



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. _____
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [] _____

APPLICANT: _____ EMAIL: _____

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: _____

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TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) 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.

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PROPERTY INFORMATION

OSTDS REMEDIATION PLAN? [Y / N]

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: _____

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

[] RESIDENTIAL

[] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: _____ AIDA SARDINAS P.E. DATE: _____



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO. _____

SITE EVALUATION AND SYSTEM SPECIFICATIONS

APPLICANT: _____ AGENT: _____
LOT: _____ BLOCK: _____ SUBDIVISION: _____
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: ☐ YES ☐ NO NET USABLE AREA AVAILABLE: _____ ACRES
TOTAL ESTIMATED SEWAGE FLOW: _____ GALLONS PER DAY [TABLE I / OTHER]
AUTHORIZED SEWAGE FLOW: _____ GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: _____ SQFT UNOBSTRUCTED AREA REQUIRED: _____ SQFT

BENCHMARK/REFERENCE POINT LOCATION: _____
ELEVATION OF PROPOSED SYSTEM SITE IS _____ [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: _____ FT DITCHES/SWALES: _____ FT NORMALLY WET? ☐ YES ☐ NO
WELLS: PUBLIC: _____ FT LIMITED USE: _____ FT PRIVATE: _____ FT NON-POTABLE: _____ FT
BUILDING FOUNDATIONS: _____ FT PROPERTY LINES: _____ FT POTABLE WATER LINES: _____ FT

SITE SUBJECT TO FREQUENT FLOODING: ☐ YES ☐ NO 10 YEAR FLOODING? ☐ YES ☐ NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: _____ FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

MUNSELL #/COLOR	TEXTURE	DEPTH
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
USDA SOIL SERIES: _____		

SOIL PROFILE INFORMATION SITE 2

MUNSELL #/COLOR	TEXTURE	DEPTH
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
USDA SOIL SERIES: _____		

OBSERVED WATER TABLE: _____ INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: _____ INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: ☐ YES ☐ NO WSWT INDICATOR: ☐ YES ☐ NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: _____ DEPTH OF EXCAVATION: _____ INCHES
DRAINFIELD CONFIGURATION: ☐ TRENCH ☐ BED ☐ OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: AIDA SARDINAS P.E.# 61836 DATE: _____

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-6.004, FAC

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

WELL FORM

DOH# _____

Chapter 62-6.004(3)(a), F.A.C.:

A plan or plat of the lot or total site ownership drawn to scale, showing boundaries with dimensions, locations of any existing or proposed residences or buildings, swimming pools, recorded easements, the on-site sewage treatment and disposal system components and their location on the property, the slope of the property and any existing or proposed wells, potable and non-potable water lines, including valves, drainage features, filled areas, unobstructed areas, and surface water bodies. The site plan shall indicate the location of wells, on-site sewage treatment and disposal systems, surface waters and other pertinent facilities or features on contiguous or adjacent property. If the features are within 75 feet of the applicant lot, the estimated to the feature must also be shown but need not be drawn to scale. The location of any public drinking water well, as defined in Chapter 62-6.002(44)(b), within 200 feet of the applicant's lot shall also be shown, with the distance indicated from the system to the well, and the location of limited use public water system or other public wells, as defined in Chapter 62-6.002(44)(b), within 100 feet of the applicant lot must also be shown, or as defined in Chapter 62-6.002(44)(a), F.A.C., within 75 feet from a private potable water well (well used only by one or two residences).

Chapter 24-12(18), Miami-Dade County Code:

The minimum separation between a well or wells and possible sources of contamination shall be a function of the drawdown radius of influence of the well or wells. In no case shall the well be located less than one hundred (100) horizontal feet from any source of contamination.

I have read the above and to the best of my knowledge I have provided the Department with full information regarding pertinent facilities and features on all adjacent properties. Furthermore, I understand that any on-site sewage treatment and disposal system permit issued on the basis of said facilities and feature as provided by me and found to be incorrect will be subject to revocation in accordance with the provisions of Chapter 120, Florida Statutes.

Property Address: 13100 SW 80 AVE MIAMI FL 33156

Date: 3/13/2025 Signature: AIDA SARDINAS P.E.