

D – 2:30 – 3:00

Conventional Systems and Commercial / IM Zone, ATU, and PBTS Operating Permits

## Conventional Systems Requiring Commercial or I/M Zone Operating Permits

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



## When an Operating Permit is required:

- 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.

<p>OPERATING PERMIT</p> <p>For: OSTDS - Operating and Commercial, Billing ID: 35-BID-1191769</p>	<p>OPERATING PERMIT</p> <p>For: OSTDS - Operating and Industrial Manufacturing Zone, Billing ID: 35-BID-1365755</p>
<p>CONDITIONS OF OPERATION</p> <p>For: OSTDS - Operating and Commercial, Billing ID: 35-BID-1191769 Permit Number: 35-QT-00090</p>	<p>CONDITIONS OF OPERATION</p> <p>For: OSTDS - Operating and Industrial Manufacturing Zone, Billing ID: 35-BID-1365755 Permit Number: 35-QT-00097</p>

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.



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.



## 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.

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM OPERATING PERMIT

Authority: Chapter 381, F.S. & Chapter 64E-6, F.A.C. Application/Permit Number \_\_\_\_\_  
 New: \_\_\_\_\_ Amendment: \_\_\_\_\_  
 Aerobic: \_\_\_\_\_ Con \_\_\_\_\_

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**BUSINESS SURVEY**  
AN ATTACHMENT TO DH 4081  
ASSESSMENT OF WASTE HANDLING AND BUSINESS ACTIVITIES

New: \_\_\_\_\_ Application/Permit Number \_\_\_\_\_  
 Renewal: \_\_\_\_\_  
 Change of Tenancy/Amendment: \_\_\_\_\_

Please provide the following information regarding your business facilities and the activities which will take place on site.

Business Name \_\_\_\_\_ Occupational License # \_\_\_\_\_  
 Business Owner's Name \_\_\_\_\_  
 Business Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Street Address of Business \_\_\_\_\_ Unit Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How many employees will use this facility \_\_\_\_\_ Hours of operation \_\_\_\_\_  
 What type and number of sanitary facilities will be available at this location: Anticipated flow \_\_\_\_\_ gpd Based on \_\_\_\_\_  
 Toilets \_\_\_\_\_ Urinals \_\_\_\_\_ Hand Washing Sinks \_\_\_\_\_ Utility Sinks \_\_\_\_\_  
 Showers \_\_\_\_\_ Floor Drains \_\_\_\_\_ Equipment Drains(Describe) \_\_\_\_\_  
 2-Compartment Sinks \_\_\_\_\_ 3-Compartment Sinks \_\_\_\_\_  
 Laundry Facilities \_\_\_\_\_ Garbage Grinder/Disposal \_\_\_\_\_  
 Commercial Dish Machines (heat sanitizing) \_\_\_\_\_ (chemical sanitizing) \_\_\_\_\_  
 Can Washing Facilities \_\_\_\_\_ Other(Describe) \_\_\_\_\_

Completely describe the activities which will take place at your business location (i.e. types of waste generated, volume of raw materials handled, amount of wastes generated, equipment used in the process):  
 \_\_\_\_\_  
 \_\_\_\_\_

List any chemical compounds routinely used in your business: Attach Material Safety Data Sheets for Compounds Used or Stored

Name	Gal or lbs./Month	Amt. on hand	Storage Method	Disposal Method	SIC Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list licensed waste haulers removing wastes from your site.

Company Name	Type of Waste Removed
_____	_____
_____	_____

Describe how emergencies, such as spills, will be handled at this site:  
 \_\_\_\_\_  
 \_\_\_\_\_

As the business owner, I understand that information contained in this application serves as a basis for determining the suitability of the onsite sewage disposal system to serve the business described above. Information contained herein is an accurate reflection of the activities which will be allowed on this site. I also agree to perform any testing as may be required by this permit, and collection & analysis of samples will be done at my own expense by a state certified laboratory. I also agree to notify the county health department of the change in any material fact used to determine the issuance of this permit.

Business Owner or Agent's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Property Owner or Agent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY COUNTY HEALTH DEPARTMENT:**

Will monitoring be required: Yes \_\_\_\_\_ No \_\_\_\_\_ Sample location \_\_\_\_\_ Compounds to be examined: \_\_\_\_\_  
 Is DER/ County Haz Waste review required: Yes \_\_\_\_\_ No \_\_\_\_\_ Monitoring Frequency \_\_\_\_\_  
 Survey disapproved \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason \_\_\_\_\_  
 Survey approved: \_\_\_\_\_ By: \_\_\_\_\_ Title \_\_\_\_\_ CHD Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

DH 4081A, 10/96 (Obsoletes previous editions which may not be used). Incorporated: 64E-6.003, FAC Page \_\_\_\_ of \_\_\_\_

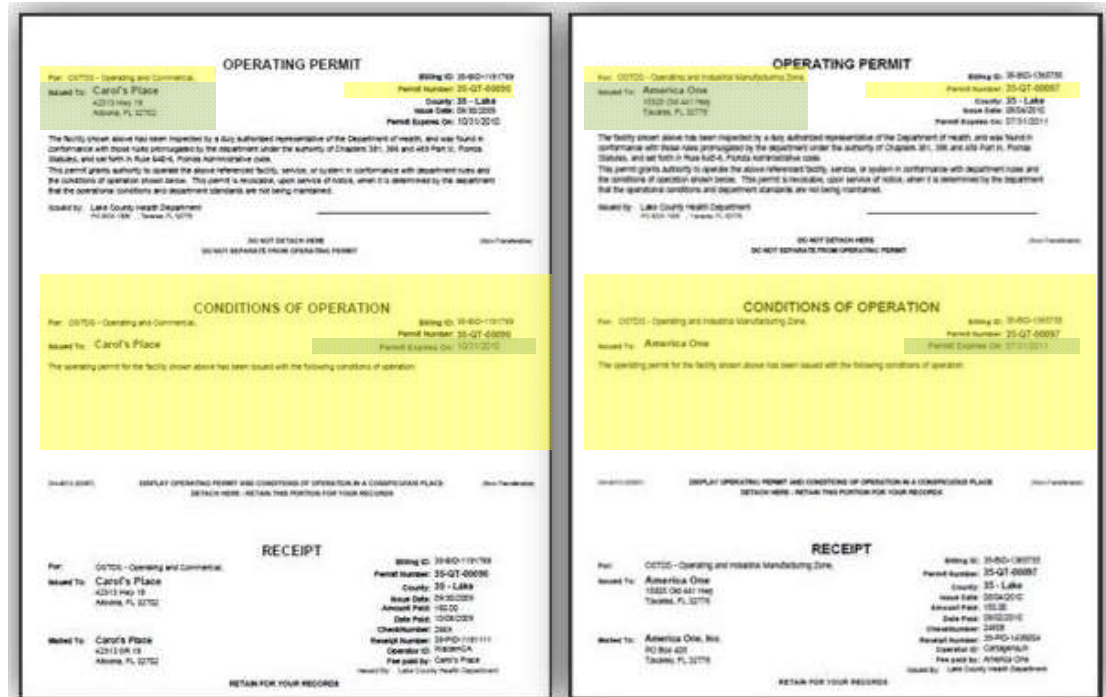
## Operating Permit Application Considerations





# I/M and Commercial Operating Permits:

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



Regulatory Items

Location on the Permit



## Annual Operating Permit: System Inspections

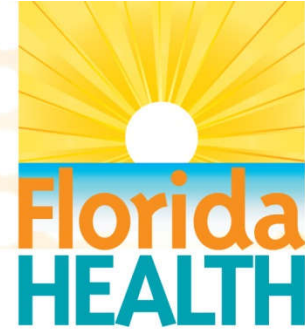
- In order to ensure compliance with the conditions of operation specified on a Commercial or I/M Operating permit, an annual inspection is required.
- These inspections serve to determine whether any changes have occurred which would require the permit conditions to be amended or the permit to be revoked.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



## 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.





## Performing the Annual Inspection:

- **Minimum requirements for the CHD's annual 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?**

Use the Operating Permit Inspection Form as a guide.





## 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.





# 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.

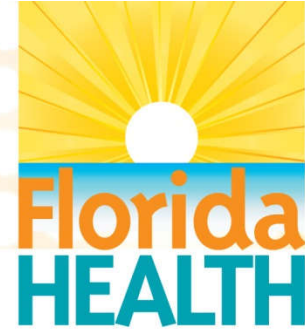
OPERATING PERMIT	
For: OSTDG - Operating and Aerobic, Issued To: <b>Bill Horvath</b> 12127 Lakeside Ln TAVARES, FL 32778	Billing ID: 35-BID-989754 Permit Number: 35-QT-00341 County: 35 - Lake Issue Date: 05/02/2009 Permit Expires On: 02/28/2010
The facility shown above has been inspected by a duly authorized representative of the Department of Health, and was found in conformance with those rules promulgated by the department under the authority of Chapters 381, 386 and 459 Part III, Florida Statutes, and set forth in Rule 64E-6, Florida Administrative Code. This permit grants authority to operate the above referenced facility, service, or system in conformance with department rules and the conditions of operation shown below. This permit is revocable, upon service of notice, when it is determined by the department that the operational conditions and department standards are not being maintained.	
Issued by: Lake County Health Department PO BOX 1308 , TAVERES, FL 32778	
DO NOT DETACH HERE DO NOT SEPARATE FROM OPERATING PERMIT (Non-Transferable)	
CONDITIONS OF OPERATION	
For: OSTDG - Operating and Aerobic, Issued To: <b>Bill Horvath</b> 12127 Lakeside Ln TAVARES, FL 32778	Billing ID: 35-BID-989754 Permit Number: 35-QT-00341 County: 35 - Lake Issue Date: 05/02/2009 Permit Expires On: 02/28/2010
The operating permit for the facility shown above has been issued with the following conditions of operation:	
DH-4013 (03/97) DISPLAY OPERATING PERMIT AND CONDITIONS OF OPERATION IN A CONSPICUOUS PLACE DETACH HERE - RETAIN THIS PORTION FOR YOUR RECORDS (Non-Transferable)	
RECEIPT	
For: OSTDG - Operating and Aerobic, Issued To: <b>Bill Horvath</b> 12127 Lakeside Ln TAVARES, FL 32778	Billing ID: 35-BID-989754 Permit Number: 35-QT-00341 County: 35 - Lake Issue Date: 05/02/2009 Amount Paid: 100.00 Date Paid: 04/07/2009 Check Number: Receipt Number: 35-PIO-1003121 Operator ID: B14V04U Fee paid by: Bill Horvath Issued By: Lake County Health Department
Mailed To: <b>Lapin Septic Tank Services</b> 3031 W 40th St ORLANDO, FL 32839	
RETAIN FOR YOUR RECORDS	

OPERATING PERMIT	
For: OSTDG - Operating and Industrial Manufacturing Zone, Performance Based, Issued To: <b>The Mason Jar</b> 37334 N State 19 Rd LIMESHA, FL 32784	Billing ID: 35-BID-1249194 Permit Number: 35-QT-00371 County: 35 - Lake Issue Date: 04/01/2010 Permit Expires On: 07/31/2010
The facility shown above has been inspected by a duly authorized representative of the Department of Health, and was found in conformance with those rules promulgated by the department under the authority of Chapters 381, 386 and 459 Part III, Florida Statutes, and set forth in Rule 64E-6, Florida Administrative Code. This permit grants authority to operate the above referenced facility, service, or system in conformance with department rules and the conditions of operation shown below. This permit is revocable, upon service of notice, when it is determined by the department that the operational conditions and department standards are not being maintained.	
Issued by: Lake County Health Department PO BOX 1308 , TAVERES, FL 32778	
DO NOT DETACH HERE DO NOT SEPARATE FROM OPERATING PERMIT (Non-Transferable)	
CONDITIONS OF OPERATION	
For: OSTDG - Operating and Industrial Manufacturing Zone, Performance Based, Issued To: <b>The Mason Jar</b> 37334 N State 19 Rd LIMESHA, FL 32784	Billing ID: 35-BID-1249194 Permit Number: 35-QT-00371 County: 35 - Lake Issue Date: 04/01/2010 Permit Expires On: 07/31/2010
The operating permit for the facility shown above has been issued with the following conditions of operation:	
DH-4013 (03/97) DISPLAY OPERATING PERMIT AND CONDITIONS OF OPERATION IN A CONSPICUOUS PLACE DETACH HERE - RETAIN THIS PORTION FOR YOUR RECORDS (Non-Transferable)	
RECEIPT	
For: OSTDG - Operating and Industrial Manufacturing Zone, Performance Based, Issued To: <b>The Mason Jar</b> 37334 N State 19 Rd LIMESHA, FL 32784	Billing ID: 35-BID-1249194 Permit Number: 35-QT-00371 County: 35 - Lake Issue Date: 04/01/2010 Amount Paid: 150.00 Date Paid: 03/04/2010 Check Number: 14488 Receipt Number: 35-PIO-1249554 Operator ID: C42G04JX Fee paid by: All American Septic Systems LLC Issued By: Lake County Health Department
Mailed To: <b>All American Septic Systems LLC(ATU ENR)</b> 501 W 20th Hill Ct DeLand, FL 32724	
RETAIN FOR YOUR RECORDS	

Regulatory Items

Location on the Permit



## 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.

Minimum standards are summarized in memo  
08-003.



## 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	FLORIDA KEYS TREATMENT STANDARDS	OTHER <sup>6</sup>
INSPECTION/ 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 - ME	1 x per year – CHD 2 x per year – ME <sup>5</sup>	1 x per year – CHD 2 x per year – ME <sup>5</sup>
MONITORING/SAMPLING (This is for all systems designed to meet the specified treatment standards)	not applicable	not applicable	CBOD5 and TSS or Ponding Depth <sup>1</sup> and Fecal Coliforms Semi-annually	Specifications To Be Set By Design Engineer <sup>4</sup>	Specifications To Be Set By Design Engineer <sup>4</sup>	CBOD5 and TSS or Ponding Depth <sup>1</sup> Frequency varies <sup>2</sup>	Specifications To Be Set By Design Engineer <sup>4</sup>	Specifications To Be Set By Design Engineer <sup>4</sup>
For Drainfield Reductions	not applicable	not applicable	not applicable	Ponding Depth <sup>1</sup> Quarterly <sup>3</sup>	Ponding Depth <sup>1</sup> Quarterly <sup>3</sup>	Ponding Depth <sup>1</sup> Quarterly <sup>3</sup>	Ponding Depth <sup>1</sup> Quarterly <sup>3</sup>	Ponding Depth <sup>1</sup> Quarterly <sup>3</sup>
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 <sup>2</sup>	not applicable	not applicable

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