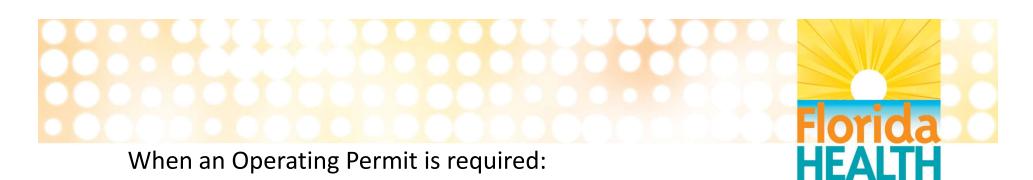


Florida HEALTH

<u>Conventional Systems Requiring Commercial or I/M</u> <u>Zone Operating Permits</u>

- Operating Permit Requirements for Commercial Wastewater Treatment Systems and I/M Zones.
- Annual Operating Permit System Inspections
- Maintenance Entities
- System Maintenance Requirements



Where commercial wastewater is generated, or any wastewater is generated within an Industrial or Manufacturing area, an annual Operating Permit is required per 64E-6.003(5), FAC and 381.0065(4)(i)2.
What if it is suspected that non-DOH regulated wastewater might enter the OSTDS?

•Where appropriate, sampling can be required as a condition of operation – the details and frequency of the sampling are to be determined by the County Health Department.



By statute, these permits are valid for 1 (one) year, at the end of which, they must be applied for again: they are not renewed.

HEA

Based on these documents and regulations:

•Exempted from these requirements are systems that were in use prior to:

•July 1, 1998 for systems that would require a Commercial Operating Permit (Memo 98-039).

•July 5, 1989 for systems that would require an I/M Operating Permit [381.0065(4)(i)2].

•This exemption is only valid for as long as the original owner, system, and use remains unchanged. Examples of items that void this exemption are:

•Change in ownership.

•Change in estimated sewage flow.

•New system installation.

System expansion or addition.

•System repair.

Change in wastewater characteristics.

•Change in wastewater strength.

Change in original permit conditions.

Florid

Commercial and I/M Operating Permits are applied for on forms:

- DH4081 Application for Onsite Sewage Treatment and Disposal System Operating Permit...and...
- DH4081A Business Survey
- These forms:
 - Document the proposed operating conditions.
 - Must be amended prior to changes in operating conditions.
 - Are filled out each year, and reviewed for compliance with the original system approval.
 - Must be submitted with fees before an OSTDS receives final approval.
 - Must be reviewed and approved by the County Health Department annually prior to Issuing the Operating Permit.

APPLIC	ATION FOR ONSITE SEWAG		Contra Constantina Constantina	FUSAL STST				
	81, F.S. & Chapter 64E-6, F.A	LC.		Applicat	ion/Permit Numb	er	70	
New: Amende Aerobic: Cor	de Deseurch	0.000		15 3741211514				
Aerobic: Cor				BUSINESS SI	IDM (CM			
				TTACHMENT				
Property Owner		ASSESS			G AND BUSINES	S ACTIVITIE	s	
Work Telephone	1000				1.29			
Address of Owner: Owner's Agent:	New: Renewal:				Ap	plication/Perr	nit Number_	
Agent's Address:	Change of Tenancy/Amen	dment.						
Agent's Phone:	Survey a conservation of	0.00.00100						
City:	Please provide the following	ng information	n regarding you	ur business fac	ilities and the act	ivities which	will take place	e on site.
Section: Town	Business Name					Occupationa	I License #:	
	Business Owner's Name					0.010		
Please complete th	Business Mailing Address City				State	Telephon	Zip	
he above reference	Street Address of Busines	c			_ State	Ur	it Number	
Septic Tank(s)/Aen Drainfield size is	City				State		Zip	
The drainfield lavou	14 N.				-98 - 261		25-252	
Onsite Well? Yes	How many employees will What type and number of s Toilets Showers 2-Compartment Sinks Laundry Facilities	use this facil	lity	lable of this let	Hours	of operation		
Estimated sewage	Toilets	Urinals	ities will be avai	Hand W	ashing Sinks	ated now.	Utility Sin	ks
Number of busines Additional Commer	Showers	Floor Drain	ns	Equ	upment Drains(D	escribe)	sang sa	
Additional Commer	2-Compartment Sinks	3 951953084955	000		3-Compartment	Sinks		
	Laundry Facilities Commercial Dish Machine Can Washing Facilities	e (heat see)		Ga	arbage Grinder/D	isposal		
	Commercial Dish wachine	s (near same	azing)	1	chemical sanitizin	197		
				Other(Desc	nbe)			
lescribe the type o What is the zoning	Completely describe the a materials handled, amount	ctivities whic t of wastes g	h will take place enerated, equip	e at your busin oment used in t	ess location (i.e. he process):			
describe the type o What is the zoning approved business	Completely describe the a	ctivities which t of wastes g nds routinely	h will take place enerated, equip used in your b	e at your busin oment used in t usiness: Attac	ess location (i.e. he process):	Data Sheets	for Compou	nds Used or
describe the type o What is the zoning approved business Date of aerobic sys manufacturer's initi	Completely describe the a materials handled, amount List any chemical compoun Stored	ctivities which t of wastes g nds routinely	h will take place enerated, equip used in your b	e at your busin oment used in t usiness: Attac	ess location (i.e. the process): h Material Safety	Data Sheets	for Compou	nds Used or
describe the type o What is the zoning approved business Date of aerobic sys nanufacturer's initi Type of Aerobic Ur	Completely describe the a materials handled, amount List any chemical compoun Stored	ctivities which t of wastes g nds routinely	h will take place enerated, equip used in your b	e at your busin oment used in t usiness: Attac	ess location (i.e. the process): h Material Safety	Data Sheets	for Compou	nds Used or
describe the type o What is the zoning approved business Date of aerobic sys manufacturer's initi Type of Aerobic Ur Construction/Instal	Completely describe the a materials handled, amount List any chemical compoun Stored	ctivities which t of wastes g nds routinely	h will take place enerated, equip used in your b	e at your busin oment used in t usiness: Attac	ess location (i.e. the process): h Material Safety	Data Sheets	for Compou	nds Used or
Jescribe the type o What is the zoning spproved business Date of aerobic sys manufacturer's initi Type of Aerobic Ur Construction/Instal s there an active s there an active s	Completely describe the a materials handled, amount List any chemical compou Stored Name Please list licensed waste	ctivities which t of wastes g nds routinely haulers remo	h will take place enerated, equip used in your b Gal or lbs./Month	e at your busin ment used in t usiness: Attac Amt. on hand	ess location (i.e. : the process): h Material Safety Storage Method	Data Sheets	for Compour	nds Used or
describe the type of What is the zoning approved business Date of aerobic sys manufacturer's initi Type of Aerobic Ur Construction/Instal s there an active s f yes, when does t Who is the authoris	Completely describe the a materials handled, amount List any chemical compou Stored Name	ctivities which t of wastes g nds routinely haulers remo	h will take place enerated, equip used in your b Gal or lbs./Month	e at your busin ment used in t usiness: Attac Amt. on hand	ess location (i.e. : the process): h Material Safety Storage Method	Data Sheets	for Compour	nds Used or
Jescribe the type o What is the zoning approved business Date of aerobio sys manufacturer's initi Yope of Aerobic Ur Construction/Instal s there an active s of yes, when does t Who is the authoris company Name_	Completely describe the a materials handled, amount List any chemical compou Stored Name Please list licensed waste	ctivities which t of wastes g nds routinely haulers remo	h will take place enerated, equip used in your b Gal or lbs./Month	e at your busin ment used in t usiness: Attac Amt. on hand	ess location (i.e. : the process): h Material Safety Storage Method	Data Sheets	for Compour	nds Used or
Jescribe the type o What is the zoning approved business Date of aerobio sys manufacturer's initi Yope of Aerobic Ur Construction/Instal s there an active s of yes, when does t Who is the authoris company Name_	Completely describe the a materials handled, amount List any chemical compou Stored Name Please list licensed waste Compa	ctivities which t of wastes g nds routinely haulers remo- ny Name	h will take place enerated, equip r used in your bo Gal or ibs./Month	e at your busin oment used in t usiness: Attac Amt. on hand	ess location (i.e. the process): h Material Safety Storage Melhod	Data Sheets	for Compour	nds Used or
Jescribe the type o What is the zoning approved business Date of aerobio sys manufacturer's inth Type of Aerobic Un Construction/Instal is there an active a Construction/Instal is there an active a Vho is the authoris Company Name_ Address	Completely describe the a materials handled, amount List any chemical compou Stored Name Please list licensed waste	ctivities which t of wastes g nds routinely haulers remo- ny Name	h will take place enerated, equip r used in your bo Gal or ibs./Month	e at your busin oment used in t usiness: Attac Amt. on hand	ess location (i.e. the process): h Material Safety Storage Melhod	Data Sheets	for Compour	nds Used or
lescribe the type o What is the zoning approved business Date of aerobio syn nanufacturer's intil Type of Aerobic Un Construction/instal Is there an active a Construction/instal Is the authors Company Name Address.	Completely describe the a materials handled, amount List any chemical compou Stored Name Please list licensed waste Compa	ctivities which t of wastes g nds routinely haulers remo- ny Name	h will take place enerated, equip r used in your bo Gal or ibs./Month	e at your busin oment used in t usiness: Attac Amt. on hand	ess location (i.e. the process): h Material Safety Storage Melhod	Data Sheets	for Compour	nds Used or
Jescribe the type or Mhat is the zoning approved business Date of aerobio syn manufacturer's intil Type of Aerobic Un Construction/instal is there an active a Construction/instal is there an active a Company Name Address.	Completely describe the a materials handled, amount List any chemical compou Stored Name Please list licensed waste Compa	ctivities which t of wastes g nds routinely haulers remo- ny Name s, such as sp	h will take place enerated, equip used in your bi Gal or ibs./Month	e at your busin ment used in t usiness: Attac Amt. on hand	ess location (i.e. the process): h Material Safety Storage Method T	Data Sheets Dispo	for Compou	nds Used or SIC Code
Jesonibe the type o Mhat is the zoning approved business Date of aerobio syn manufacturer's intil Type of Aerobic Un Construction/instal is there an active s Construction/instal is there an active s Company Name Address.	Completely describe the a materials handled, armount materials handled, armount List any ohemical compour Stored Name Please list licensed waste Compa Describe how emergencie System biere the business owner, i underst system biere the business owner, i underst system biere the business owner.	ctivities which t of wastes @ inds routinely haulers removed haulers removed s, such as sp and that informa- scribed above. 1	h will take place enerated, equip used in your bi Gal or ibs./Month	e at your busin ment used in t usiness: Attac Amt. on hand 	ess location (i.e. the process): h Material Safety Storage Method T T ess as a basis for deter unate reflection of the	Data Sheets Dispo	for Compound in the set of the one one of the one of th	nds Used or SIC Code
lescribe the type o What is the zoning approved business Date of aerobio syn nanufacturer's intil Type of Aerobic Um Construction/instal Is there an active s Construction/instal Is there an active s Company Name Address.	Completely describe the a materials handled, amount materials handled, amount List any chemical compours Stored Name Please list licensed waste Compa Describe how emergencie As the business every provide the store the pusiness every system to serve the pusiness	ctivities which t of wastes g nds routinely haulers remo- ny Name s, such as sp and that informa- scribed above. 1:	h will take place and the place of the place	e at your busin ment used in t usiness: Attac Amt. on hand died at this site died at this site sapploation sen- ed herein is an ap operation.	ess location (i.e. he process): h Material Safety Storage Meltod T T s s s s s of samples will be	Data Sheets Dispo pice of Waste Re pype of Waste Re activities which done at my own	i for Compound is at Method and Method and Method and Method and Method at M	nds Used or SIC Code
Jescribe the type o Mhat is the zoning approved business Date of aerobic sy manufacturer's init Type of Aerobic Ur Construction/Instal Urope of Aerobic Ur Company Name_ Address	Completely describe the a materials handled, armount materials handled, armount List any ohemical compour Stored Name Please list licensed waste Compa Describe how emergencie System biere the business owner, i underst system biere the business owner, i underst system biere the business owner.	ctivities which t of wastes g nds routinely haulers remo- ny Name s, such as sp and that informa- scribed above. 1:	h will take place and the place of the place	e at your busin ment used in t usiness: Attac Amt. on hand died at this site died at this site sapploation sen- ed herein is an ap operation.	ess location (i.e. he process): h Material Safety Storage Meltod T T s s s s s of samples will be	Data Sheets Dispo pice of Waste Re pype of Waste Re activities which done at my own	i for Compound is at Method and Method and Method and Method and Method at M	nds Used or SIC Code
Jescribe the type o Mhat is the zoning approved business Date of aerobic sy manufacturer's init Type of Aerobic Ur Construction/Instal Urope of Aerobic Ur Company Name_ Address	Completely describe the a materials handled, amount List any chemical compou Stored Name Please list licensed waste Compa Describe how emergencie As the business owner, I underst system to serve the business de agree to perform any testing as I also agree to protify the county th	ctivities which of wastes g	h will take place- enerated, equip used in your b Gal or bs./konth coving wastes fro pills, will be han ation contained in th Information contain attorn contained in the Information contain attorn to fibe change in	e at your busin ment used in t usiness: Attac Amt. on hand diffed at this site diffed at this site is application sen d herein is an aa collecton & anay any material fad u	ess location (i.e. in process): h Material Safety to Material Safety storage Method to an a basis for detine to an a basis for detine to a so a	Data Sheets Dispo	For Compound sai Method serviced ability of the onso by a sequence by a sequ	Inds Used or SIC Code SIC Code
Jesonibe the type o Mhat is the zoning approved business Date of aerobio syn manufacturer's intil Type of Aerobic Um Construction/instal is there an active s Construction/instal is there an active s Constructive s Construction/instal is there an active s Construction/instal is there an active s Construction/instal is there an active s Construction/instal is the authoric Construction is the authoric	Completely describe the a materials handled, amount materials handled, amount List any chemical compour Stored Name Please list licensed waste Compa Describe how emergencie escribe how emergencie system to serve the business early as agree to perform any testing as I also agree to perform a	ctivities which of wastes g	h will take place- enerated, equip used in your b Gal or bs./konth Gal or bs./konth solls, will be han ation contained in th Information contain attorn contained in the Information contain attorn to fibe change in	e at your busin ment used in t usiness: Attac Amt. on hand diffed at this site diffed at this site is application sen d herein is an aa collecton & anay any material fad u	ess location (i.e. in process): h Material Safety to Material Safety storage Method to an a basis for detine to an a basis for detine to a so a	Data Sheets Dispo	for Compound sail Method and Meth	Inds Used or SIC Code
Jescnibe the type c Mhat is the zoning approved business Date of aerobic sy manufacturer's init Type of Aerobic Un Construction/Instal Unge of Aerobic Un Company Name_ Address Horis the authorit Company Name_ Address Application's signatu Application's signatu Stappiroved: Syr	Completely describe the a materials handled, amount List any chemical compou Stored Name Please list licensed waste Compa Describe how emergencie As the business owner, I underst system to serve the business de agree to perform any testing as I also agree to protify the county th	ctivities which of wastes g	h will take place- enerated, equip used in your b Gal or bs./konth Gal or bs./konth solls, will be han ation contained in th Information contain attorn contained in the Information contain attorn to fibe change in	e at your busin ment used in t usiness: Attac Amt. on hand diffed at this site diffed at this site is application sen d herein is an aa collecton & anay any material fad u	ess location (i.e. in process): h Material Safety to Material Safety storage Method to an a basis for detine to an a basis for detine to a so a	Data Sheets Dispo	for Compound in the format of the format oo the format oo the format oo the format oo the format oot	Inds Used or SIC Code SIC Code
Jescnibe the type c Mhat is the zoning approved business Date of aerobic sy manufacturer's init Type of Aerobic Un Construction/Instal Unge of Aerobic Un Company Name_ Address Horis the authorit Company Name_ Address Application's signatu Application's signatu Stappiroved: Syr	Completely describe the a materials handled, amount materials handled, amount List any chemical compour Stored Name Please list licensed waste Compa Describe how emergencie As the butiness center, in underst paytes to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein ag	ctivities which of wastes g inds routinely haulers remo- ny Name s, such as sp and that informa- scribed above s Signature: s Signature:	h will take placeated, equip rused in your bi Gai or ba./Jonth Gai or ba./Jonth Solony wastes fro bolls, will be han thormation contained in th rotomation contained in th rotomation contained in the control of the placeated to the complete the complete To be complete	e at your busin ment used in t usiness: Attac Ant. on hand died at this site died at this site died at this site sapplication sen director is an as officient is an as director is an as directo	ess location (i.e. in process): h Material Safety storage Method to a basis for delta to a basis for delta	Data Sheets Dispo	for Compound sail Method sail Method serviced service sail will be allowed expense by a speemit. Nate	Inds Used or SIC Code
Jescnibe the type o Mhat is the zoning approved business Date of aerobic sy manufacturer's init Type of Aerobic Un Construction/Instal Unge of Aerobic Un Construction/Instal Sthere an active s f yes, when does to sthere an active s f yes, when does to Monis the authorit Company Name_ Address	Completely describe the a materials handled, amount materials handled, amount list any chemical compour Stored Name Please list licensed waste Compa Describe how emergencie system to serve the business owner, i underst system to serve the business owner or Agent's Business Owner or Agent's Will monitorino be required. Yes	ctivities which of wastes g nds routinely haulers remove ny Name s, such as sp and that inform sorbed above. L may be required health department s Signature: s Signature: s Signature: No	h will take placed enerated, equip used in your bi Galor bis./Month information contained in the ation contained in the ation contained in the participation on the moment of the permit and to the change in TO BE COMPLE Somete pooting	e at your busin ment used in 1 usiness: Attac Ant. on hand died at this site tis application sen- ac collecton & analy any material fact u TED BY COUNTY	ess location (i.e. the process): h Material Safety storage Method to a solution of the safety res as a basis for dets will be a solution of the safet amples will be safet amples will be the safety of the safety of the the safety of the safety of the safety of the safet	Data Sheets Dispo	for Compound sail Method sail Method serviced service sail will be allowed expense by a speemit. Nate	Inds Used or SIC Code
Jescnibe the type o Mhat is the zoning approved business Date of aerobic sy manufacturer's init Type of Aerobic Un Construction/Instal Unge of Aerobic Un Construction/Instal Sthere an active s f yes, when does to sthere an active s f yes, when does to Monis the authorit Company Name_ Address	Completely describe the a materials handled, amount materials handled, amount List any chemical compour Stored Name Please list licensed waste Compa Describe how emergencie As the butiness center, in underst paytes to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein any testing as in a lass agree to protein ag	ctivities which of wastes g nds routinely haulers remove ny Name s, such as sp and that inform sorbed above. L may be required health department s Signature: s Signature: s Signature: No	h will take placed enerated, equip used in your bi Galor bis./Month information contained in the ation contained in the ation contained in the participation on the moment of the permit and to the change in TO BE COMPLE Somete pooting	e at your busin ment used in 1 usiness: Attac Ant. on hand died at this site tis application sen- ac collecton & analy any material fact u TED BY COUNTY	ess location (i.e. the process): h Material Safety storage Method to a solution of the safety res as a basis for dets will be a solution of the safet amples will be safet amples will be the safety of the safety of the the safety of the safety of the safety of the safet	Data Sheets Dispo	for Compound sail Method sail Method serviced service sail will be allowed expense by a speemit. Nate	Inds Used or SIC Code
Jescnibe the type o Mhat is the zoning approved business Date of aerobic sy manufacturer's init Type of Aerobic Un Construction/Instal Unge of Aerobic Un Construction/Instal Sthere an active s f yes, when does to sthere an active s f yes, when does to Monis the authorit Company Name_ Address	Completely describe the a materials handled, amount materials handled, amount list any chemical compour Stored Name Please list licensed waste Compa Describe how emergencie system to serve the business owner, i underst system to serve the business owner or Agent's Business Owner or Agent's Will monitorino be required. Yes	ctivities whild of wastes g inds routinely hauters remove hauters remove hauters remove hauters remove hauters remove hauters remove s. such as sp and that informa and that informa so that i	h will take place enerated, equip used in your bi Galor bis./Month international states for ability, will be han ation contained in thi momation contained in thi politiky, will be han ation contained in thi information contained in thi to be complexed. TO BE COMPLE Sample location s	e at your busin ment used in 1 usiness: Attac Ant. on hand died at this site sapplication sen- acolecton & analy any material fact u TED BY COUNTY Kontoring Frequer	ess location (i.e. the process): h Material Safety dorage Method to a a bosis for deta sa a bosis for deta the sa a	Data Sheets Dispo	for Compound sail Method sail Method serviced service sail will be allowed expense by a speemit. Nate	Inds Used or SIC Code
Please attach a bu describe the type of What is the zoning approved business Date of aerobic by Date of aerobic by Construction/instal is there an active a Construction/instal is there an active a Construction/instal is there an active a Construction/instal is there an active a Address	Completely describe the a materials handled, amount materials handled, amount list any chemical compour Stored Name Please list licensed waste Compa Describe how emergencie system to serve the business owner, i underst system to serve the business owner, or Agent's Business Owner or Agent's Wit montoring be required: Yes is DERY County Haz Waste revie	ctivities which of wastes g nds routinely hauters remo- ny Name s, such as sp and that information and that information and that information s, such as sp and that information s, signature: 	h will take place. r used in your br Gai or bs://konth coving wastes fre polls, will be han ston cortange in in tor drage in TO BE COMPLE Sample Nocion Reason	e at your busin ment used in t usiness: Attac Ant. on hand 	ess location (i.e. the process): h Material Safety Storage Method to the process of the safety to the safety of the safety to the safety of	Data Sheets Dispo	for Compound sai Method served	Its sewage dispo

Operating Permit Application Considerations

I/M and Commercial Operating Permits:

- The permits bear:
 - Permit Type
 - Permit Number
 - Permit Owner and Location
 - Conditions of Operation
 - Expiration Date

OPERA	TING PERMIT	OPERATING P	ERMIT
Per: CXT01-Serving are Commercia.	Billing G 20-00-million	Part 00700 - Operating and makeing Manufactures Date	8004 C. 7-80-(MCM
name to: Carof's Place	Perind Nursber 25-07-00020	Insult for America One	Parent Nardian 35-QT-00087
#2010 Heart 118	Dearty: 35 - Lake	HISD DA ALL MAD	Eventy, 35 - Lake
Adure, PL 12702	mane Seller CH 10 (2019 Period Rupping Chr. 10(21)(2010	(ALMS. P., 1079)	Name Anton 20150/2010 Parent Augusta Car 27/21/2211
that the control visit conditions and accurate the device of the scale by Lake County Harper Department PLACE 188 Server 7, 1976	ar the surfaces of Engineers 341, 344 percents from sur Roman 6. services of surfaces in conformance with assaminant nums and 4. quot service of notices, where this desaminant is the sequencement	The fairty power also at their newhold is 4.44 Abrotid registering in the second second second second second second second the second	g of Chapters 2011, 2012 and 405 Part III. Pental leader in a suffernative 405 department rates and of volume, advert is constrained by the begathered ratio
CONDITION Net: 00150-Decempion Commental	S OF OPERATION Being th: 94-80-10:199 Permit Nations On 10:00:01	CONDITIONS OF O	PERATION Sense 20 BAG-(MIT) News Sense 25 QT-20037 Peret Danse De Tractos
The summing server for the facility shown about has been strue	with the furthering punchases of patrolices	The gaining permiting the facily atour done has been launch with the bios	erg andres if gestion
	(and the following simplifying of generation processory or subsections in a Conservation of Jacks	The gasting panel for the facility phone data had been taked with the face means and the face of the f	
nianzani, anitar opinika iyan an cu Binaran	ртнаца у половитски и совершихо прата — Англичиние Так полоци от така на совершихо прата —	noncesso and a province report as completion of the sectors descention of the percent	Navina na navanista Pula (surie na navina navani
naansaan, aansa ramaanaa ngant asa sa Baharangan asaa Par antas - angang malamantas	arrang je urtanitek in a Coloreguizat (f.j.k.); je – Tweiweine Tala Talance (of Faller Hellowine)	Marcial and the constitute of an Section with the constitute of an Section with the constitute of an RECEIPT Marcial and the section of the se	ntentine na otopontelate fisate service Note top financial
namen and a second seco	атавар и иливного и а советского праса достокование так пактор гол нако нас оветского праса достокование ЕССЕРТ авид с. 3140-111111	martin instance instant as constitute or an strate eller. Actual test some RECEIPT We OTTOparating and missions Mandalong Site mart to: America Gale	Name of a control of the Race provided to the Control of Sector o
nuerosant, estrujo remisione report post con Jantos remisione For for control - Consequent Externation Activity to	ernes in unrestan is a George (add rij alf) des Texeses Texes matters for texes any opposite ECEIPT many c. (3440 rink) 19 Anatol handler: 35-07-0609 Control; 35 - 5486 San Ball 20 - 550000	menual	Renter & Operative Funk sources State Half Records Henry & 19-00-1 (2011) Hund Records. 25-041-0007 States. 25-041-0007 States. 25-041-0007 States. 25-041-0007
namen and a second seco	ECEIPT Manage () 1940-1950 ECEIPT Sentation () 1940-1950 Amerika () 1940-1950 Cody: 31-128 Amerika () 1940-1950 Cody: 31-128 Amerika () 1940-1950	martin instance instant as constitute or an strate eller. Actual test some RECEIPT We OTTOparating and missions Mandalong Site mart to: America Gale	Nantas e a cosimilar da se cosimil
nuerosant, estrujo remisione report post con Jantos remisione For for control - Consequent Externation Activity to	еттова от отлажатала и сощени насе прот на претара к от това на сощени ЕСЕІРТ жила (с.)1940-т пр. 198 Анала Бака, 1940-т Пов на сощени сощени 1940-т прот на сощени сощени 1940-т пр. 19	menual	Rear Town & Construction Read Townson International Construction Rear of August 19, 2004 (2007) Rear of August 1994, 2004 (2007) August 1994, 2004 (2007)
International International Papert and com- Bent Control - Commany and Commany - Allian Period Control - Commany and Commany - Allian Addression - S Addression - S Addression - S	ECEIPT Bendense for from melones ECEIPT Bendense 1940 ref from melones George 35-04.00 George 35-04.00 Bendense 25-04.00 Bendense 25-04.00	International International Activation Statements of the Statements Activation Statements Activation Statements Activation Statements Manufactures (Statements Activations Statements Manufactures (Statements Activations Statements Activations Statements Activations Statements Activations Statements Activations Activat	Handhan K-4 OberHaltalan Funda Can Halt Resources Hanna K. 31-60-1 (HTTH Partiel Resource 32-97 (2007) Samata (2012) Kanada Fara (112) Samata Fara (112) Samata Fara (112) Samata Fara (112)
numeranam, anaruta regelarites report ana con Binter-report Per Catof y Place Altri hop 11 Anaruta - Catof y Place Anaruta - Catof y Place Anaruta - Catof y Place	entropy or summarized and a Construction of July Annotations That instrume for the an entropy of the State of State State of the State of State of State Annual Fills (State of State) Annual Fills (State) Annual Fills (State)	International International Providence International Providence International Internat	Nanton e a composition Russi contrast autoremposition Russi Present Autorem 2010 Foront Present Autorem 2010 Foront Autorem 2010 Foront Autorem 2010 Foront Autoremposition Au
nuers and a service remains report on the British and a service service for Group - General and Environme. A String - General and Environme. A String - General and Environme. A String - String - ments 1 - Gard's Place A String for the String for the String for the String for the String - String - String - String - String - Stri	ECEIPT Bennettes for han de calege ECEIPT Bennettes for han de calege Annet hander 35-07-0006 Calege 35 - 6406 Annet Paris 16:00 De feis 16:0000 De feis 16:0000 De feis 16:0000 De feis 16:0000 De feis 16:0000 De feis 16:0000 De feis 16:00000 De feis 16:000000 De feis 16:00000 De feis 16:000000 De feis 16:00000 De feis 16:000000 De feis 16:0000000 De feis 16:0000000 De feis 16:000000000000000000000000000000000000	menual and constrained an	Rentes & Observation Fairs and other hand Appropriate Benergy IS (Mode) (2011) Front Randow (25 GF 1000) Standy 31 - Lafte mark (25 GF 2000) Standy 31 - Lafte mark (25 GF 2000) Standy 32 - Lafte Mark (25 GF 200
numeranam, anaruta regelarites report ana con Binter-report Per Catof y Place Altri hop 11 Anaruta - Catof y Place Anaruta - Catof y Place Anaruta - Catof y Place	entropy or summarized and a Construction of July Annotations That instrume for the an entropy of the State of State State of the State of State of State Annual Fills (State of State) Annual Fills (State) Annual Fills (State)	International International Providence International Providence International Internat	Nachan a countration fault and control to be frequencies France for the State of the State France for the State of the State Mark State of the State Mark State of the State State frequencies State State of the State

HEA

Regulatory Items

Location on the Permit

Annual Operating Permit: System Inspections

- In order to ensure compliance with the conditions of operation specified on a Commercial or I/M Operating permit, an annual inspection is required.
- These inspections serve to determine whether any changes have occurred which would require the permit conditions to be amended or the permit to be revoked.
- The standard for determining if such is required, is comparison of the existing conditions to those specified on the originally approved permit and application.

HEA

Commercial and I/M Operating Permits Annual Inspections:

- •Annual site inspections are conducted to verify that the conditions of operation stated on the permit are not being exceeded.
- •These inspections serve to document the operating conditions and determine if there have been any changes from the permitted and approved operating conditions.
 - These inspections are conducted annually by the CHD.
 If the operating conditions have changed, an existing system evaluation and permit amendment is required.
 If there is sufficient change in the operating conditions, a system modification, repair, new system installation, or denial of the permit may be required.

HEA

Performing the Annual Inspection:

- Minimum requirements for the CHD's annual ${\color{black}\bullet}$ inspection:
 - At minimum, the County Health Department Inspector must verify that there is no change from:
 - The approved system construction.
 - The approved structure.
 - The approved conditions of operation.
 - The specifics for these items will differ based on the establishment being inspected.

What are examples of different conditions of operation that should be inspected?

Operating Permit Inspection Form:

HEA	LTH	OPERATING PERMIT IN AUTHORITY: 381.0065, PLORIDA / \$456, PLORIDA /	A STATU OMNIST	TES, RATIVE CODE	
PURPOSE Routine Re-inspectio Complaint Other	e	PERMITTED FOR M C COM C ATU PE SYSTEM TYPE: ATU PETS Convertion	ST8 onal	OP NUMBER: BUSINESS ACTIVI PROPERTY DESCI Single D Muth	
ESTABLISHME	INT NAME:			a a a	PHONE:
LOCATION AD	DRESS:			CITY:	STATE: ZIP:
PROPERTY O	WNERIAGENT'S N	AME:			PHONE:
PROPERTY O	WNER'S ADDRES	S:		спу:	STATE: ZIP:
BUSINESS OV	VNER'S NAME:				PHONE:
4. Senitary 5. Change 1 5. Change 1 5. Change 1 7. Settack AEROBIC TREA SYSTEM 9. Unit Oper 10. Warning 1 11. BypassjA 12. Sampling 12. Sampling	in Ownership Or Tens in Original Remitted C to Retrinet Resulted TMENT UNIT/PEFOR nor Contract:	ncy conditions RMANCE-BA SED TREATMENT PQ	D 19 D 20 D 21 D 22 D 22 D 22 D 22 D 24 D 25 D 25 D 25 D 25 D 25 D 25 D 25 D 25	Contractes Waste Houles Bampling Requirements: Proor Dreins Utility Binks Increase in Frow Diner Conditions ERCIAL 3EWAGE Grease Inform Seasting ERCIAL 3EWAGE Grease Inform Seasting Washings Activity Menu/Service Type: Hours of Operation: Other Conditions	
					1955
100	6			19	CF
Inspected by Date:		Received by:			

- •General Information
- •I/M or Equivalent Information
- •Commercial Sewage Information

HEALTH

Florida HEALTH

Maintenance Entities and Requirements

- Entities performing maintenance of these systems are the same that are authorized to install them.
- Minimum recommended maintenance for conventional systems in these circumstances is the same as for residential systems, but should occur more frequently depending on the operating conditions.
 - Pump the septic tank at least once every 3 to 5 years.
 - Service the outlet filter as needed between pump-outs.
 - Maintain the original site conditions as permitted and approved by the department.
 - Operate the system without exceeding the design parameters.



E - ATU Construction and Operating Permits

Operating Permit Requirements:

- By rule and statute, a Biennial Operating Permit is required prior to use of an ATU or PBTS.
 - The permit application, fee, and maintenance contract must be received by the County Health Department prior to final approval of system construction.
 - The permit must specify the operating conditions, including the sampling and testing requirements that must be provided by the design engineer.
 - The property owner is responsible for ensuring the operating permit is obtained, unless the approved maintenance entity has also contracted to do so.
 - The Maintenance Entity is then responsible for submitting the minimum number of reports to the DOH.
 - The operating permit is non-transferrable. At the time the owner of a residence or business changes, or a tenant of a business changes, a new permit must be applied for.
 - Operating permits are applied for, reviewed, and issued at the beginning of each permit cycle.

HEA

ATU and PBTS Operating Permits:

- The permits bear:
 - Permit Type
 - Permit Number
 - Permit Owner and Location
 - Conditions of Operation
 - Expiration Date

ATU and PBTS Operating Permits require multiple inspections throughout the permit cycle.

110000000000000000000000000000000000000	OPERA			
For: OSTD	S - Operating and Aerobic,	Billing ID: 35-BID-989754	OPERATING PERMIT	
	Bill Horvath	Permit Number: 35-QT-00341	For: OSTDS - Operating and Industrial Manufacturing Zone, Performance Based,	Billing ID: 35-BID-1249194
Sound To:	12127 Lakeside Ln	County: 35 - Lake	Issued To: The Mason Jar	Permit Number: 35-QT-00371
	TAVARES EL 32778	tecus pate: 05/20/2008	37534 N State 19 Rd	County: 35 - Lake
		Permit Expires On: 02/28/2010	Umatilia, FL 32784	Issue Date: 04/01/2010
The facility s	shown above has been inspected by a duly authorize	d representative of the Department of Health, and was found in	SHEWSHER IN A REAL THREE REAL AND AND AND ADDRESS OF	Permit Expires On: 07/31/2010
conformance		der the authority of Chapters 381, 386 and 489 Part III, Florida	The facility shown above has been inspected by a duly authorized representative of the Depart conformance with those rules promulgated by the department under the authority of Chapters	
		ity, service, or system in conformance with department rules and	Statutes, and set forth in Rule 64E-6, Florida Administrative code.	
	ns of operation shown below. This permit is revocab rational conditions and department standards are no	ie, upon service of notice, when it is determined by the department t being maintained.	This permit grants authority to operate the above referenced facility, service, or system in conf the conditions of operation shown below. This permit is revocable, upon service of notice, whi that the operational conditions and decartment standards are not below maintained.	
issued by:	Lake County Health Department			
24	PO BOX 1305 TAVARES, FL 32778	8 . 10.	Issued by: Lake County Health Department PO BOX 1305 Terrers, FL 52778	84
			PO BOX 1305 _ Teverex, FL 32778	
		OT DETACH HERE (Non-Transferable)	DO NOT DETACH HERE	(Non-Transfer)
	DO NOT SEPARATE	FROM OPERATING PERMIT	DO NOT DETACH HERE DO NOT SEPARATE FROM OPERATING PERMIT	(Non-Transfer)
			DO NOT SEPARATE PROM OPERATING PERMIT	
Bill Hon Issued To:	S - Operating and Aerobic, wh, 12127 Lakwala Ln7AVARES; PL 32178 Bill Horvath Ig permit for the facility shown above has been issue	Bailing ID: 35-80-989754 Permit Number: 35-07-00341 Permit Expires-0n: 02/28/2010 d with the following conditions of operation:	For: ODTDS-Operating and industrial Manufacturing Zone, Performance Based, Massive: The 2019A States III Relationals, PL 2019A Issued To: The Masson Jar	Billing ID: 35-BID-1249194 Permit Number: 35-QT-00371 Permit Expires On: 07/31/2010
DH-4013 (05%)		NOTICINE OF OPERATION IN A COMPROLICUE FLACE Drum Twentyweiny These Porticine Fice Voues Relaciones	The operating permit for the facility shown above has been lasked with the following condition The operating permit for the facility shown above has been lasked with the following condition Default shown above here are the permit way permit and posteriority or operation in a Default shown above here are the permit way permit and posteriority or operation in a Default shown above here are the permit way permit and posteriority or operation in a Default shown above here are the permit way permit and posteriority or operation in a Default shown above here are the permit way permit and posteriority or operation in a Default shown above here are the permit way permit and posteriority or operation in a Default shown above here are the permit and posteriority of the perm	CONTROLIOUS PLACE (Non-Transfer
DH-4013 (0396	DETACH HERE - RETAR		DH413 (BM7) DIRPLAY OPERATIVE PERMIT AND CONDITIONS OF OPERATION IN A DEFACI HERE - RETAIL THIS PORTION FOR YOUR RE	CONSPICUOUS PLACE (Hor-Traveler
	DETACH HERE - RETAR	RECEIPT	рнита влигу: овярых оператика реликт ако сокоптона ог оператол и а регион неке - нетак тоя уколи на окологи на кологи на RECEIPT	COMERCISOUS PLACE: Discrimente COMERCISOUS PLACE: Discrimente COMERCISOUS PLACE: Discrimente
For:	DETACH HERE - RETAR OSTDG - Operating and Aerobic,	THE PORTION FOR YOUR RECORDS RECEIPT Billing ID: 35-80-989754 Permit Number: 35-07-00341	DH413 (BM7) DIRPLAY OPERATIVE PERMIT AND CONDITIONS OF OPERATION IN A DEFACI HERE - RETAIL THIS PORTION FOR YOUR RE	CONSPICUOUS PLACE discrimination DODGE Billing (D: 35-80-1261)4
For:	DETACH HERE - RETAR OSTDG - Operating and Aerobic, Bill Horvath	тны роктон гок усик явсояов КЕСЕІРТ вина IC: 35-80-98754 Рели Килас: 35-240241 сочи: 35 - Lake	DI-MITS BINNY DISPLAY OF BATTING PERMIT AND CONSTITUTION OF A DISPLAY OF BEACH FIRE - RETAIN THIS PORTION FOR YOUR RED DEFACH FIRE - RETAIN THIS PORTION FOR YOUR RED RECEIPT For: OOTTOG - Operating and Industria Manufacturing Zone, Performance sacurds To: The Mascin Jan	conservations PLACE - Discrimination controls Billing ID: 35-BD-1359154 Permit Number: 35-BD-1359154
For:	DETACH HERE - RETAR OSTDG - Operating and Aeroolo, Bill Horvath 1227 Jakede Ja	THE PORTION FOR VOUR RECORDS	BH493 (BM7) DISPLAY OPERATING PERMIT AND CONSTITUTING TO OPERATION IN A DEFICIT HERE: RETAIL THIS PORTION FOR YOUR RE DEFICIT HERE: RETAIL THIS PORTION FOR YOUR RE RECEIPT For: OSTDO - Operating and Industrial Manufacturing Zone, Performance Insues To: The Mascin Jac Taca Nation Jac Taca Nation Jac Taca Nation Jac Taca Nation Performance	CONSPICUOUS PLACE therefore DEBEG BITTING ID: 35-BID-1249194 Parent Number: 35-Q1-04071 Costyr: 35-Lake
For:	DETACH HERE - RETAR OSTDG - Operating and Aerobic, Bill Horvath	THE PORTION FOR YOUR RECORDS	DI-MITS BINNY DISPLAY OF BATTING PERMIT AND CONSTITUTION OF A DISPLAY OF BEACH FIRE - RETAIN THIS PORTION FOR YOUR RED DEFACH FIRE - RETAIN THIS PORTION FOR YOUR RED RECEIPT For: OOTTOG - Operating and Industria Manufacturing Zone, Performance sacurds To: The Mascin Jan	construction place place place from the sources summa to: 35-500-1269134 Parent fluence: 35-907-00971 County: 33 - Lake Issue Date: 30070201
For:	DETACH HERE - RETAR OSTDG - Operating and Aeroolo, Bill Horvath 1227 Jakede Ja	THEE PORTION FOR YOUR RECORDS RECEIPT Building ID: 35-BID-88754 Permit Number: 35-CJA0341 COMPC: 35-LJAke Interes Sen: 5050.2006 Dist Piece Ord/2006	BH493 (BM7) DISPLAY OPERATING PERMIT AND CONSTITUTING TO OPERATION IN A DEFICIT HERE: RETAIL THIS PORTION FOR YOUR RE DEFICIT HERE: RETAIL THIS PORTION FOR YOUR RE RECEIPT For: OSTDO - Operating and Industrial Manufacturing Zone, Performance Insues To: The Mascin Jac Taca Nation Jac Taca Nation Jac Taca Nation Jac Taca Nation Performance	CONSTRUIDUS PLACE Discrimination Bitting (D: 35-BD-1249134 Permit Numaer: 33-927-60371 Issee Dets: 34-927-0037 Issee Dets: 34-927-003 Issee Dets: 34-927-003
For: Issued To:	GITACH HERE - RETAY GITOS - Operating and Aerosis, Bill Horvath 12127 Jakedse Un TAVARES, FL 32776	THE PORTION FOR YOUR RECORDS	Inversional Constraints of the perimet and constraints of organization and detach were - Retain this portion was a solution for Your Red RECEIPT Fer: OSTDD - Operating and Industrial Manufacturing Zone, Performance Insered Te: The Mascin Jan Statistication Jan Statistication Constraints Undella, FL 10714	conservicuous PLACE Plus-Transfer Billing ID: 35-800-1269194 Parent Number: 35-QT-00371 County: 35 - Lake Issue Date: 400/0200 Amoust Pate: 150.00 Date Pate: 105.00 Date Pate: 105.00
For: Issued To:	DETACH HERE - RETAR OGTDG - Operating and Aestolic, Bill Pf arvorath TAVARES, PL 32776 Lapin Septio Tank Services	THE PORTION FOR YOUR RECORDS	International period DeepLay oreganities period DeepL	CONSPICUOUS PLACE therefore setting (D: 35-05-128/154 Permit Notest: 35-01 F403/1 Permit Notest: 35-01 F403/1 Reserved Test 15:000 Delle Part: 0324/2010 Delle Part: 0324/2010 Delle Part: 0324/2010 Delle Part: 0324/2010
For: Issued To:	GETACH HERE - RETAR OSTOG - Operating and Aeroolo, Bill Horvath 12127 Lakedide Ln TAVARES, FL 32776 Lapin Septio Tank Services 3031 W 400 n 2	THEE PORTION FOR YOUR RECORDS	Inversional Constraints of the perimet and constraints of organization and detach were - Retain this portion was a solution for Your Red RECEIPT Fer: OSTDD - Operating and Industrial Manufacturing Zone, Performance Insered Te: The Mascin Jan Statistication Jan Statistication Constraints Undella, FL 10714	CONSPICUOUS PLACE Distribution DODBS Bittings (b): 55/80-126/194 Permit Nucleur: 55/91-60/91 Permit
For: Issued To:	DETACH HERE - RETAR OGTDG - Operating and Aestolic, Bill Pf arvorath TAVARES, PL 32776 Lapin Septio Tank Services	THE PORTION FOR YOUR RECORDS	International Septies Systems LLC/ATU Entity Bit Arene Septies Systems LLC/ATU Entity	CONEPICUOUS PLACE Distribution Decision Billing ID: 35-BID-1249194 Permit Number: 35-QI-140971 County: 33 - Lake News Distribution March Park: 002402010 Chestellumer: 10000 Restell Number: 35-PD0-1269054 Restell Number: 35-PD0-1269054 Personal by Alforedia Optice 002402010 Personal by Alforedia Optice 002402010
For: Issued To:	GETACH HERE - RETAR GST00 - Operating and Aerobio, Bill Horvath 12127 Lakegide Ln TAVARES, FL 32776 Lapin Septilo Tank Services 3031 W 403 n.2 ORLANDO, FL 32539	THEE PORTION FOR YOUR RECORDS	International Septies Systems LLC/ATU Entity Bit Arene Septies Systems LLC/ATU Entity	CONERPLICUS PLACE (Non-Tendo CORES Balling ID: 35-BD-1240194 Permet tendore: 33-017-00371 exercity: 33-124e sero Date / 240702010 Amounty: 33-124e Sero Date / 240702010 Chest Names: 1428 Chest of Manuari, 25270-12300

HEA

Location on the Permit

and DRTS Annual Increations

ATU and PBTS Annual Inspections:

- The minimum inspection and monitoring associated with the Operating Permit:
 - Is dependent on what level of treatment was deemed appropriate through the permitting process.
 - Is specified on the construction application and permit by the design engineer.
 - Must, at minimum, address the required operating parameters.
 - Must appear on the DOH Operating permit.
 - Is in addition to the annual site inspections by the CHD.
 - Must be carried out by an approved maintenance entity.

Maintenance Entities:

- Before servicing a system, a Maintenance Entity must:
 - Be or employ a Registered Septic Tank Contractor, Licensed Plumber, or Class D Wastewater Plant Operator and:
 - Be trained by the manufacturer of each product they wish to service.
 - Obtain a Maintenance Entity Service Permit from the Health Department in the county where their business is based (Application form DH4066).
 - Sign a maintenance contract with the owner of each system they wish to service.
 - Obtain the Operating Permit for each system they wish to service (form DH4081).
- While a system is under their care:
 - The Maintenance entity must:
 - Service the system as prescribed by the manufacturer, and submit reports to the County Health Department where the system is located. The number of service reports to be submitted is 2 per year for residential, and 4 per year for commercial systems.
 - Respond to emergency calls within 36 hours, and notify the CHD of any emergency service to the system.
 - Report to the CHD when a property owner refuses to renew a maintenance contract, or when there must be an amendment to the permit.

Besides prescribed visits and monitoring or sampling requirements, the maintenance requirements are based on the manufacturer's training.

Memo HSES 08-003 INSPECTION AND MONITORING FOR ATU'S AND PBTS 64E-6 FAC Summary

PERFORMANCE STANDARDS	CONVENTIONAL SEPTIC SYSTEM	AEROBIC TREATMENT UNIT	> 1500 gpd AEROBIC TREATMENT UNIT	SECONDARY TREATMENT STANDARDS	ADVANCED SECONDARY TREATMENT STANDARDS	ADVANCED WASTEWATER TREATMENT STANDARDS	FLOIRDA KEYS TREATMENT STANDARDS	OTHER ⁶
NSPECTION/ MAINTENANCE FREQUENCY	Recommended every 3 to 5 years	1 x per year - CHD 2 x per year - ME	1 x per year -CHD 2 x per year -ME (Class D Operator)	1 x per year - CHD 2 x per year -ME		1 x per year – CHD 2 x per year - ME	1 x per year – CHD 2 x per year – ME⁵	1 x per year – CHD 2 x per year – ME⁵
MONITORING/SAMPLING This is for all systems lesigned to meet the pecified treatment standards)	not applicable	not applicable	CBOD5 and TSS or Ponding Depth ¹ and Fecal Coliforms Semi-annually	Specifications To Be Set By Design Engineer ⁴	Specifications To Be Set By Design Engineer ⁴	CBOD5 and TSS or Ponding Depth ¹ Frequency varies ²	Specifications To Be Set By Design Engineer ⁴	Specifications To Be Set By Design Engineer ⁴
For Drainfield Reductions	not applicable	not applicable	not applicable	Ponding Depth ¹ Quarterly ³	Ponding Depth ¹ Quarterly ³	Ponding Depth ¹ Quarterly ³	Ponding Depth ¹ Quarterly ³	Ponding Depth ¹ Quarterly ³
For Reduced Setbacks and/or Increase Authorized Flows	not applicable	not applicable	not applicable	Fecal Coliforms Semi Annually	TN, P and Fecal Coliforms Semi Annually	TN, P and Fecal Coliforms Frequency varies ²	not applicable	not applicable

Though the Operating Permits are Biennial, the inspection frequency is required on an Annual basis.