


# Onsite Wastewater Concepts, Materials, Regulations & The Application Process Part I

## D – New Permit Applications and Site Plans

*Instructors:*  
**Bart Harriss, RS, Environmental Manager**  
Florida Department of Health  
Division of Disease Control and Health Protection  
Bureau of Environmental Health - Onsite Sewage Programs  
407-317-7327 Bart\_Harriss@FLHealth.gov

**Marcelo Blanco, Environmental Health Program Consultant**  
Florida Department of Health  
Division of Disease Control and Health Protection  
Bureau of Environmental Health - Onsite Sewage Programs  
407-316-4540 Marcelo\_Blanco@FLHealth.gov

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## Course Objective

To gain a basic understanding of the requirements of the onsite sewage treatment and disposal system application/permitting process including the application, site plans and design for new residential systems.

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**Application**  
Form DH4015  
pg. 1 of 1

- Applicant/ authorized agent
- Date lot platted/ subdivided
- Property size
- Water supply
- Sizing criteria

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

PERMIT NO. 10-1000-N  
DATE PAID: 7/01/2010  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_

APPLICATION FOR:  
 New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary     \_\_\_\_\_

APPLICANT: Tom Smith  
AGENT: Sunshine Septic Company    TELEPHONE: 407-111-1111  
MAILING ADDRESS: 111 Somewhere Place, Oviedo, FL 32765

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (a) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION  
 LOT: 5    BLOCK: NA    SUBDIVISION: Oviedo Oaks    PLATTED: 1/1/71  
 PROPERTY ID #: 293031000782    ZONING: R    I/M OR EQUIVALENT:  Y /  N  
 PROPERTY SIZE: .40 ACRES    WATER SUPPLY:  PRIVATE    PUBLIC  <=2000GPD  >2000GPD  
 IS SEWER AVAILABLE AS PER 381.0065, FS?  Y /  N    DISTANCE TO SEWER: NA FT  
 PROPERTY ADDRESS: 312 Cypress Ave., Geneva, FL 32765  
 DIRECTIONS TO PROPERTY: see attached map

BUILDING INFORMATION		<input checked="" type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft
1	SFR	2	840
2			
3			
4			

Floor/Equipment Drains     Other (Specify) \_\_\_\_\_  
 SIGNATURE: Tom Smith    DATE: 7/01/2010

DH 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC    Page 1 of 4

**Application**  
Form DH 4015  
Instructions on Back

Building Area do not confuse with "living area" or "heated/cooled area"

APPLICANT: Property owner's full name.  
AGENT: Property owner's legally authorized representative.  
TELEPHONE: Telephone number for applicant or agent.  
MAILING ADDRESS: P.O. box or street, city, state and zip code mailing address for applicant or agent.

LOT, BLOCK, SUBDIVISION: Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.

DATE OF SUBDIVISION: Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.

PROPERTY ID#: 27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.

ZONING: Specify zoning and whether or not property is in I/M zoning or equivalent usage.

PROPERTY SIZE: Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.

WATER SUPPLY: Check private or public <= 2000 gallons per day or public > 2000 gallons per day.

SEWER AVAILABILITY: Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.

PROPERTY ADDRESS: Street address for property. For lots without an assigned street address, indicate street and road and locale in county.

DIRECTIONS: Provide detailed instructions to lot or attach an area map showing lot location.

BUILDING INFORMATION:  
TYPE ESTABLISHMENT: Check residential or commercial. List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.

NO. BEDROOMS: Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.

BUILDING AREA: Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.

BUSINESS ACTIVITY: For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.

FIXTURES: Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.

SIGNATURE / DATE: Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

ATTACHMENTS: A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are within 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.

## Applicant/authorized agent



Completed and signed by:

- Applicant/owner
- Authorized agent  
(owner's authorized representative if not a contractor licensed under sec. 489, FS – a signed statement is required)
- Contractor licensed under Chap. 489, FS

64E-6.004(2), FAC

AGENT AUTHORIZATION

DATE: \_\_\_\_\_

TO: Seminole County Health Department  
400 W Airport Blvd.  
Sanford, FL 32773

SUBJECT: Agent Authorization

I \_\_\_\_\_, hereby authorize as my  
Agent \_\_\_\_\_, Said agent has my  
permission to make any necessary decisions on my behalf concerning the onsite sewage  
treatment and disposal system located on my property located at:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_  
Date \_\_\_\_\_

Above is a sample form

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## Date Lot Platted / Subdivided (lot recorded or created)



To determine whether current or pre-1972 lot size provisions will apply.

- **Surface water setbacks**  
lots platted or recorded prior to 1972 have a minimum 50 ft. setback to surface water bodies. Current setback is 75 feet.

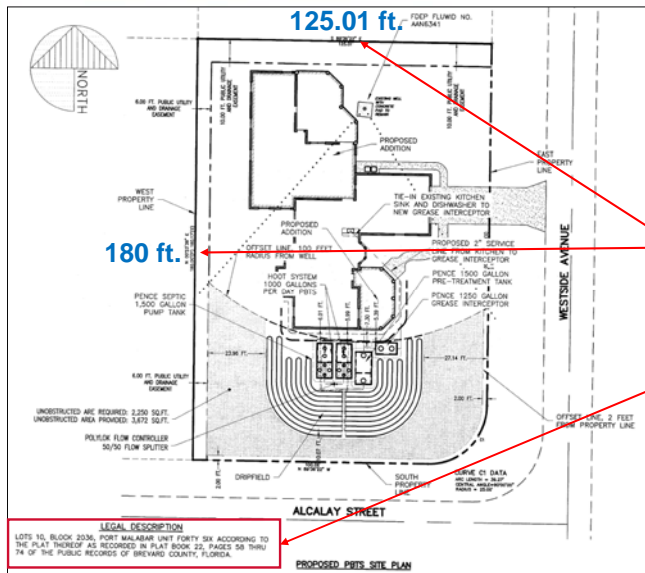
s. 381.0065(4)(g)2., F.S.

# Legal Descriptions



- All information that is necessary to determine the total sewage flow and proper setbacks on the site ownership shall be submitted with the application. The applicant lot shall be clearly identified. A copy of the legal description or survey must accompany the application for confirmation of property dimensions only. 64E-6.004(3)(a)5.

# Legal Descriptions



Lot Dimensions

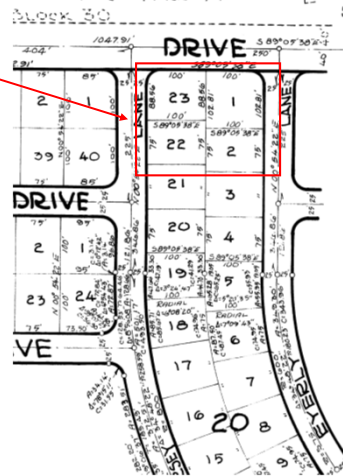
Legal Description



## No more than 4 lots per acre – How to Determine



- Sum the cumulative area of 4 adjacent lots
- Add pro-rata portion of adjacent right of way and subtract surface water, prepared road beds etc.
- If cumulative area is less than a whole acre, the provision is violated
- Individual lots, not associated with a subdivision can not be assessed
- See section 381.0065(4)(b), FS and Memo 06-005 for further details



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## Property Size



### Pre 1972 Lot Size Requirements:

- lots platted or recorded prior to 1972 have no minimum lot size requirements
- provided daily sewage flow does not exceed allowances.

s. 381.0065(4)(g)2., FS

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## Maximum Daily Sewage Flow Allowance



- Public drinking water system  
(regulated by DEP)  
2500 gallons/acre/day
- Private potable wells,  
64E-8 Ltd use PWS (regulated by DOH)  
1500 gallons/acre/day

64E-6.005(7)(c), 64E-6.001(44)(a)-(c)

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## Setback to Surface Water



- Lots platted or recorded prior to January 1, 1972 have a minimum 50 feet setback to surface waters
- Current setback is 75 feet

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## Private Potable Well Setback



**75 feet** setback to private wells  
regardless of the date of platting

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## Sizing Criteria



- 64E-6.008, Table I Estimated Sewage Flows for Residential System Design
- When estimated sewage flows are less than 200 gallons per day, system size shall be based on a **minimum of 200** gallons per day.

64E-6.008(5), FAC



## Sizing Criteria



- Number of bedrooms and building area (Table 1 for Residences is used to estimate sewage flow). Examples are SFR.

- example: 2 bedrooms with 1000 sq.ft, requires 200 gpd.

- example: 3 bedrooms with 3000 sq.ft., requires 400 gpd.

TABLE I  
For System Design  
ESTIMATED SEWAGE FLOWS

RESIDENTIAL:	GPD
Residences	
(a) Single or multiple family per dwelling Unit	
1 Bedroom with 750 sq. ft. or less of building area.....	100
2 Bedrooms with 751-1200 sq. ft. of building area.....	200
3 Bedrooms with 1201-2250 sq. ft. of building area.....	300
4 Bedrooms with 2251-3300 sq. ft. of building area.....	400
For each additional bedroom or each additional 750 square feet of building area or fraction thereof in a dwelling unit, system sizing shall be increased by 60 gallons per dwelling unit.	
(b) Other per occupant.....	50

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## Sizing Criteria



What is the estimated sewage flow for a 5 bedroom SFR with 6672 sq. ft., of bldg. area?

- Use this section, since 4 bedrooms or a max of 3300 SF is exceeded

- At least 4 bedrooms with 3300 SF of building area **400 GPD**
- 6672 SF – 3300 SF = 3372 SF / 750 SF = 4.49, (5 x 60 gal. = 300 gal.) **300 GPD**
- 400 + 300 = 700 GPD**

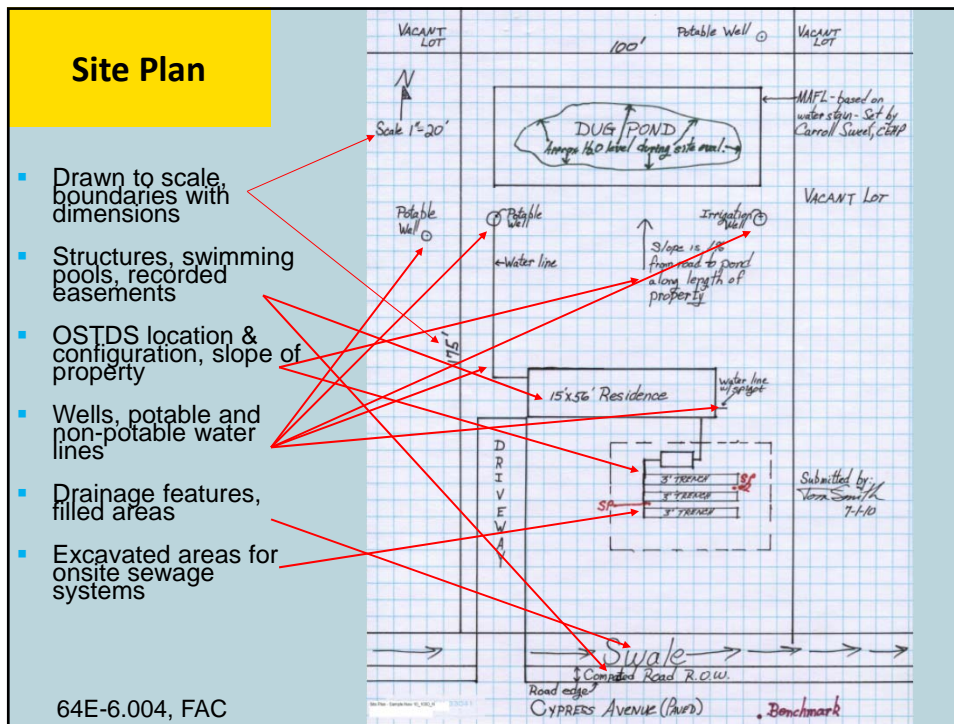
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4 Bedrooms with 2251-3300 sq. ft. of building area.....	400
For each additional bedroom or each additional 750 square feet of building area or fraction thereof in a dwelling unit, system sizing shall be increased by 60 gallons per dwelling unit.	
(b) Other per occupant.....	50

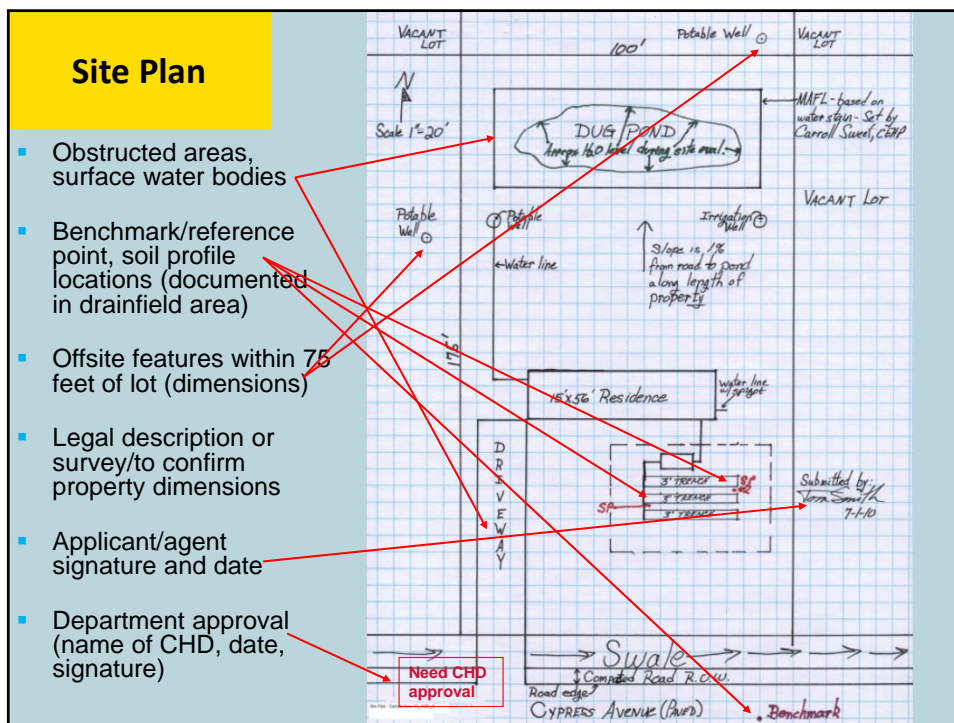
The estimated sewage flow is **700 GPD**

Note: in the former rule the est. sewage flow would be 900 gpd.


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- Drawn to scale, boundaries with dimensions
- Structures, swimming pools, recorded easements
- OSTDS location & configuration, slope of property
- Wells, potable and non-potable water lines
- Drainage features, filled areas
- Excavated areas for onsite sewage systems



- Obstructed areas, surface water bodies
- Benchmark/reference point, soil profile locations (documented in drainfield area)
- Offsite features within 75 feet of lot (dimensions)
- Legal description or survey/to confirm property dimensions
- Applicant/agent signature and date
- Department approval (name of CHD, date, signature)

<h2 style="text-align: center;">Site Plan</h2> <p style="text-align: center;">DH Form 4015 pg. 2</p>	<p>STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT</p> <p>Permit Application Number _____</p> <p>----- PART II - SITEPLAN -----</p> <p>Scale: Each block represents 10 feet and 1 inch = 40 feet.</p> <div style="border: 1px solid black; width: 100%; height: 150px; margin: 5px 0;"></div> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Site Plan submitted by: _____ Date: _____</p> <p>Plan Approved _____ Not Approved _____</p> <p>By: _____ County Health Department</p> <p style="text-align: center;"><b>ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT</b></p> <p style="font-size: small;">DH 4015, 08/09 (Replaces previous editions which may not be used). Incorporated: 64E-6.001, FAC (Book Number: 6744-002-001-5).</p>	
	<p>Page 2 of 4</p> <p style="font-size: 24px; font-weight: bold;">21</p>	

<h2 style="text-align: center;">Site Plan Instructions</h2> <p style="text-align: center;">DH Form 4015 pg. 2</p>	<p><b>4015-PG 2 SITE PLAN INSTRUCTIONS - 64E-6.004, FAC</b></p> <p><b>FOR NEW/EXISTING/MODIFICATION SYSTEM APPLICATIONS:</b> The site plan shall be <b>DRAWN TO SCALE</b> and shall be for the property where the system to be installed:</p> <p>1. The site plan shall <b>SHOW BOUNDARIES WITH DIMENSIONS</b> and any of the following <b>FEATURES THAT EXIST OR THAT ARE PROPOSED:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> a. Boundaries</li> <li><input type="checkbox"/> b. Swimming pools</li> <li><input type="checkbox"/> c. Recorded easements</li> <li><input type="checkbox"/> d. Onsite sewage treatment and disposal system components</li> <li><input type="checkbox"/> e. Slope of the property</li> <li><input type="checkbox"/> f. Wells</li> <li><input type="checkbox"/> g. Probable and non-potable water lines and valves</li> <li><input type="checkbox"/> h. Drainage features</li> <li><input type="checkbox"/> i. Filled areas</li> <li><input type="checkbox"/> j. Enclosed areas for onsite sewage systems</li> <li><input type="checkbox"/> k. Obstructed areas</li> <li><input type="checkbox"/> l. Surface water bodies. Requires a surveyor to set the Mean High Water Line boundary for tidally influenced surface water bodies. Requires a surveyor or department staff to set the Mean Annual Flood Line for non-tidally influenced surface water bodies.</li> <li><input type="checkbox"/> m. Location of the reference point for system elevation.</li> <li><input type="checkbox"/> n. If the county health department is responsible for performing the site evaluation, the applicant or applicant's authorized representative shall indicate the approximate location of wells, onsite sewage treatment and disposal systems, surface water bodies and other pertinent facilities or features on contiguous or adjacent property. If the features are within 75 feet of the applicant lot, the estimated distance to the feature must be shown but need not be drawn to scale.</li> <li><input type="checkbox"/> o. If the county health department will not be performing the site evaluation, the applicant or authorized agent shall be responsible for the measurements to all features, including the pertinent features within 75 feet of the applicant lot. The location of any public drinking water well, as defined in paragraph 64E-6.002(44)(b), F.A.C., within 200 feet of the applicant's lot shall also be shown, with the distance indicated from the system to the well.</li> <li><input type="checkbox"/> p. If an enclosed lot is less than one acre, the applicant may show a maximum one-acre parcel to scale showing all required features, or the minimum size drawing necessary to properly exhibit all required features, whichever is larger. The applicant must also show the location of that one-acre or larger parcel inside the total site ownership. To scale parcel must be large enough to provide sufficient authorized flow.</li> <li><input type="checkbox"/> q. All information that is necessary to determine the total sewage flow and proper setbacks on the site ownership shall be submitted with the application. The applicant lot shall be clearly identified. A copy of the legal description or survey must accompany the application for confirmation of property dimensions only.</li> </ul> <p><b>FOR REPAIR APPLICATIONS:</b> A site plan (NOT REQUIRED TO BE DRAWN TO SCALE) showing:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> property dimensions</li> <li><input type="checkbox"/> the existing and proposed system configuration and location on the property</li> <li><input type="checkbox"/> the building location</li> <li><input type="checkbox"/> potable and non-potable water lines, within the existing and proposed draft/repair area</li> <li><input type="checkbox"/> the point at slope of the property</li> <li><input type="checkbox"/> property lines and easements</li> <li><input type="checkbox"/> any obstructed areas</li> <li><input type="checkbox"/> any private well - show private potable wells if within 100 feet of system, non-potable within 75 feet</li> <li><input type="checkbox"/> any public wells - show if within 200 feet of system</li> <li><input type="checkbox"/> any surface water bodies and stormwater systems show if within 100 feet of system. Requires a surveyor to set the Mean High Water Line boundary for tidally influenced surface water bodies. Requires a surveyor or department staff to set the Mean Annual Flood Line for non-tidally influenced surface water bodies.</li> <li><input type="checkbox"/> The existing drainfield type shall be recorded. For ex. mineral aggregate, non-mineral aggregate, chambers, or other</li> <li><input type="checkbox"/> Any unusual site conditions which may influence the system design or function such as sloping property, drainage obstructions such as roof drains or curbs, drains, and any obstructions such as poles, docks, swimming pools or parking areas.</li> </ul> <p><b>FOR ALL SITE PLANS (IF APPLICABLE)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A Coastal Construction Control Line Permit or an exemption notice from the Department of Environmental Protection if any component of the onsite sewage treatment and disposal system or the shoulders or slopes of the system mound will be seaward of the Coastal Construction Control Line, established under Section 161.053, F.S. Should the location of the proposed onsite system relative to the control line not be able to be definitively determined based on the site plan and the online products available on the DEP website, the applicant shall provide a survey prepared by a certified professional surveyor and mapper showing the location of the control line on the subject property.</li> <li><input type="checkbox"/> All plans and forms submitted by a licensed engineer shall be dated, signed and sealed.</li> <li><input type="checkbox"/> The evaluator shall document the locations of all soil profiles on the site plan.</li> </ul>	
	<p>Page 2 of 4</p> <p style="font-size: 24px; font-weight: bold;">22</p>	

## Floor Plan



- Floor Plan is required
- Verify the floor plan is consistent with application and site plan
- Scaled
- Or total bldg. area, showing bedrooms

### 64E-6.004(3)(b), FAC

“For residences, a floor plan drawn to scale or showing the total building area of the structure, at the applicants' option, and showing the number of bedrooms and the building area of each dwelling unit...” *note: the sentence continues regarding commercial site plans.*

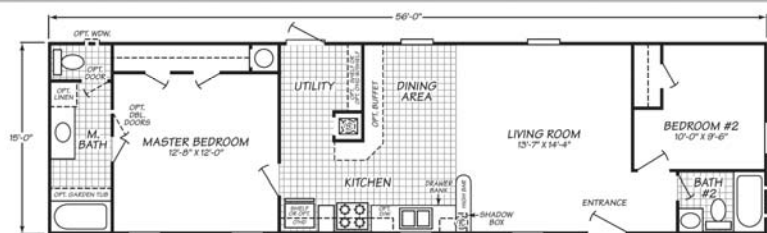
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## Sample Floor Plan



FLOOR PLAN for Tom Smith - 312 Cypress Avenue,

2 Bedrooms • 2 Baths • 840 Square Feet



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## Setbacks



- Private potable wells (**75 ft.**), non potable (**50 ft.**)
- Other public drinking water wells (**100 – 200 ft.**)
- Storm sewer pipe (**max possible or not <5 ft.**)
- Dry - ponds/drainage features, retention areas (**15 ft.**)
- Building foundations, pilings, mobile home walls, swimming pool walls, property lines (**5 ft.**)
- Drainfields shall not be installed below, sidewalks, decks and patios. Mound drainfield, (**4 ft.**) from these features (the shoulder shall not be covered).

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## Setbacks



- Potable water lines (**10 ft.**) or not less than (**2 ft.**) if double sleeved or consist of schedule 40 PVC or stronger.
- Non-potable water lines (**2 ft.**) and (**<2 ft.**) if backflow devices.
- Groundwater interceptor drains (**15 ft.**)
- Effluent transmission lines (schedule 40 PVC) – to private potable wells, irrigation wells and surface water bodies not less than (**25 ft.**)
- Effluent transmission lines (schedule 40 PVC) – to property lines and building foundations not less than (**2 ft.**)
- Effluent transmission lines (schedule 40 PVC or double sleeved) – potable water lines and storm sewer lines not less than (**5 ft.**) see 64E-6.007(8)

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# Application/Permitting Process



Documents/Forms Required

<p><b>Day 1</b> MC Part I – Onsite Wastewater Concepts Regulations and the Application Process</p>	<ul style="list-style-type: none"> <li>Application Form (DH 4015, pg. 1 of 4)</li> <li>Site Plan (DH 4015, pg. 2 of 4)</li> <li>Floor Plan</li> <li>Site Evaluation (DH 4015, pg. 3 of 4)</li> </ul>
<p><b>Day 2 – 3</b> MC Part II – Introduction to Florida Soils and the Site Evaluation Process</p>	<ul style="list-style-type: none"> <li>Site Evaluation (DH 4015, pg. 3 of 4)</li> </ul>
<p><b>Day 4 – 5</b> MC Part III – Onsite System Construction Permits and Inspections</p>	<ul style="list-style-type: none"> <li>Construction Permit (DH 4016, pg. 1 of 3)</li> <li>Final Inspection and Approval (DH 4016, pg. 2 of 3)</li> </ul>

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**Application**  
Form DH 4015 pg.  
1 of 1

PERMIT NO. 10-1000-N  
DATE PAID: 7/01/2010  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:  New System  Existing System  Holding Tank  Innovative  
 Repair  Abandonment  Temporary  \_\_\_\_\_

APPLICANT: Tom Smith  
 AGENT: Sunshine Septic Company TELEPHONE: 407-111-1111  
 MAILING ADDRESS: 111 Somewhere Place, Oviedo, FL 32765

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (a) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION  
 LOT: 5 BLOCK: NA SUBDIVISION: Oviedo Oaks PLATTED: 1/1/71  
 PROPERTY ID #: 293031000782 ZONING: R I/M OR EQUIVALENT:  Y  N  
 PROPERTY SIZE: .40 ACRES WATER SUPPLY:  PRIVATE PUBLIC  <2000GPD  >2000GPD  
 IS SEWER AVAILABLE AS PER 381.0065, FS?  Y  N DISTANCE TO SEWER: NA FT  
 PROPERTY ADDRESS: 312 Cypress Ave., Geneva, FL 32765  
 DIRECTIONS TO PROPERTY: see attached map

BUILDING INFORMATION  RESIDENTIAL  COMMERCIAL  

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SFR	2	840	
2				
3				
4				

 Floor/Equipment Drains  Other (Specify) \_\_\_\_\_

SIGNATURE: Tom Smith DATE: 7/01/2010

DH 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC Page 1 of 4

- Applicant/ authorized agent
- Date lot platted/subdivided (need to validate)
- Property size (from lot dimensions, must be consistent with site plan)
- Water supply
- Sizing criteria (must be consistent with floor plan)

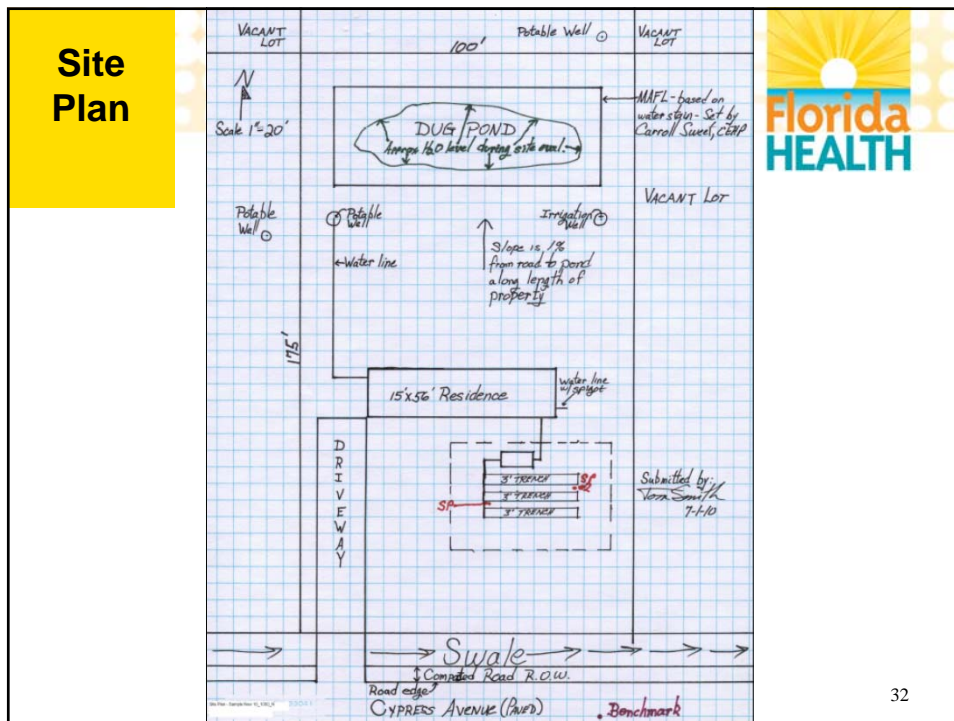
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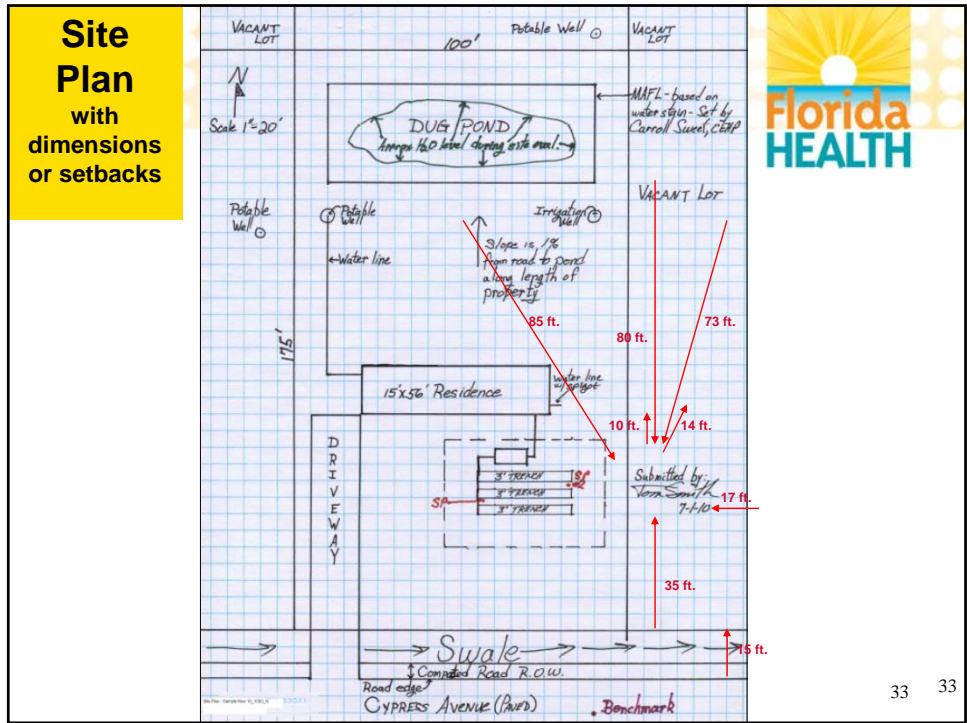


## Does This Lot Meet Lot Size Requirements?

Yes. It was platted prior to 1972, and there are no minimum lot size requirements; however, it must not exceed authorized sewage flow allowances.

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## Lot size and Determination of Net Usable Area:

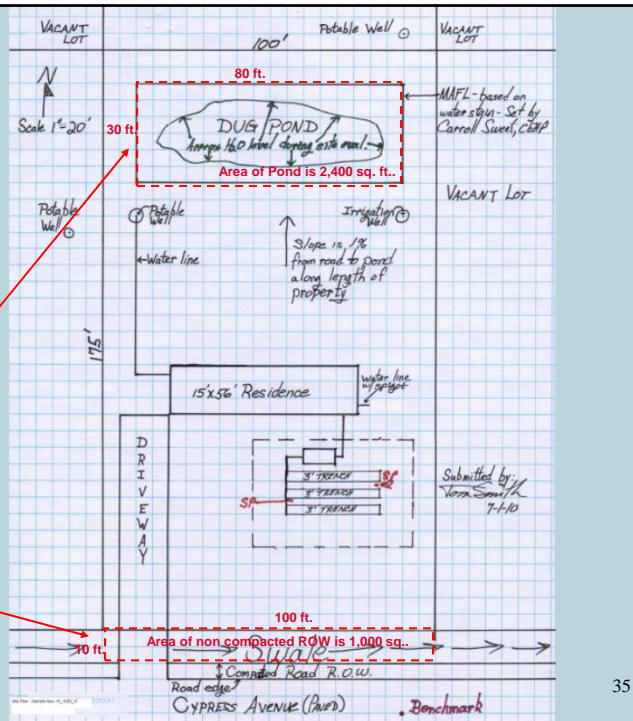
- Calculate Property Dimensions (Lot Size)  
**100 ft. x 175 ft. = 17,500 sq. ft.**
- Add permissible public rights-of-way and easements  
**10 ft. x 100 ft. = 1000 sq. ft.**
- Exclude paved and compacted road beds in rights-of-way
- Exclude surface water bodies  
**30 ft. x 80 ft. = 2,400 sq. ft.**
- Calculate in Acreage – **Net Usable Area of Lot**  
**17,500 sq. ft. + 1,000 sq. ft. – 2,400 sq. ft. = 16,100 sq. ft.**  
**(16,100 sq. ft. / 43,560 sq. ft. per acre) = .37 acres**

Net usable area of property in acres exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved an non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area. 6464E-6.005(7)(c)

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## Site Plan

- Net Usable Area Available is 16,100 sq. ft. or .37 acres
- Excludes Surface Water Body (pond)
- Add non-compacted ROW



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## Site Evaluation Form DH 4015 pg. 3 of 4

- Net Usable Area Available

**Note:** The remainder of the site evaluation is covered in ACT days 2 and 3 – Soils Course

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
SITE EVALUATION AND SYSTEM SPECIFICATIONS

APPLICANT: Tom Smith AGENT: Sunshine Septic Company  
LOT: 5 BLOCK: NA SUBDIVISION: Oviedo Oaks  
PROPERTY ID #: [Section/Township/Parcel No. or Tax ID Number]  
TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.  
PROPERTY SIZE CONFORMS TO SITE PLAN: [x] YES [ ] NO NET USABLE AREA AVAILABLE: 0.37 ACRES  
TOTAL ESTIMATED SEWAGE FLOW: 200 GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE2]  
AUTHORIZED SEWAGE FLOW: 554.41 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]  
UNOBSTRUCTED AREA AVAILABLE: 3375.00 sqft UNOBSTRUCTED AREA REQUIRED: 335.00 sqft  
BENCHMARK/REFERENCE POINT LOCATION: disc on CL of RD near SE corner of property  
ELEVATION OF PROPOSED SYSTEM SITE IS 12 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT  
THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES  
SURFACE WATER: 80 FT DITCHES/SWALES: 35 FT NORMALLY WET? [ ] YES [x] NO  
WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: 85 FT NON-POTABLE: 21 FT  
BUILDING FOUNDATIONS: 10 FT PROPERTY LINES: 17 FT POTABLE WATER LINES: 14 FT  
SITE SUBJECT TO FREQUENT FLOODING: [ ] YES [x] NO 10 YEAR FLOODING? [ ] YES [x] NO  
10 YEAR FLOOD ELEVATION FOR SITE: NA FT MSL/NGVD SITE ELEVATION: NA FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1			SOIL PROFILE INFORMATION SITE 2		
MUNSELL #/COLOR	TEXTURE	DEPTH	MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 2/1 Blk	FS	0 TO 6	10YR 2/1 Blk	FS	0 TO 7
10YR 5/1, 7/1	FS	6 TO 12	10YR 5/1, 7/1	FS	7 TO 12
10YR 7/2	FS	12 TO 32	10YR 7/2	FS	12 TO 18
10YR 3/1 Dk Br	FS spodic	32 TO 39	10YR 2/1 Blk	FS spodic	18 TO 40
10YR 4/3 Br	FS spodic	39 TO 45	10YR 3/3 Dk Br	FS spodic	40 TO 48
10YR 5/3 Br	FS	45 TO 72	10YR 5/4 YR	FS	48 TO 72
	TO			TO	
	TO			TO	
	TO			TO	
	TO			TO	

USDA SOIL SERIES: similar to Myakka

OBSERVED WATER TABLE: 16 INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [SEARCHED / APPARENT]  
ESTIMATED WET SEASON WATER TABLE ELEVATION: 6 INCHES [ABOVE / BELOW] EXISTING GRADE  
HIGH WATER TABLE VEGETATION: [x] YES [ ] NO MOTTLING: [x] YES [ ] NO DEPTH: 6 INCHES  
SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: FS/0.80 DEPTH OF EXCAVATION: 48 INCHES  
DRAINFIELD CONFIGURATION: [x] TRENCH [ ] BED [ ] OTHER (SPECIFY)  
REMARKS/ADDITIONAL CRITERIA:  
Soil profile #1 is 12" above RP. Soil profile #2 is 13" above RP.  
Stripping at 6" below grade "10YR 7/1 in 5/1 matrix".

SITE EVALUATED BY: Carroll Street, ESI DATE: 7/2/2010  
DH 4015, 08/09 [Obsoletes previous editions which may not be used] Incorporated 64E-6.001, FAC Page 3 of 4





## Estimated Sewage Flow

64E-6.008, Table I  
2 bedroom single family residence with  
840 sq. ft. bldg. area requires  
**200 gallons per day**

*(must be consistent with the application sizing criteria and floor plan)*



TABLE I  
For System Design  
ESTIMATED SEWAGE FLOWS

RESIDENTIAL:	GPD
Residences	
(a) Single or multiple family per dwelling Unit	
1 Bedroom with 750 sq. ft. or less of building area	100
2 Bedrooms with 751-1200 sq. ft. of building area	200
3 Bedrooms with 1201-2250 sq. ft. of building area	300
4 Bedrooms with 2251-3300 sq. ft. of building area	400
For each additional bedroom or each additional 750 square feet of building area or fraction thereof in a dwelling unit, system sizing shall be increased by 60 gallons per dwelling unit.	
(b) Other per occupant	50

**Site Evaluation  
Form DH 4015  
pg. 3 of 4**

- Estimated sewage flow

**Note:** The remainder of the site evaluation is covered in ACT days 2 and 3 – Soils Course

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT #: 10-1000-N

APPLICANT: Tom Smith AGENT: Sunshine Septic Company

LOT: 5 BLOCK: NA SUBDIVISION: Oviedo Oaks

PROPERTY ID #: [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

REGISTRY SITE CONFORMS TO SITE PLAN: [x] YES [ ] NO NET USABLE AREA AVAILABLE: 0.37 ACRES

TOTAL ESTIMATED SEWAGE FLOW: 200 GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE2]

AUTHORIZED SEWAGE FLOW: 554.41 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]

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10YR 4/3 Br	FS spodic	39 TO 45		10YR 3/3 Dk Br	FS spodic	40 TO 48	
10YR 5/3 Br	FS	45 TO 72		10YR 5/4 Yb	FS	48 TO 72	
		TO				TO	
		TO				TO	

USDA SOIL SERIES: similar to Myakka

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ESTIMATED WET SEASON WATER TABLE ELEVATION: 6 INCHES [ABOVE / BELOW] EXISTING GRADE

HIGH WATER TABLE VEGETATION: [x] YES [ ] NO MOTTILING: [x] YES [ ] NO DEPTH: 6 INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: FS/0.80 DEPTH OF EXCAVATION: 48 INCHES

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REMARKS/ADDITIONAL CRITERIA:

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SITE EVALUATED BY: Cavell Sneed, ESI DATE: 7/2/2010

DH 4015, 08/09 (Replaces previous editions which may not be used) Incorporated 64E-6.001.FAC Page 3 of 4



## Authorized Sewage Flow

= Net usable area (acres) x Maximum Daily Sewage Flow

For lots served by private well: maximum daily sewage flow is 1500 gpd/per acre

$$(.37 \text{ acres}) \times (1500 \text{ gpd per acre}) = 555 \text{ gpd}$$







**Questions?**