

Homeowner Agreement

To Participate in Florida Onsite Sewage Nitrogen Reduction Strategies Study

Nitrogen is an important concern for water quality. Animals, crops, ecosystems, and human health can be adversely impacted by the presence of nitrogen in water supplies. The environmental effects of nitrogen on groundwater and surface water can ultimately lead to the degradation of surface waters in watershed systems that have strong groundwater/surface water interactions. Nitrogen that enters surface water bodies via these interactions can lead to algal blooms and eutrophication. These processes lead to oxygen depletion in surface waters which can be harmful to natural aquatic life. In Florida, the protection of watersheds, in particular surface water bodies, has led to the legislation of protection of these areas (i.e., the Wekiva River Protection Act).

A research study to examine nitrogen reduction strategies for onsite sewage treatment and disposal systems in the State of Florida is underway. The project is being conducted by Hazen and Sawyer, P.C an environmental engineering firm under contract with the Florida Department of Health (FDOH).

One element of this research project is to prioritize nitrogen removal technologies under field conditions. To reach this goal, field-testing of nitrogen reducing technologies at home sites is needed to compare various treatment systems for their ability to remove nitrogen. Monitoring nitrogen reduction of the systems will occur at various locations in the State of Florida. In addition, the research project includes subsurface and groundwater monitoring which will be used to assess the current level of nitrogen reduction obtained by Florida soils and to assess groundwater impacts due to conventional and nitrogen removal systems.

The participation of select homeowners is essential for the success of this research program. Therefore, we are looking for volunteers to allow their onsite wastewater systems to be used for this project. All homeowners will remain anonymous in all data analysis and reporting. The study will last up to two years with all site visits scheduled at the homeowner's convenience. The work at each property may include:

- Property walkovers to characterize land uses and features
- Collection of information from the owner regarding water use and wastewater system data
- Installation of new wastewater treatment equipment
- Soil borings
- Installation of monitoring wells
- Collection of wastewater samples
- Monitor energy used and other operational costs

Hazen and Sawyer, P.C. will be responsible for: application for permits, modifications, operation, maintenance, monitoring, inspections, and removal or leaving the system in place at study termination. The project funds will cover the cost of any permits required, any new technology installed, maintenance costs, and restoration of property to original condition. All project payments will terminate upon site closure. The homeowner shall agree to not tamper with the system during the monitoring period. The site will be restored to the original condition upon completion of the study if desired by the homeowner. All homes participating in the study will receive a \$250 cash incentive.

If you are interested in becoming involved in this important research project, please fill in the information below and sign where indicated. We will coordinate all our activities with you and give you any additional information you require prior to beginning work at your property.

Thank you for taking the time to consider this request, and we look forward to your response.

Very truly yours,
Hazen and Sawyer, P.C.

Name: _____
Address: _____
Mailing Address: _____
Telephone: _____
Fax: _____
Email: _____
Type of system installed/existing to be evaluated: _____

HOMEOWNER

By: _____

HAZEN AND SAWYER, P.C.
10002 Princess Palm Avenue
Registry One, Suite 200
Tampa, FL 33619

By: *Damann L. Anderson*
Damann L. Anderson

Title: Vice President

encl.: Residential Evaluation Survey



Residential Evaluation Survey

(In case you are having trouble with submitting the info, please contact Josefin : 813-630-4498)

Name:

Street Address:

City:

State:

Zipcode:

Mailing Address (If different from above):

Daytime Phone (Work or Cell):

Evening Phone (Work or Cell):

Email:

Parcel#:

Designer:

Installer:

City(of Installer):

State:(of Installer)

Property Size (acres or sq.ft)

A. Home/Residents

Is this your first home with an on-site wastewater treatment system? Yes No

Did you receive any septic system user information? Yes No

Did you receive the as-built drawing for the system? Yes No

Any additions to home since septic system was built?

Bedrooms : 0

Bathrooms : 0

Other : 0

Type of Use: Permanent

If Seasonal, number of months used

0

Number of people living in the home

Age Group(Years)	Male	Female
Adults(18-65)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Adults(>65)	0 <input type="checkbox"/>	0 <input type="checkbox"/>
Children(<13)	0 <input type="checkbox"/>	0 <input type="checkbox"/>
Teenagers(13-17)	0 <input type="checkbox"/>	0 <input type="checkbox"/>

Guests(Average per month): 0

Number of bedrooms: 4

Number of bathrooms: 4

Number of Pets: 0

Number of Pet Baths per month: 0

Number of showers per week: 11-20

Number of baths per week: 0

Water Supply: Water Supply Centralized

Water Supply Other Name:

Do you have a in-home business? Yes No

If yes what type?

Do you use septic system additives? Yes No

If yes, what products?

Frequency

Type of pretreatment system:	Septic Tank <input checked="" type="checkbox"/>
Specific type of system	Conventional with dosing tank
Make and Model	
How old is the system? (years)	23
Date of last pump out	
Has the system ever backed up?	<input type="radio"/> Yes <input type="radio"/> No
Has the baffels ever been plugged?	<input type="radio"/> Yes <input type="radio"/> No
Is there an effluent screen in septic tank outlet?	<input type="radio"/> Yes <input type="radio"/> No
Has effluent screen ever plugged?	<input type="radio"/> Yes <input type="radio"/> No If yes, please mention date (s):
Has the system ever been repaired?	<input type="radio"/> Yes <input type="radio"/> No If yes, please mention date (s): 2003
Has effluent ever surfaced?	<input type="radio"/> Yes <input type="radio"/> No
Has the alarm ever sounded?	<input type="radio"/> Yes <input type="radio"/> No
Soil type - at drain field depth or lower:	sand
Type of distribution/dispersal system:	Gravity <input checked="" type="checkbox"/>
If Other, type of distribution/dispersal system:	
Is water softner used?:	<input type="radio"/> Yes <input type="radio"/> No
Reverse osmosis?:	<input type="radio"/> Yes <input type="radio"/> No
Backwashing water filter (iron,sediment,etc)?:	<input type="radio"/> Yes <input type="radio"/> No
Other water treatment devices:	
Is there an outside power supply?:	<input type="radio"/> Yes <input type="radio"/> No
If yes, does the power supply have its own breaker?	<input type="radio"/> Yes <input type="radio"/> No
How many amps?	
If there an outside water spigot?	<input type="radio"/> Yes <input type="radio"/> No



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

PERMIT # [REDACTED]
 APPLICATION #: [REDACTED] 0
 DATE PAID: _____
 FEE PAID: _____
 RECEIPT #: _____
 DOCUMENT #: [REDACTED]
 OSTDS #: [REDACTED]

CONSTRUCTION PERMIT FOR: OSTDS Repair

APPLICANT: [REDACTED]

PROPERTY ADDRESS: [REDACTED] Dr Longwood, FL 32779

LOT: 73 BLOCK: _____ SUBDIVISION: [REDACTED]

PROPERTY ID #: [REDACTED] [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
 [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 [1,050] GALLONS / GPD _____ CAPACITY
 A [0] GALLONS / GPD _____ CAPACITY
 N [0] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
 K [450] GALLONS DOSING TANK CAPACITY [100.00]GALLONS @[6]DOSES PER 24 HRS #Pumps [1]

D [750] SQUARE FEET _____ SYSTEM
 R [0] SQUARE FEET _____ SYSTEM
 A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND [] _____
 I CONFIGURATION: [x] TRENCH [] BED [] _____

F LOCATION OF BENCHMARK: Green Dot End of Drive

I ELEVATION OF PROPOSED SYSTEM SITE [13.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [11.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [20.00] INCHES EXCAVATION REQUIRED: [32.00] INCHES

O
 T
 H
 E
 R
 [Sleeve potable water lines within 10 ft of drainfield. Potable water lines may not be installed within 2 ft of drainfield. Audio & visual alarms must be installed & working. Maintain 75 ft from surface water. The O horizon must be removed from beneath the drainfield, shoulder & slope area. Soil excavation must comply with FAC 64E-6 Table III & footnote to Table III. No portion of drainfield may be located in any easement. Do not encroach on 70 ft power co easement. Mound System:Grade properly and stabilize with sod (2:1). Spoil material from drainfield repair shall not be used in system repair & shall be disposed of prior to inspection. (Comments Continued on Page 2.)

SPECIFICATIONS BY: David Wilson TITLE: _____

APPROVED BY: _____ TITLE: Environmental Specialist I Seminole CHD
 David E Wilson

DATE ISSUED: 10/07/2003 EXPIRATION DATE: 01/05/2004

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

Incorporated: 64E-6.003, FAC

If replacement drainfield is going back in existing location, total removal of old drainfield, regardless of depth must be accomplished 64E-6.015(7) FAC.

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee, Florida 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.