS. SETBACKS FOR MODIFICATIONS DRAWN TO SCALE. |
| | 8. | OFFSITE FEATURES | 5 | X O N | INDICATE THE LOCATION AND SETBACKS TO OFFSITE WELLS, OSTDS, SURFACE WATER BODIES AND OTHER RELEVANT FEATURES WITHIN 75 FEET OF THE PROPERTY LINE, AND DOCUMENT PRESENCE OR ABSENCE OF THESE OFFSITE FEATURES. |
| Exist. Eval. | 9. | FLOOR PLAN | 5 | X O | CONFORMS TO SIZING CRITERIA FOR ESTIMATED SEWAGE FLOW. EACH BEDROOM LABELED AND OUTSIDE BUILDING DIMENSIONS SHOWN, COMMERCIAL FEATURES NECESSARY TO DETERMINE THE COMPOSITION AND QUANTITY OF WASTEWATER ARE SHOWN (64E-6.008 TABLE I CRITERIA.). |
| | 10. | EXISTING TANK CERTIFICATION | 5 | X O | REQUIRED. CERTIFICATION FORM DH 4015 PAGE 4 THAT TANK WAS PUMPED, AND HAS NO VISIBLE DEFECTS OR LEAKS FROM A LICENSED SEPTIC TANK CONTRACTOR OR DBPR PLUMBER; OR DOCUMENTATION THAT THE SYSTEM HAS BEEN INSPECTED AND APPROVED WITHIN THE PREVIOUS 3 YEARS. DOCUMENTATION RE: THE PRESENCE OR ABSENCE OF THE OUTLET FILTER IS REQUIRED. |
| | 11. | EXISTING DRAINFIELD SIZE | 5 | X O | INDICATE THE APPROXIMATE SQUARE FOOTAGE OF THE EXISTING DRAINFIELD. |
| | 12. | EXISTING DRAINFIELD ELEVATION | 5 | X O | INDICATE THE ELEVATION OF THE BOTTOM OF THE DRAINFIELD IN RELATION TO EXISTING GRADE. |
| | 13. | SOIL PROFILES | 5 | X O | A MINIMUM OF TWO SOIL PROFILES, AT SITE OF SYSTEM INSTALLATION, USING USDA METHODOLOGY IS REQUIRED. |
| | 14. | ESTIMATED WET SEASON WATER TABLE ELEVATION AND DOCUMENTATION | 5 | X O | RECORD THE EWSWT ELEVATION BASED ON SITE EVALUATION, USDA SOIL MAPS, AND HISTORICAL INFORMATION. MUST CONFORM TO SOIL PROFILE INFORMATION. MUST CORRECTLY DOCUMENT SHWT INDICATORS |
| Permit | 15. | TANK CAPACITY | 5 | X O | REQUIRED. EXISTING TANK MUST BE WITHIN ONE SIZE. APPROVAL OF EXISTING TANK MUST BE DOCUMENTED ON PERMIT IN APPROPRIATE SPACE INCLUDING CAPACITY. |
| | 16. | DRAINFIELD AMOUNT | 5 | X O | MINIMUM SPECIFICATIONS PER REGULATIONS. |
| | 17. | BOTTOM OF DRAINFIELD ELEVATION | 5 | X O | MUST CONFORM WITH SITE EVALUATION AND REGULATIONS. |
| | 18. | APPROVED BY | 5 | X O | CERTIFIED COUNTY HEALTH DEPARTMENT PERSONNEL REVIEWING AND APPROVING PERMIT. NAME PRINTED, TITLE, SIGNATURE OR INITIALS. |
| Inspection | 19. | STATE HEALTH OFFICE APPROVAL NUMBER OF SEPTIC TANK | 5 | X O | MUST CONFORM TO OSTDS PERMIT AND REGULATIONS. INSPECTION DOCUMENTS STATE HEALTH OFFICE APPROVAL NUMBER FOR ALL TANKS AND RECORD MAKE/MODEL OF OUTLET FILTER. |
| | 20. | DRAINFIELD AMOUNT | 21* | X O N | MUST CONFORM TO REGULATIONS. AGGREGATE ABSORPTION BEDS AND INDIVIDUAL TRENCHES MUST BE MEASURED AND DOCUMENTED FOR LENGTH AND WIDTH. ALTERNATIVE DRAINFIELD PRODUCTS: DOCUMENTED ON LINE "DRAINFIELD AREA", RECORD COMPARABLE AMOUNT OF DRAINFIELD PRODUCT TO STANDARD AGGREGATE DRAINFIELD, ON LINE 'OTHER'. RECORD- BRAND, MODEL AND QUANTITY OF ALTERNATIVE DRAINFIELD UNITS. |
| | 21. | Final System ELEVATION | 21* | X O | BOTTOM OF THE DRAINFIELD MUST BE REFERENCED TO THE BENCHMARK |
| | 22. | CONSTRUCTION AND FINAL APPROVAL | 21* | X O | INSPECTION FORM MUST CLEARLY DOCUMENT CORRECTION OF VIOLATIONS. FORM SIGNED BY CERTIFIED PERSONNEL. NAME PRINTED, TITLE, SIGNATURE OR INITIALS. IF ANY OF THE ABOVE ITEMS RECEIVE A "O", THIS ITEM WILL NOT RECEIVE CREDIT |

X = Full Credit, O = No Credit, N = Not Applicable

Existing system and modification permit records represent 25 % of the total records score

Attachment A

A: RECORDS REVIEW: 4. ENFORCEMENT: SANITARY NUISANCE ABATEMENT AND RULE VIOLATIONS

| NO. | ITEM | VAL | SCORE | Evaluators Decision Making Guide |
|-----|--|-----|-------|--|
| 1. | METHOD FOR TRACKING COMPLAINTS | 10 | X O | ADEQUATE METHOD FOR TRACKING COMPLAINTS (CENTRAX) |
| 2. | VALIDATION OF AND TIMELY RESPONSE TO COMPLAINTS | 10 | X O | COMPLAINT IS IDENTIFIED AS VALID OR INVALID UPON INITIAL INVESTIGATION. MUST BE INVESTIGATED WITHIN TWO WORKING DAYS AS STATED IN 150-4 ENVIRONMENTAL HEALTH-TECHNICAL GUIDE OR DOCUMENT PRIORITY EMERGENCY |
| 3. | NOTICE (S) DESCRIBE NATURE OF VIOLATION(S) AND LAW OR RULE ALLEGEDLY VIOLATED | 10 | X O N | DOCUMENT ALL VIOLATIONS AND LAW OR RULE ALLEGEDLY VIOLATED ON ALL NOTICES. |
| 4. | NOTICE (S) PROVIDE WRITTEN NOTICE OF INTENT | 10 | X O N | WRITTEN NOTICE OF INTENT PER S. 381.0061, F.S. MUST BE PROVIDED ON ALL NOTICES. |
| 5. | NOTICE (S) DESCRIBE REQUIRED CORRECTIVE ACTION ALONG WITH SPECIFIC TIME FRAME(S) | 10 | X O N | DESCRIBE ACTIONS TO BE TAKEN BY PROPERTY OWNER, ALONG WITH SPECIFIC TIME FRAME, TO ABATE THE VIOLATIONS ON ALL NOTICES. |
| 6. | COMPLAINT RECORD CONTAINS COMPLETE DOCUMENTATION | 10 | X O N | DOCUMENTATION INCLUDES WHO, WHAT, WHEN, WHERE AND HOW. THE DOCUMENT MUST BE LEGIBLE AND COMPLETE. |
| 7. | CHD CONSULTED LEGAL COUNSEL PRIOR TO CITATION ISSUANCE | 10 | X O N | COUNTY HEALTH DEPARTMENT SHOULD CONSULT WITH LEGAL COUNSEL FOR COMMENTS AND CONCURRENCE PRIOR TO CITATION ISSUANCE. |
| 8. | SANITARY NUISANCE ABATED IN TIMELY MANNER | 10 | X O N | TIME FRAME OF SANITARY NUISANCE IS HANDLED IN A TIMELY/SEQUENTIAL MANNER AS STATED IN 150-4 ENVIRONMENTAL HEALTH-TECHNICAL GUIDE, WITH PROPER WRITTEN DOCUMENTATION. |
| 9. | COMPLAINANT NOTIFIED OF OUTCOME OF INVESTIGATION BY CHD | 10 | X O N | DOCUMENTATION THAT COUNTY HEALTH DEPARTMENT NOTIFIED COMPLAINANT OF OUTCOME OF INVESTIGATION, IF APPLICABLE. |
| 10. | ENFORCEMENT ACTION INVOLVING CONTRACTOR IS CONSISTENT WITH DISCIPLINARY GUIDELINES AND IS COORDINATED WITH SHO | 10 | X O N | DISCIPLINARY GUIDELINES ARE STATED IN CHAPTER 64E-6.022, FLORIDA ADMINISTRATIVE CODE. ALL ENFORCEMENT ACTIONS INVOLVING A REGISTERED / MASTER SEPTIC TANK CONTRACTOR SHOULD BE COORDINATED WITH THE STATE HEALTH OFFICE. |

X = Full Credit, O = No Credit, N = Not Applicable
Enforcement records represent 3 % of the total records score.

A. RECORDS REVIEW: 5. PERMIT DENIAL AND VARIANCE APPLICATION REVIEW

| NO. | ITEM | VAL | SCORE | Evaluators Decision Making Guide |
|-----|-----------------------------|-----|-------|---|
| 1. | DENIAL WITHIN 90 DAYS | 16 | X O | PERMIT DENIAL MUST BE ISSUED WITHIN 90 DAYS OF COMPLETED APPLICATION DATE UNLESS THERE IS A WRITTEN REQUEST FOR ADDITIONAL INFORMATION ON FILE. |
| 2. | STATUTE AND RULE REFERENCES | 14 | X O | DENIAL LETTER MUST CORRECTLY CITE ALL APPLICABLE REASONS FOR DENIAL WITH REFERENCES TO THE STATUTES AND RULES. |
| 3. | VALID DENIAL | 14 | X O | BASED ON REVIEW OF THE PERMIT FILE. |
| 4. | LEGAL RIGHTS | 14 | X O | DENIAL LETTER MUST ADVISE APPLICANT OF RIGHTS INCLUDING RIGHT TO A VARIANCE, ADMINISTRATIVE HEARING (FS 120) AND THAT MEDIATION IS NOT AVAILABLE. |
| 5. | ADDITIONAL INFORMATION | 14 | X O N | DID THE SHO HAVE TO REQUEST ADDITIONAL INFORMATION? WAS THE CHD'S RESPONSE TIMELY IN ACCORDANCE WITH THE DIRECTION OF THE VARIANCE COORDINATOR? |
| 6. | PERMIT COMPLIES | 14 | X O N | CONSTRUCTION PERMIT COMPLIES WITH VARIANCE |
| 7. | FINAL INSTALLATION | 14 | X O N | INSTALLED SYSTEM COMPLIES WITH VARIANCE |

X = Full Credit, O = No Credit, N = Not Applicable
Permit denial and variance application records represent 4 % of the records score

Attachment A

A. RECORDS REVIEW: 6. SEPTIC TANK CLEANING SERVICES

| NO. | ITEM | VAL | SCORE | Evaluators Decision Making Guide |
|-----|--|-----|-------|---|
| 1. | REGISTERED SEPTIC TANK CONTRACTOR OR DBPR LICENSED PLUMBER | 25 | X O | CURRENT SEPTIC TANK CONTRACTOR OR DBPR LICENSED PLUMBER. |
| 2. | OPERATING PERMIT | 25 | X O | CURRENT OPERATING PERMIT IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED |
| 3. | INSPECTION 1 | 25 | X O | DOCUMENTATION OF FIRST ANNUAL INSPECTION IS ON FILE, USUALLY AT THE TIME OF APPLICATION. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE. |
| 4. | INSPECTION 2 | 25 | X O | DOCUMENTATION OF SECOND ANNUAL INSPECTION IS ON FILE. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE. |

X = Full Credit, O = No Credit, N = Not Applicable

Septic tank cleaning service records represent 2% of the total records score.

A. RECORDS REVIEW: 7. PORTABLE TOILET SERVICES

| NO. | ITEM | VAL | SCORE | Evaluators Decision Making Guide |
|-----|------------------|-----|-------|--|
| 1. | OPERATING PERMIT | 34 | X O | CURRENT OPERATING PERMIT IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS OCCURRED. |
| 2. | INSPECTION 1 | 33 | X O | DOCUMENTATION OF FIRST ANNUAL INSPECTION IS ON FILE, USUALLY AT THE TIME OF APPLICATION. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE |
| 3. | INSPECTION 2 | 33 | X O | DOCUMENTATION OF SECOND ANNUAL INSPECTION IS ON FILE. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE. |

X = Full Credit, O = No Credit, N = Not Applicable

Portable toilet service records represent 2% of the total records score.

A. RECORDS REVIEW: 8. SEPTIC TANK MANUFACTURERS

| NO. | ITEM | VAL | SCORE | Evaluators Decision Making Guide |
|-----|------------------------------------|-----|-------|---|
| 1. | INSPECTION | 50 | X O | DOCUMENTATION OF ANNUAL INSPECTION IS ON FILE, USUALLY AT THE TIME OF APPLICATION. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE. |
| 2. | SEPTIC TANK MANUFACTURING APPROVAL | 50 | X O | CURRENT SEPTIC TANK MANUFACTURING APPROVAL (DH 4012) IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED |

X = Full Credit, O = No Credit, N = Not Applicable

Septic tank manufacturer records represent 2% of the total records score.

A. RECORDS REVIEW: 9. SEPTAGE TREATMENT FACILITIES AND LAND APPLICATION SITES

| NO. | ITEM | VAL | SCORE | Evaluators Decision Making Guide |
|-----|---------------------------------------|-----|-------|---|
| 1. | APPLICATION AND AGRICULTURAL USE PLAN | 50 | X O | COMPLETE APPLICATION AND AG USE PLAN FOR CURRENT PERMIT YEAR REQUIRED TO BE UPDATED ANNUALLY OR PROVIDE DOCUMENTATION TO VALIDATE THAT THERE HAS BEEN NO CHANGES. |
| 2. | INSPECTION 1 | 50 | X O | DOCUMENTATION OF ANNUAL INSPECTION IS ON FILE, COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE. |

X = Full Credit, O = No Credit, N = Not Applicable

Septage treatment and land application facility records represent 2% of the total records score.

Attachment A

RECORDS REVIEW: 10. AEROBIC TREATMENT UNIT SYSTEMS

| NO. | ITEM | VAL | SCORE | Evaluators Decision Making Guide |
|-----|-----------------------|-----|-------|--|
| 1. | OPERATING PERMIT | 20 | X O | CURRENT OPERATING PERMIT IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED. |
| 2. | INSPECTION 1 (BY CHD) | 20 | X O | DOCUMENTATION OF <i>FIRST ANNUAL INSPECTION</i> IS ON FILE, USUALLY AT THE TIME OF APPLICATION. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE. |
| 3. | INSPECTION 1 (BY ME) | 20 | X O | DOCUMENTATION OF <i>FIRST ANNUAL INSPECTION</i> IS ON FILE, USUALLY AT THE TIME OF APPLICATION OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE. |
| 4. | INSPECTION 2 (BY ME) | 20 | X O | DOCUMENTATION OF <i>SECOND ANNUAL INSPECTION</i> IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE. |
| 5. | MAINTENANCE CONTRACT | 20 | X O | MAINTENANCE SERVICE AGREEMENT WITH AN APPROVED MAINTENANCE ENTITY (ME) IS CURRENT, ENFORCEMENT ACTION HAS OCCURRED, OR REFERRED TO STATE HEALTH OFFICE WHERE NO MAINTENANCE ENTITY AVAILABLE. |

X = Full Credit, O = No Credit, N = Not Applicable
Aerobic Treatment Unit records represent 2% of the total records score.

RECORDS REVIEW: 11. MAINTENANCE ENTITY SERVICES (FOR AEROBIC TREATMENT UNIT AND PERFORMANCE-BASED TREATMENT SYSTEMS) PERMIT FILES

| NO. | ITEM | VAL | SCORE | Evaluators Decision Making Guide |
|-----|-----------------------------|-----|-------|---|
| 1. | SERVICE PERMIT | 34 | X O | CURRENT SERVICE PERMIT IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED |
| 2. | INSPECTION REPORTS | 33 | X O | LISTING OF ALL SYSTEMS INSPECTED OR SERVICED DURING REPORTING PERIOD OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED. . |
| 3. | CONTRACT TERMINATION REPORT | 33 | X O N | DOCUMENTATION FROM ME OF OWNERS WHO HAVE REFUSED TO RENEW MAINTENANCE CONTRACT |

X = Full Credit, O = No Credit, N = Not Applicable
Aerobic Treatment Unit and PBTS Maintenance Entity records represent 2% of the total records score.

RECORDS REVIEW: 12. I/M ZONE SYSTEMS

| NO. | ITEM | VAL | SCORE | Evaluators Decision Making Guide |
|-----|------------------|-----|-------|--|
| 1. | OPERATING PERMIT | 25 | X O | CURRENT OPERATING PERMIT IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED |
| 2. | APPLICATION | 25 | X O | COMPLETE APPLICATION FOR CURRENT PERMIT PERIOD OR PROVIDE DOCUMENTATION TO VALIDATE THAT THERE HAS BEEN NO CHANGES. |
| 3. | INSPECTION | 25 | X O | DOCUMENTATION OF ANNUAL INSPECTION, USUALLY AT THE TIME OF APPLICATION. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE |
| 4. | BUSINESS SURVEY | 25 | X O | COMPLETE BUSINESS SURVEY FOR CURRENT PERMIT YEAR REQUIRED TO BE UPDATED ANNUALLY OR PROVIDE DOCUMENTATION TO VALIDATE THAT THERE HAS BEEN NO CHANGES |

X = Full Credit, O = No Credit, N = Not Applicable
I/M Zone Operating Permit records represent 2% of the total records score.

RECORDS REVIEW: 13. COMMERCIAL SEWAGE SYSTEMS

| NO. | ITEM | VAL | SCORE | Evaluators Decision Making Guide |
|-----|------------------|-----|-------|--|
| 1. | OPERATING PERMIT | 25 | X O | CURRENT OPERATING PERMIT IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED |
| 2. | APPLICATION | 25 | X O | COMPLETE APPLICATION FOR CURRENT PERMIT PERIOD OR PROVIDE DOCUMENTATION TO VALIDATE THAT THERE HAS BEEN NO CHANGES |
| 3. | INSPECTION | 25 | X O | DOCUMENTATION OF ANNUAL INSPECTION, USUALLY AT THE TIME OF APPLICATION. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE |
| 4. | BUSINESS SURVEY | 25 | X O | COMPLETE BUSINESS SURVEY FOR CURRENT PERMIT YEAR REQUIRED TO BE UPDATED ANNUALLY OR PROVIDE DOCUMENTATION TO VALIDATE THAT THERE HAS BEEN NO CHANGES |

X = Full Credit, O = No Credit, N = Not Applicable
Commercial Operating Permit records represent 2% of the total records score.

Attachment A

RECORDS REVIEW: 14. PERFORMANCE BASED TREATMENT SYSTEMS (PBTS)

| NO. | ITEM | VAL | SCORE | Evaluators Decision Making Guide |
|-----|----------------------|-----|-------|--|
| 1. | OPERATING PERMIT | 16 | X O | CURRENT OPERATING PERMIT IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED |
| 2. | APPLICATION | 14 | X O | COMPLETE APPLICATION FOR CURRENT PERMIT PERIOD OR PROVIDE DOCUMENTATION TO VALIDATE THAT THERE HAS BEEN NO CHANGES |
| 3. | INSPECTION (BY CHD) | 14 | X O | DOCUMENTATION OF ANNUAL INSPECTION, USUALLY AT THE TIME OF APPLICATION. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE |
| 4. | INSPECTION 1 (BY ME) | 14 | X O | DOCUMENTATION OF <i>FIRST ANNUAL INSPECTION</i> IS ON FILE, USUALLY AT THE TIME OF APPLICATION OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE. |
| 5. | INSPECTION 2 (BY ME) | 14 | X O | DOCUMENTATION OF <i>SECOND ANNUAL INSPECTION</i> IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE. |
| 6. | MAINTENANCE CONTRACT | 14 | X O | MAINTENANCE SERVICE AGREEMENT WITH AN APPROVED MAINTENANCE ENTITY (AME) IS CURRENT, ENFORCEMENT ACTION HAS OCCURRED, OR REFERRED TO STATE HEALTH OFFICE WHERE NO MAINTENANCE ENTITY AVAILABLE. |
| 7. | MONITORING | 14 | X O | DOCUMENTATION OF MONITORING/TEST RESULTS ACCORDING TO OPERATING PERMIT WHEN APPROPRIATE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED. |

X = Full Credit, O = No Credit, N = Not Applicable
 PBTS Operating Permit records represent 2% of the total records score.

Attachment B

B. FIELD EVALUATION: CONFORMITY: SITE EVALUATION AND INSPECTION

| | NO. | ITEM | SYSTEM | VAL | SCORE | Evaluators Decision Making Guide |
|-----------------|-----|--|-------------------------|-----|-------|--|
| Site Evaluation | 1. | ESTIMATED WSWT CONFORMS WITH SITE EVALUATION | OPEN & CLOSED (M, F, S) | 5 | X O | THE ESTIMATED WET SEASON WATER TABLE WILL BE IDENTIFIED AND COMPARED WITH THE ELEVATION DOCUMENTED ON THE SITE EVALUATION. |
| | 2. | SOIL PROFILE CONFORMS WITH SITE EVALUATION | OPEN & CLOSED (M, F, S) | 5 | X O | THE SOIL PROFILE WILL BE IDENTIFIED AND COMPARED WITH THE PROFILE DOCUMENTED ON THE SITE EVALUATION. WHERE A SOILS REPLACEMENT IS DONE, THE PROFILE IS COMPARED TO AN ADJACENT NON-REPLACED AREA. |
| | 3. | SOIL TEXTURE FOR SIZING | OPEN & CLOSED (M, F, S) | 5 | X O | THE SOIL TEXTURE FOR SIZING WILL BE IDENTIFIED AND COMPARED WITH THE TEXTURE DOCUMENTED ON THE SITE EVALUATION. |
| | 4. | ELEVATION OF THE BOTTOM OF THE DRAINFIELD | OPEN & CLOSED (M, F, S) | 5 | X O N | A COMPARISON BETWEEN THE ELEVATION OF THE BOTTOM OF THE DRAINFIELD RESULTING FROM 1. ABOVE WILL BE MADE WITH THE ELEVATION DOCUMENTED ON THE OSTDS PERMIT |
| | 5. | DEPTH OF SATISFACTORY SOIL | OPEN & CLOSED (M, F, S) | 5 | X O | THE DEPTH OF THE SATISFACTORY SOIL WILL BE IDENTIFIED AND COMPARED WITH THE SOIL PROFILE DOCUMENTATION ON THE SITE EVALUATION. |
| Inspection | 6. | STATE HEALTH OFFICE APPROVAL NUMBER | OPEN (M, F, S) | 5 | X O N | THE SHO APPROVAL NUMBER IDENTIFIED ON THE SEPTIC TANK MUST BE DOCUMENTED ON THE INSPECTION FORM. |
| | 7. | TANK SEALED / WATERTIGHT/ NO VISIBLE DEFECTS/LEVEL | OPEN (M, F, S) | 5 | X O N | TANK LID, ACCESS PORTS, INLET AND OUTLET MUST BE CHECKED FOR PROPER SEALING AND FALL. IS WATERTIGHTNESS TEST REQUIRED? CHECK FOR HOLES, CRACKS, ETC. MUST LOOK INTO ALL AREAS OF TANK. CHECK THE LEVEL OF THE TANK AT BOTTOM |
| | 8. | TANK OUTLET FILTER | OPEN (M, F, S) | 5 | X O N | MANUFACTURER, MAKE AND MODEL OF OUTLET FILTER MUST BE CONFIRMED. FILTER APPROVAL MUST BE VERIFIED. MUST BE REMOVED FROM HOUSING AND INSPECTED. |
| | 9. | DRAINFIELD SIZE | OPEN (M, F, S) | 5 | X O N | DOCUMENTATION OF INSTALLED DRAINFIELD SIZE MUST COMPLY WITH MINIMUM PERMIT SIZING CRITERIA |
| | 10. | DRAINFIELD SLOPE | CLOSED (M, F, S) | 5 | X O N | MEASUREMENT MUST BE TAKEN TO DETERMINE PROPER SLOPE OF DRAINLINES |
| | 11. | OSTDS LOCATION IN RELATION TO SITE PLAN | OPEN & CLOSED (M, F, S) | 5 | X O | THE INSTALLED OSTDS LOCATION WILL BE COMPARED TO THE PROPOSED DRAINFIELD LOCATION ON THE APPROVED SITE PLAN AND DOCUMENTED ON THE INSPECTION FORM. |
| | 12. | FINAL SYSTEM ELEVATION | Open (M,F,S) | 5 | X O | BOTTOM OF THE DRAINFIELD MUST BE REFERENCED TO THE BENCHMARK and meet minimum permit elevation. |
| | 13. | ROOF / STORMWATER RUNOFF | OPEN & CLOSED (M, F, S) | 5 | X O N | AN OBSERVATION WILL BE MADE COMPARING THE DISTANCE/LOCATION FROM THE INSTALLED OSTDS TO ROOF DRAINS TO DETERMINE IF THE SITE INSTALLATION AND REQUIRED UNOBSTRUCTED LAND IS SUBJECT TO SATURATION. WAS THE CORRECT DECISION MADE ON THE INSPECTION FORM? |
| | 14. | SYSTEM SETBACK TO SURFACE WATER | OPEN & CLOSED (M, F, S) | 5 | X O N | MEASUREMENTS WILL BE TAKEN TO DETERMINE IF THE EXISTING SURFACE WATER BODY SETBACKS MEET THE MINIMUM REQUIREMENTS OF SECTION 381.0065, FLORIDA STATUTES AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE. THE EXISTING SETBACKS WILL THEN BE COMPARED TO THE DOCUMENTATION ON THE INSPECTION FORM. |
| | 15. | SYSTEM SETBACK TO WELLS | OPEN & CLOSED (M, F, S) | 5 | X O N | MEASUREMENTS WILL BE TAKEN TO DETERMINE IF THE EXISTING WELL SETBACKS MEET THE MINIMUM REQUIREMENTS OF SECTION 381.0065 FLORIDA STATUTES. THE EXISTING SETBACKS WILL THEN BE COMPARED TO THE DOCUMENTATION ON THE INSPECTION FORM. |
| | 16. | SYSTEM SETBACK TO WATERLINES | OPEN & CLOSED (M, F, S) | 5 | X O N | MEASUREMENTS WILL BE TAKEN TO DETERMINE IF THE EXISTING WATER LINE SETBACKS MEET THE MINIMUM REQUIREMENTS OF CHAPTER 64E-6.005, FLORIDA ADMINISTRATIVE CODE. THE EXISTING SETBACKS WILL THEN BE COMPARED TO THE DOCUMENTATION ON THE INSPECTION FORM. |
| | 17. | SYSTEM SETBACK TO PROPERTY LINES | OPEN & CLOSED (M, F, S) | 5 | X O | MEASUREMENTS WILL BE TAKEN TO DETERMINE IF THE EXISTING PROPERTY LINE SETBACKS MEET THE MINIMUM REQUIREMENTS OF CHAPTER 64E-6.005, FLORIDA ADMINISTRATIVE CODE. THE EXISTING SETBACKS WILL THEN BE COMPARED TO THE DOCUMENTATION ON THE INSPECTION FORM. |
| | 18. | SHOULDER FORMATION AND MATERIAL | CLOSED (M, F) | 5 | X O N | MEASUREMENTS WILL BE TAKEN TO DETERMINE IF THERE IS AN APPROPRIATE SEPARATION BETWEEN THE SHOULDER OF THE FILL AND THE NEAREST TRENCH OR ABSORPTION BED SIDEWALL. THE SHOULDER WILL ALSO BE OBSERVED TO DETERMINE THE COMPLIANCE OF THE SOIL UTILIZED FOR CONSTRUCTION. |
| | 19. | SIDE-SLOPE FORMATION AND MATERIAL | CLOSED (M, F) | 5 | X O N | MEASUREMENTS WILL BE TAKEN TO DETERMINE IF THE APPROPRIATE SLOPE WAS CONSTRUCTED PER CHAPTER 64E-6.009, FAC. THE SLOPE WILL ALSO BE OBSERVED TO DETERMINE THE COMPLIANCE OF THE SOIL UTILIZED FOR CONSTRUCTION. |
| | 20. | SOIL COVER QUANTITY AND MATERIAL | CLOSED (M, F) | 5 | X O N | MEASUREMENTS WILL BE TAKEN TO DETERMINE IF THERE IS A MINIMUM SIX INCH SOIL CAP SPREAD EVENLY OVER THE DRAINFIELD EXCLUSIVE OF THE THICKNESS OF SOD. MOUND IS CROWNED AT THE CENTER. THE SOIL CAP WILL ALSO BE OBSERVED TO DETERMINE THE COMPLIANCE OF THE SOIL UTILIZED FOR CONSTRUCTION. |
| | 21. | STABILIZATION MATERIAL | CLOSED (M, F) | 5 | X O N | AN OBSERVATION WILL BE MADE TO DETERMINE IF A VEGETATIVE COVER APPROVED BY THE STATE HEALTH OFFICE WAS UTILIZED TO PROVIDE PROTECTION FROM MOUND EROSION. |

X = Full Credit, O = No Credit, N = Not Applicable
Conformity is 100% of the total field score.

M = MOUND / F = FILLED / S = SUBSURFACE

Attachments C, D & E

C. COMPLIANCE WITH PREVIOUS REQUIRED CORRECTIONS (In Prior Evaluations Listed As Recommendations)

| NO. | ITEM | TOTAL # OF REQUIRED CORRECTIONS | NUMBER CORRECTED |
|-----|---|---------------------------------------|---------------------|
| 1. | COMPLIANCE WITH PREVIOUS REQUIRED CORRECTIONS | | |

This table represents the 100% of the compliance with recommendations from previous evaluation score.

D. INSPECTION EQUIPMENT

| <u>Must be available and in working order to receive points</u> | | <u>Value</u> | <u>Points</u> |
|---|---|--------------|---------------|
| A. | Six foot auger with appropriate soil auger bucket (insulated "safety" handle preferred) | 12.5% | |
| B. | Water Bottle | 12.5% | |
| C. | 100 foot or longer tape measure | 12.5% | |
| D. | Sharpshooter shovel | 12.5% | |
| E. | Probing rod (insulated "safety" probe preferred) | 12.5% | |
| F. | Laser level or surveyor's level with stadia rod (functional) | 12.5% | |
| G. | Soil survey of county (most current edition, printed or electronic) | 12.5% | |
| H. | Munsell Soil Color Book (sheets clean, not laminated, 2 Gley charts present) | 12.5% | |
| Total | | 100% | |

This table represents the 100% of the compliance with inspection equipment score.

E. TRAINING AND MONITORING

| | | Value | Points |
|---------------|---|-------------|--------|
| A. | All field staff employed over six months with duties in Onsite Sewage Treatment and Disposal Systems Programs are in compliance with s. 381.0101, Florida Statutes and Chapter 64E-18, Florida Administrative Code. | 20% | |
| B. | All field staff is in compliance with Interoffice Memorandum HSES 00-034, Acknowledgement of Receipt of Procedures for Site Evaluations and Final Inspections. | 20% | |
| C. | Does the county health department have documentation that it participates/facilitates in individual/regional annual meetings with the septic tank contracting industry (septic tank contractors, plumbers, PE's, site evaluators, building contractors etc.)? Documentation includes announcements, agendas or minutes. | 20% | |
| D. | 90 % of inspection reports in the random records sample were initialed by supervisors or their designee. | 20% | |
| E. | Percent of active facilities and services (Attachment A.6. – A.14) with current operating permits over total active facilities and services is greater than 90% [use Operating Facilities Report]. | 20% | |
| Totals | | 100% | |

This table represents the 100% of the compliance with training and monitoring score.

WORKSHEETS

HSES OSTDS PROGRAM EVALUATION AND QUALITY IMPROVEMENT TOOL (2009-2011)

_____ County Health Department

| | | Value | Points |
|---|--|-------------|--------|
| I. Technical and Administrative Review | | 80% | |
| A. | Records Review (see attachments A1 through A14) | 50% | |
| A1. | New System | 25% | |
| A2. | System Repairs | 25% | |
| A3. | Existing and Modifications | 25% | |
| A4. | Enforcement | 3% | |
| A5. | Permit Denial and Variances | 4% | |
| A6. | Septic Tank Cleaning Services | 2% | |
| A7. | Portable Toilet Services | 2% | |
| A8. | Septic Tank Manufacturers | 2% | |
| A9. | Septage Treatment and Land Application Facilities | 2% | |
| A10. | Aerobic Treatment Unit Systems (ATU) | 2% | |
| A11. | Maintenance Entity Services (ATU & PBTS) | 2% | |
| A12. | I/M/ Zone Systems | 2% | |
| A13. | Commercial Sewage Systems | 2% | |
| A14. | Performance Based Treatment Systems (PBTS) | 2% | |
| B. | Field Evaluation | 25% | |
| | (see attachment B) | | |
| C. | Implementation of Required Corrections (In Prior Evaluations Listed As Recommendations) | 25% | |
| | (see attachment C) | | |
| II. Equipment | | 8% | |
| | (see attachment D) | | |
| III. Training and Monitoring | | 12% | |
| | (see attachment E) | | |
| <u>Totals</u> | | 100% | |

Attachment A

A: RECORDS REVIEW: 1. NEW SYSTEMS

| | NO. | ITEM | SCORE | | | | | | | |
|------------------|-----|--|-------|--|--|--|--|--|--|--|
| App | 1. | SIZING CRITERIA / ESTIMATED SEWAGE FLOW | | | | | | | | |
| | 2. | LOT SIZE | | | | | | | | |
| Site Plan | 3. | OSTDS LOCATION AND CONFIGURATION | | | | | | | | |
| | 4. | BENCHMARK, PROFILE LOCATION, CCCL SHOWN | | | | | | | | |
| | 5. | SURFACE WATER | | | | | | | | |
| | 6. | ONSITE WELLS | | | | | | | | |
| | 7. | OFFSITE FEATURES | | | | | | | | |
| | 8. | FLOOR PLAN | | | | | | | | |
| Site Evaluations | 9. | AUTHORIZED SEWAGE FLOW | | | | | | | | |
| | 10. | BENCHMARK | | | | | | | | |
| | 11. | SOIL PROFILES | | | | | | | | |
| | 12. | ESTIMATED WET SEASON WATER TABLE ELEVATION AND DOCUMENTATION | | | | | | | | |
| | 13. | LOADING RATE OR AND SIZING TEXTURE | | | | | | | | |
| Permit | 14. | TANK CAPACITY | | | | | | | | |
| | 15. | DRAINFIELD AMOUNT | | | | | | | | |
| | 16. | BOTTOM OF DRAINFIELD ELEVATION | | | | | | | | |
| | 17. | APPROVED BY | | | | | | | | |
| | 18. | PERFORMANCE INDICATORS | | | | | | | | |
| Inspections | 19. | STATE HEALTH OFFICE APPROVAL NUMBER OF SEPTIC TANK | | | | | | | | |
| | 20. | DRAINFIELD AMOUNT | | | | | | | | |
| | 21. | FINAL SYSTEM ELEVATION | | | | | | | | |
| | 22. | CONSTRUCTION AND FINAL APPROVAL | | | | | | | | |

Attachment A

A: RECORDS REVIEW: 2. SYSTEM REPAIRS

| | NO. | ITEM | SCORE | | | | | | | |
|-------------------|-----|--|-------|--|--|--|--|--|--|--|
| Appl. | 1. | ESTABLISHMENT INFORMATION | | | | | | | | |
| | 2. | EXISTING OSTDS LOCATION AND CONFIGURATION | | | | | | | | |
| Site Plan | 3. | PROPOSED OSTDS LOCATION AND CONFIGURATION | | | | | | | | |
| | 4. | BENCHMARK, PROFILE LOCATION, CCCL SHOWN | | | | | | | | |
| | 5. | SURFACE WATER | | | | | | | | |
| | 6. | ONSITE WELLS | | | | | | | | |
| Exist. Evaluation | 7. | OFFSITE FEATURES | | | | | | | | |
| | 8. | EXISTING TANK CERTIFICATION | | | | | | | | |
| | 9. | EXISTING DRAINFIELD SIZE | | | | | | | | |
| | 10. | EXISTING DRAINFIELD ELEVATION | | | | | | | | |
| | 11. | YEAR OF ORIGINAL SYSTEM INSTALLATION | | | | | | | | |
| | 12. | CAUSE OF FAILURE | | | | | | | | |
| Site Eval. | 13. | ESTIMATED WET SEASON WATER TABLE ELEVATION AND DOCUMENTATION | | | | | | | | |
| | 14. | BENCHMARK | | | | | | | | |
| | 15. | SOIL PROFILES | | | | | | | | |
| | 16. | LOADING RATE OR SIZING TEXTURE | | | | | | | | |
| Permit | 17. | TANK CAPACITY | | | | | | | | |
| | 18. | DRAINFIELD AMOUNT | | | | | | | | |
| | 19. | BOTTOM OF DRAINFIELD ELEVATION | | | | | | | | |
| | 20. | APPROVED BY | | | | | | | | |
| | 21. | PERFORMANCE INDICATORS | | | | | | | | |
| Inspection | 22. | STATE HEALTH OFFICE APPROVAL NUMBER OF SEPTIC TANK | | | | | | | | |
| | 23. | DRAINFIELD AMOUNT | | | | | | | | |
| | 24. | ELEVATION | | | | | | | | |
| | 25. | CONSTRUCTION AND FINAL SYSTEM APPROVAL | | | | | | | | |

Attachment A

A: RECORDS REVIEW: 3. EXISTING SYSTEM AND MODIFICATION PERMITS

| | NO. | ITEM | SCORE | | | | | | | |
|-------------|-----|--|-------|--|--|--|--|--|--|--|
| Appl. | 1. | EXISTING ESTABLISHMENT INFO | | | | | | | | |
| | 2. | PROPOSED ESTABLISHMENT INFO | | | | | | | | |
| Site Plan | 3. | LOT SIZE | | | | | | | | |
| | 4. | OSTDS LOCATION AND CONFIGURATION | | | | | | | | |
| | 5. | BENCHMARK, PROFILE LOCATION, CCCL SHOWN | | | | | | | | |
| | 6. | SURFACE WATER | | | | | | | | |
| | 7. | ONSITE WELLS | | | | | | | | |
| | 8. | OFFSITE FEATURES | | | | | | | | |
| | 9. | FLOOR PLAN | | | | | | | | |
| Exist. Eval | 10. | EXISTING TANK CERTIFICATION | | | | | | | | |
| | 11. | EXISTING DRAINFIELD SIZE | | | | | | | | |
| | 12. | EXISTING DRAINFIELD ELEVATION | | | | | | | | |
| S.E. | 13. | SOIL PROFILES | | | | | | | | |
| | 14. | ESTIMATED WET SEASON WATER TABLE ELEVATION AND DOCUMENTATION | | | | | | | | |
| Permit | 15. | TANK CAPACITY | | | | | | | | |
| | 16. | DRAINFIELD AMOUNT | | | | | | | | |
| | 17. | BOTTOM OF DRAINFIELD ELEVATION | | | | | | | | |
| | 18. | APPROVED BY | | | | | | | | |
| Inspection | 19. | STATE HEALTH OFFICE APPROVAL NUMBER OF SEPTIC TANK | | | | | | | | |
| | 20. | DRAINFIELD AMOUNT | | | | | | | | |
| | 21. | FINAL SYSTEM ELEVATION | | | | | | | | |
| | 22. | CONSTRUCTION AND FINAL APPROVAL | | | | | | | | |

Attachment A

A: RECORDS REVIEW: 4. ENFORCEMENT: SANITARY NUISANCE ABATEMENT AND RULE VIOLATIONS

| NO. | ITEM | SCORE | | | | | |
|-----|--|-------|--|--|--|--|--|
| 1. | METHOD FOR TRACKING COMPLAINTS | X O | | | | | |
| 2. | VALIDATION OF AND TIMELY RESPONSE TO COMPLAINTS | X O | | | | | |
| 3. | NOTICE (S) DESCRIBE NATURE OF VIOLATION(S) AND LAW OR RULE ALLEGEDLY VIOLATED | X O N | | | | | |
| 4. | NOTICE (S) PROVIDE WRITTEN NOTICE OF INTENT | X O N | | | | | |
| 5. | NOTICE (S) DESCRIBE REQUIRED CORRECTIVE ACTION ALONG WITH SPECIFIC TIME FRAME(S) | X O N | | | | | |
| 6. | COMPLAINT RECORD CONTAINS COMPLETE DOCUMENTATION | X O N | | | | | |
| 7. | CHD CONSULTED LEGAL COUNSEL PRIOR TO CITATION ISSUANCE | X O N | | | | | |
| 8. | SANITARY NUISANCE ABATED IN TIMELY MANNER | X O N | | | | | |
| 9. | COMPLAINANT NOTIFIED OF OUTCOME OF INVESTIGATION BY CHD | X O N | | | | | |
| 10. | ENFORCEMENT ACTION INVOLVING CONTRACTOR IS CONSISTENT WITH DISCIPLINARY GUIDELINES AND IS COORDINATED WITH SHO | X O N | | | | | |

A. RECORDS REVIEW: 5. PERMIT DENIAL AND VARIANCE APPLICATION REVIEW

| NO. | ITEM | SCORE | | | | | |
|-----|-----------------------------|-------|--|--|--|--|--|
| 1. | DENIAL WITHIN 90 DAYS | X O | | | | | |
| 2. | STATUTE AND RULE REFERENCES | X O | | | | | |
| 3. | VALID DENIAL | X O | | | | | |
| 4. | LEGAL RIGHTS | X O | | | | | |
| 5. | ADDITIONAL INFORMATION | X O N | | | | | |
| 6. | PERMIT COMPLIES | X O N | | | | | |
| 7. | FINAL INSTALLATION | X O N | | | | | |

RECORDS REVIEW: 6. SEPTIC TANK CLEANING SERVICES

| NO. | ITEM | SCORE | | | | | |
|-----|--|-------|--|--|--|--|--|
| 1. | REGISTERED SEPTIC TANK CONTRACTOR OR DBPR LICENSED PLUMBER | X O | | | | | |
| 2. | OPERATING PERMIT | X O | | | | | |
| 3. | INSPECTION 1 | X O | | | | | |
| 4. | INSPECTION 2 | X O | | | | | |

Attachment A

RECORDS REVIEW: 7. PORTABLE TOILET SERVICES

| NO. | ITEM | SCORE | | | | | |
|-----|------------------|-------|--|--|--|--|--|
| 1. | OPERATING PERMIT | X O | | | | | |
| 2. | INSPECTION 1 | X O | | | | | |
| 3. | INSPECTION 2 | X O | | | | | |

A. RECORDS REVIEW: 8. SEPTIC TANK MANUFACTURERS

| NO. | ITEM | SCORE | | | | | |
|-----|------------------------------------|-------|--|--|--|--|--|
| 1. | INSPECTION | X O | | | | | |
| 2. | SEPTIC TANK MANUFACTURING APPROVAL | X O | | | | | |

A. RECORDS REVIEW: 9. SEPTAGE TREATMENT FACILITIES AND LAND APPLICATION SITES

| NO. | ITEM | SCORE | | | | | |
|-----|---------------------------------------|-------|--|--|--|--|--|
| 1. | APPLICATION AND AGRICULTURAL USE PLAN | X O | | | | | |
| 2. | INSPECTION 1 | X O | | | | | |

RECORDS REVIEW: 10. AEROBIC TREATMENT UNIT SYSTEMS

| NO. | ITEM | SCORE | | | | | |
|-----|-----------------------|-------|--|--|--|--|--|
| 1. | OPERATING PERMIT | X O | | | | | |
| 2. | INSPECTION 1 (BY CHD) | X O | | | | | |
| 3. | INSPECTION 1 (BY ME) | X O | | | | | |
| 4. | INSPECTION 2 (BY ME) | X O | | | | | |
| 5. | MAINTENANCE CONTRACT | X O | | | | | |

RECORDS REVIEW: 11. MAINTENANCE ENTITY SERVICES (FOR AEROBIC TREATMENT UNIT AND PERFORMANCE-BASED TREATMENT SYSTEMS)

| NO. | ITEM | SCORE | | | | | |
|-----|-----------------------------|-------|--|--|--|--|--|
| 1. | SERVICE PERMIT | X O | | | | | |
| 2. | INSPECTION REPORTS | X O | | | | | |
| 3. | CONTRACT TERMINATION REPORT | X O N | | | | | |

Attachment A

RECORDS REVIEW: 12. I/M ZONE SYSTEMS

| NO. | ITEM | SCORE | | | | | |
|-----|------------------|-------|--|--|--|--|--|
| 1. | OPERATING PERMIT | X O | | | | | |
| 2. | APPLICATION | X O | | | | | |
| 3. | INSPECTION | X O | | | | | |
| 4. | BUSINESS SURVEY | X O | | | | | |

RECORDS REVIEW: 13. COMMERCIAL SEWAGE SYSTEMS

| NO. | ITEM | SCORE | | | | | |
|-----|------------------|-------|--|--|--|--|--|
| 1. | OPERATING PERMIT | X O | | | | | |
| 2. | APPLICATION | X O | | | | | |
| 3. | INSPECTION | X O | | | | | |
| 4. | BUSINESS SURVEY | X O | | | | | |

RECORDS REVIEW: 14. PERFORMANCE BASED TREATMENT SYSTEMS (PBTS)

| NO. | ITEM | SCORE | | | | | |
|-----|----------------------|-------|--|--|--|--|--|
| 1. | OPERATING PERMIT | X O | | | | | |
| 2. | APPLICATION | X O | | | | | |
| 3. | INSPECTION (BY CHD) | X O | | | | | |
| 4. | INSPECTION 1 (BY ME) | X O | | | | | |
| 5. | INSPECTION 2 (BY ME) | X O | | | | | |
| 6. | MAINTENANCE CONTRACT | X O | | | | | |
| 7. | MONITORING | X O | | | | | |

Attachment B

B. FIELD EVALUATION: CONFORMITY: SITE EVALUATION AND INSPECTION

| Indicate if system is OPEN or CLOSED M=MOUND, F=FILLED, S=SUBSURFACE | | | | | | | | | |
|---|---|-------|--|--|--|--|--|--|--|
| NO. | ITEM | SCORE | | | | | | | |
| Site Evaluation | 1. ESTIMATED WSWT CONFORMS WITH SITE EVALUATION | X O | | | | | | | |
| | 2. SOIL PROFILE CONFORMS WITH SITE EVALUATION | X O | | | | | | | |
| | 3. SOIL TEXTURE FOR SIZING | X O | | | | | | | |
| | 4. ELEVATION OF THE BOTTOM OF THE DRAINFIELD | X O N | | | | | | | |
| | 5. DEPTH OF SATISFACTORY SOIL | X O | | | | | | | |
| Inspection | 6. STATE HEALTH OFFICE APPROVAL NUMBER | X O N | | | | | | | |
| | 7. TANK SEALED / WATERTIGHT/ NO VISIBLE DEFECTS/LEVEL | X O N | | | | | | | |
| | 8. TANK OUTLET FILTER | X O N | | | | | | | |
| | 9. DRAINFIELD SIZE | X O N | | | | | | | |
| | 10. DRAINFIELD SLOPE | X O N | | | | | | | |
| | 11. OSTDS LOCATION IN RELATION TO SITE PLAN | X O | | | | | | | |
| | 12. FINAL SYSTEM ELEVATION | X O | | | | | | | |
| | 13. ROOF / STORMWATER RUNOFF | X O N | | | | | | | |
| | 14. SYSTEM SETBACK TO SURFACE WATER | X O N | | | | | | | |
| | 15. SYSTEM SETBACK TO WELLS | X O N | | | | | | | |
| | 16. SYSTEM SETBACK TO WATERLINES | X O N | | | | | | | |
| | 17. SYSTEM SETBACK TO PROPERTY LINES | X O | | | | | | | |
| | 18. SHOULDER FORMATION AND MATERIAL | X O N | | | | | | | |
| | 19. SIDE-SLOPE FORMATION AND MATERIAL | X O N | | | | | | | |
| | 20. SOIL COVER QUANTITY AND MATERIAL | X O N | | | | | | | |
| | 21. STABILIZATION MATERIAL | X O N | | | | | | | |

Attachment C, D & E

C. COMPLIANCE WITH REQUIRED CORRECTIONS (IN PRIOR EVALUATIONS LISTED AS RECOMMENDATIONS)

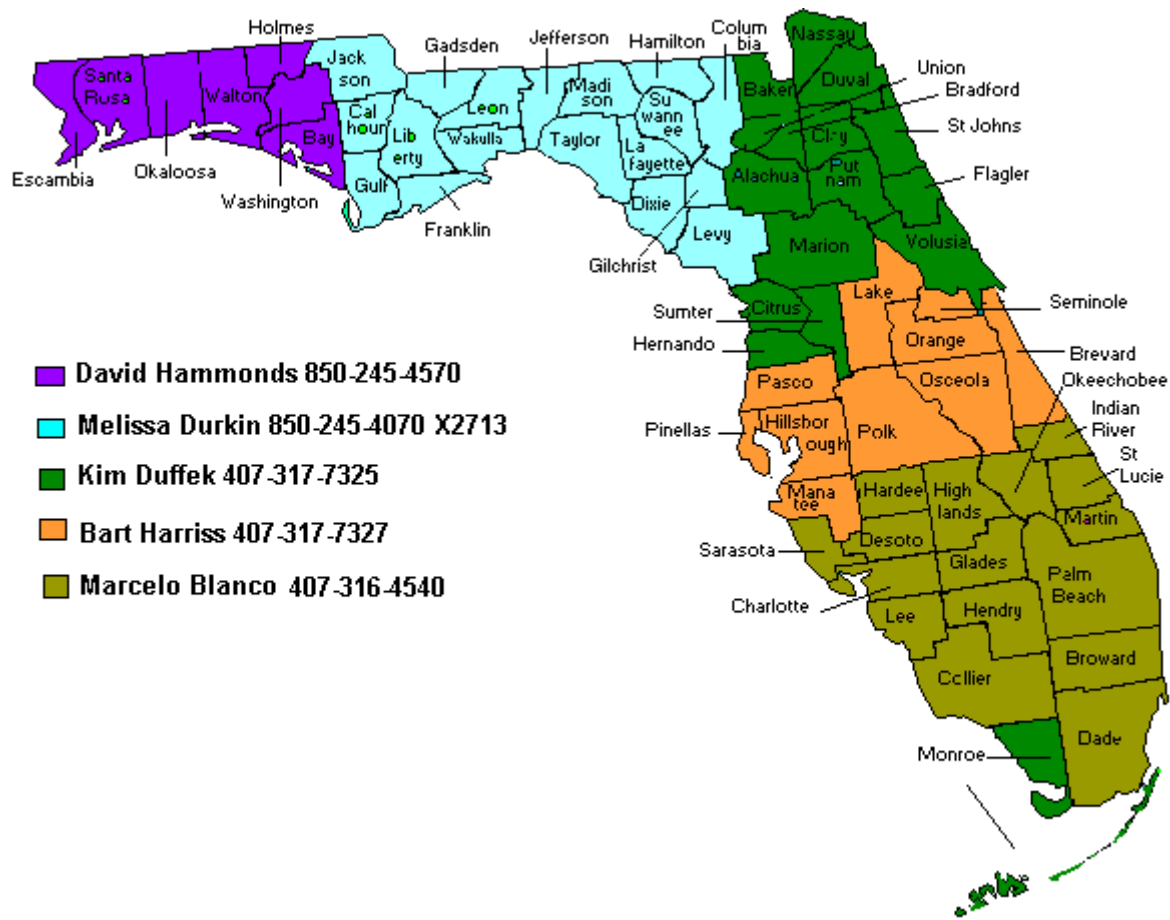
| NO. | ITEM | TOTAL # OF REQUIRED CORRECTIONS | NUMBER CORRECTED |
|-----|---|---------------------------------|------------------|
| 1. | COMPLIANCE WITH PREVIOUS REQUIRED CORRECTIONS | | |

D. INSPECTION EQUIPMENT

| (Must be available and in working order to receive points) | | SCORE X=Full Credit 0=No Credit |
|---|---|--|
| A. | Six foot auger with appropriate soil auger bucket (insulated "safety" handle preferred) | |
| B. | Water Bottle | |
| C. | 100 foot or longer tape measure | |
| D. | Sharpshooter shovel | |
| E. | Probing rod (insulated "safety" probe preferred) | |
| F. | Laser level or surveyor's level with stadia rod (functional) | |
| G. | Soil survey of county (most current edition, printed or electronic) | |
| H. | Munsell Soil Color Book (sheets clean, not laminated, 2 Gley charts present) | |

E. TRAINING AND MONITORING

| | | SCORE X=Full Credit 0=No Credit |
|----|---|--|
| A. | All field staff employed over six months with duties in Onsite Sewage Treatment and Disposal Systems Programs are in compliance with s. 381.0101, Florida Statutes and Chapter 64E-18, Florida Administrative Code. | |
| B. | All field staff are in compliance with Interoffice Memorandum HSES 00-034, Acknowledgement of Receipt of Procedures for Site Evaluations and Final Inspections. | |
| C. | Does the county health department have documentation that it participates/facilitates in individual/regional annual meetings with the septic tank contracting industry (septic tank contractors, plumbers, PE's, site evaluators, building contractors etc.)? Documentation includes announcements, agendas or minutes. | |
| D. | 90 % of inspection reports in the random records sample were initialed by supervisors or their designee. | |
| E. | Percent of active facilities and services (Attachment A.6. – A.14) with current operating permits over total active facilities and services is greater than 90% [use Operating Facilities Report]. | |



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