

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR
SEPTAGE DISPOSAL SERVICE PERMIT
TEMPORARY SYSTEM SERVICE PERMIT
SEPTIC TANK MANUFACTURING APPROVAL

Authority: Chapter 381, F.S. Application/Permit Number: _____
Chapter 62-6, F.A.C. Date: ___/___/___
Application is for: Septage Disposal Service ___ Temporary System Service: ___ Septic Tank Manufacturing: ___

GENERAL INFORMATION

Business Name: _____ Phone Number: _____
Certificate of Authorization # _____ Contractor Registration # _____ Plumbing License # _____ Owner(s) Name: _____
Phone Number: _____
Business Location: _____ City: _____ County: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____

SEPTAGE DISPOSAL SERVICES

Number of Vehicles to be Permitted: _____

| Vehicle Identification Number/License Plate Number | Truck Gallonage Capacity | Counties of Operation | Inspected & Approved |
|--|--------------------------|-----------------------|----------------------|
| _____ | _____ | _____ | Yes: _____ No: _____ |
| _____ | _____ | _____ | Yes: _____ No: _____ |
| _____ | _____ | _____ | Yes: _____ No: _____ |
| _____ | _____ | _____ | Yes: _____ No: _____ |

Number of Septage Storage Tanks to be Permitted: _____

| Tank Number | Tank Gallonage Capacity | Installation Date | Inspected & Approved |
|-------------|-------------------------|-------------------|----------------------|
| _____ | _____ | _____ | Yes: _____ No: _____ |
| _____ | _____ | _____ | Yes: _____ No: _____ |
| _____ | _____ | _____ | Yes: _____ No: _____ |

List equipment used in the operation of this business necessary for the sanitary pumping, transport, and disposal of septage: _____

Disposal Method: Wastewater Treatment Plant: _____ Location: _____ Approved: Yes _____ No _____
Land Application Site: _____ Location: _____ Approved: Yes _____ No _____
Sanitary Landfill: _____ Location: _____ Approved: Yes _____ No _____

Owner/Operator of Disposal Site: _____

Are facilities available at the disposal site for the proper treatment and stabilization of septage and grease: Yes _____ No _____

If No, location where the waste will be stabilized: _____

By what method: _____

Directions to Disposal Site: _____

Provide a letter of authorization from the operator of the disposal site allowing your business to dispose of septage at that location. If restrictions have been placed on your business by the operator of the disposal facility, the restrictions must be specified in the letter.

TEMPORARY SYSTEM SERVICES (INCLUDES PORTABLE TOILETS AND HOLDING TANKS)

Back up Service Available: Yes _____ No _____ If Yes, Name of Back Up Service: _____

Address: _____ Phone Number: _____

| Vehicle Identification Number/License Plate Number | Truck Gallonage Capacity (Waste/Water) | Counties of Operation | Inspected & Approved |
|--|--|-----------------------|----------------------|
| _____ | _____ | _____ | Yes: _____ No: _____ |
| _____ | _____ | _____ | Yes: _____ No: _____ |
| _____ | _____ | _____ | Yes: _____ No: _____ |

Number of Septage Storage Tanks to be Permitted: _____

| Tank Number | Tank Gallonage Capacity | Installation Date | Inspected & Approved | |
|-------------|-------------------------|-------------------|----------------------|-----------|
| _____ | _____ | _____ | Yes: _____ | No: _____ |
| _____ | _____ | _____ | Yes: _____ | No: _____ |
| _____ | _____ | _____ | Yes: _____ | No: _____ |

Disposal Site: _____ Approved: Yes _____ No _____

Provide a letter of authorization from the operator of the disposal site allowing your business to dispose of portable toilet and/or holding tank wastes at that location. If restrictions have been placed on your business by the operator of the disposal facility, the restrictions must be specified in the letter.

SEPTIC TANK MANUFACTURING FACILITIES

Business Name: _____ Phone Number: _____

Owner(s) Name _____ Phone Number: _____

Business Location: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Tank Size Requesting Approval: _____ Material Used _____ Reinforcing: _____

Tank Size Requesting Approval: _____ Material Used _____ Reinforcing: _____

Tank Size Requesting Approval: _____ Material Used _____ Reinforcing: _____

Tank Size Requesting Approval: _____ Material Used _____ Reinforcing: _____

Engineering Plans Submitted: Yes _____ No _____ Date Submitted: _____ / _____ / _____ Approval Granted: Yes _____ No _____

Signature of Applicant: _____ Date: _____ / _____ / _____

To be Completed by County Health Department:

Disapproved: _____ Date: _____ / _____ / _____ Reason: _____

Approved: _____ By: _____ Title: _____ CHD Date: _____ / _____ / _____

(Circle as many as apply) Septage Disposal Service Temporary System Service Septic Tank Manufacturing Facility