



STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
 SYSTEM REPAIR CERTIFICATION

PERMIT # _____

APPLICANT: _____

MST CONTRACTOR: _____ REGISTRATION NO. SM

PROPERTY STREET ADDRESS: _____

LOT: _____ BLOCK: _____ SUBDIV: _____ ID#: _____

COMPLETE ALL APPLICABLE ITEMS. DRAW AS-BUILT SYSTEM AND RECORD ELEVATION MARKS ON BACK OF FORM.

TANK 1: NEW [] SIZE _____ MATERIAL _____ LEGEND _____ OUTLET FILTER []

TANK 2: NEW [] SIZE _____ MATERIAL _____ LEGEND _____ OUTLET FILTER []

GREASE NEW [] SIZE _____ MATERIAL _____ LEGEND _____

TRAP: NEW [] SIZE _____ MATERIAL _____ LEGEND _____

DOSING NEW [] SIZE _____ MATERIAL _____ LEGEND _____

TANK: PUMPS: NEW [] # PUMPS: _____ MAKE AND MODEL NO. _____

DOSING NEW [] SIZE _____ MATERIAL _____ LEGEND _____

TANK: PUMPS: NEW [] # PUMPS: _____ MAKE AND MODEL NO. _____

FIELD 1: SIZE _____ # PIPES _____ # TRENCHES _____ BED _____ X _____ [D BOX / HEADER]

NEW [] ELEVATION OF BOTTOM OF DRAINFIELD _____ [IN / FT] [ABOVE / BELOW] BENCHMARK/REF POINT

FIELD 2: SIZE _____ # PIPES _____ # TRENCHES _____ BED _____ X _____ [D BOX / HEADER]

NEW [] ELEVATION OF BOTTOM OF DRAINFIELD _____ [IN / FT] [ABOVE/BELOW] BENCHMARK/REF POINT

AGGREGATE: SIZE: _____ SOURCE: _____

FILL: AMOUNT: _____ INCHES TEXTURE: _____

EXCAVATION: DEPTH: _____ INCHES TEXTURE: _____

FILLED/MOUND SYSTEM STABILIZATION DATE: _____ / _____ / _____ MATERIAL: _____

SETBACKS: SURFACE WATER: _____ DITCHES: _____ FOUNDATION: _____ PROPERTY LINE: _____

[IN FEET] WELLS: PRIVATE: _____ PUBLIC: _____ IRRIGATION: _____ WATER LINES: _____

ABANDONMENT: TANK PUMPED: _____ / _____ / _____ TANK CRUSHED AND FILLED: _____ / _____ / _____

BY: _____ REGISTRATION NO: _____

REMARKS [DESCRIBE ANY REPAIRS OR MODIFICATIONS TO EXISTING SYSTEM]: _____

THIS IS TO CERTIFY THAT I HAVE PERSONALLY INSPECTED THE ABOVE REFERENCED ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM INSTALLATION. THE SYSTEM INSTALLED IS IN FULL COMPLIANCE WITH THE PERMIT AND S. 381.0065, FLORIDA STATUTES, AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.

I UNDERSTAND THAT FALSIFICATION OF THIS REPORT IS GROUNDS FOR IMPOSITION OF AN ADMINISTRATIVE FINE OR SUSPENSION OR REVOCATION OF MY SEPTIC TANK CONTRACTING REGISTRATION AND AUTHORIZATION.

SIGNATURE: _____ DATE: _____

