

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

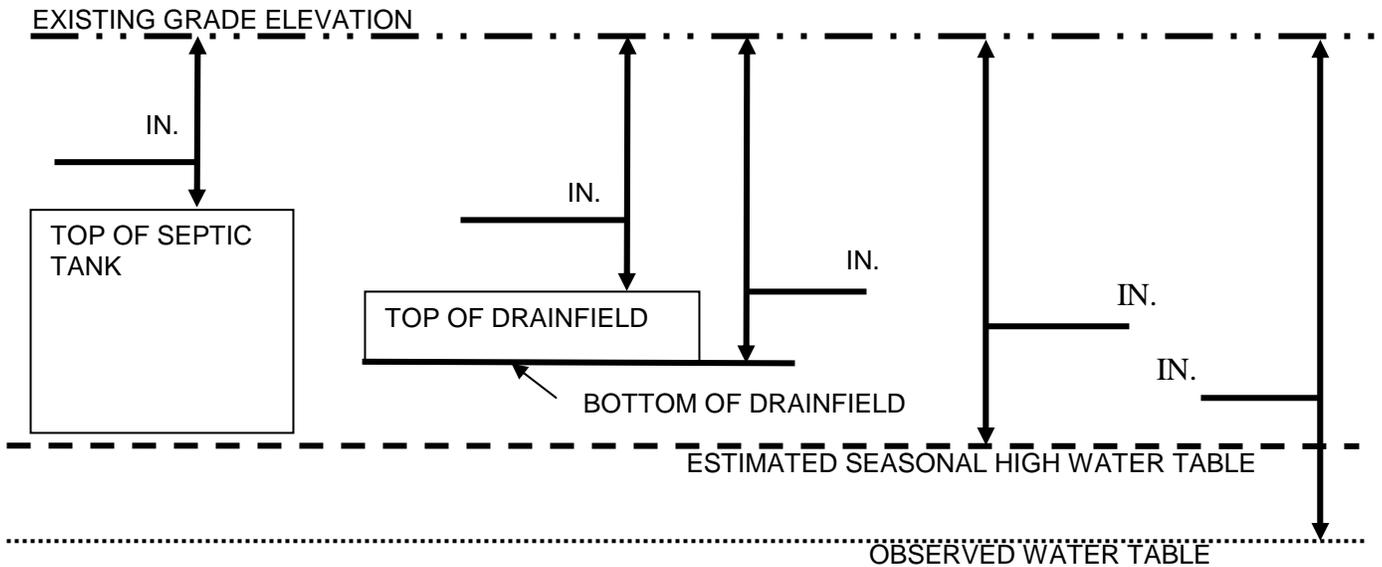
Vision: To be the Healthiest State in the Nation

APPLICANT: _____ PERMIT #: 43-SS-0 _____

EXISTING SYSTEM DATA

- IF USING WATER METER FOR DRINKING WATER, PROVIDE THE PREVIOUS 12 MONTHS OF METER READING. THE HIGHEST MONTHLY READING MAY BE USED TO ESTIMATE DAILY FLOW. IF METER READINGS ARE NOT AVAILABLE, FLOW ESTIMATES MUST BE DETERMINED USING TABLE I IN CHAPTER 64E-6, F.A.C. WHAT IS THE ESTIMATED FLOW FOR THE SYSTEM USING G.P.D. : _____?
- IS THERE AN EXISTING LAWN IRRIGATION LINE WITHIN 10 FEET OF THE PROPOSED DRAINFIELD REPAIR THAT IS ATTACHED TO THE DRINKING WATER SYSTEM? _____ YES OR _____ NO IF YES, WHO WILL BE INSTALLING THE PROPOSED BACK-FLOW PREVENTION DEVICE? _____

**** EXISTING SYSTEM ELEVATION DRAWING ****



IS THIS REPAIR ON AN EXISTING MOUND DRAINFIELD? YES / NO WHAT DO YOU PROPOSE FOR THE ELEVATION OF THE BOTTOM OF THE NEW DRAINFIELD IN REFERENCE TO THE TOP OF THE SEPTIC TANK / BM? _____ IN. BELOW / ABOVE THE TOP OF TANK/ BM. *****NOTE – ONLY USE HARD BM (DRIVEWAYS/ SIDEWALKS) WHEN REPLACING A SEPTIC TANK, NO GRADE MARKS. MAKE SURE TO I.D. LOCATION ON SITE PLAN.*****

WILL THE SLOPE OF THE PROPERTY AFFECT THE DEPTH OF COVER, BENCH MARK, ELEVATION OF SYSTEM, ETC.?
YES / NO. EXPLAIN: _____

PROPOSE TYPE OF CORRECTION / MODIFICATION TO THE SYSTEM: _____

THIS WAS COMPLETED BY: _____ DATE: _____