

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

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

Authority: Chapter 381, F.S.  
Chapter 64E-6, F.A.C

Application/Permit Number: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application is for:

Septage Disposal Service \_\_\_\_\_ Temporary System Service: \_\_\_\_\_ Septage Treatment Facility: \_\_\_\_\_ 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: \_\_\_\_\_

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: _____

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: \_\_\_\_\_ Facility will be under the regulation of DEP \_\_\_\_\_ DOH \_\_\_\_\_ Both \_\_\_\_\_

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: _____

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.

**SEPTAGE TREATMENT & DISPOSAL FACILITIES**

Facility Owner(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Facility Location: \_\_\_\_\_ County: \_\_\_\_\_

Directions to Facility: \_\_\_\_\_

Name of businesses using facility:

Business Name	Address	Phone #	Permit #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Methods of Treatment: \_\_\_\_\_ Maximum volume to be received daily: \_\_\_\_\_ gallons

Number of treatment receptacles at facility: \_\_\_\_\_ Volume of each receptacle: \_\_\_\_\_ gallons

Material used in construction: Concrete \_\_\_\_\_ Fiberglass \_\_\_\_\_ Other \_\_\_\_\_ gallons

If Other, describe: \_\_\_\_\_ gallons

\_\_\_\_\_ gallons

Describe the treatment processes to be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will treated septage be disposed of at this site: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe what equipment and methods will be used for the removal and disposal of the treated material: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no, provide the location where the treated material will ultimately be deposited: \_\_\_\_\_

\_\_\_\_\_

Will other waste types be treated at this facility (example: Wastewater treatment plant residuals, portable toilet wastes, industrial wastes, holding tank wastes, food establishment sludges, etc.): Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe how they will be segregated and handled: \_\_\_\_\_

\_\_\_\_\_

Will this facility be operating under a permit from the Florida Department of Environmental Regulation: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the permit and its conditions of operation (If no, an agricultural use plan must be prepared and submitted for review and approval to the department prior to authorizing land application of treated septage) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

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Engineering Plans Submitted: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approval Granted: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To be Completed by Health Unit:

Disapproved: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason: \_\_\_\_\_

Approved: \_\_\_\_\_ By: \_\_\_\_\_ Title: \_\_\_\_\_ CPHU Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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