STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
APPLICATION FOR ABANDONMENT PERMIT

PERMIT NO. ______
DATE ISSUED: ______
EXPIRATION DATE: ______
FEE PAID: ______
RECEIPT #: ______

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. APPLICANT MUST MEET REQUIREMENTS OF CHAPTER 64E-6 FLORIDA ADMINISTRATIVE CODE.

APPLICANT: ______________________________ TELEPHONE: ________________

AGENT/CONTRACTOR: ______________________ TELEPHONE: ________________

MAILING ADDRESS: ________________________ CITY: ______________________

PROPERTY INFORMATION:

PROPERTY STREET ADDRESS: ____

STRAP #____

SUBDIVISION OR CITY: ___________________________ BLK: _____ LOT(S): ______

Lot Size:_________ Acres Water Supply: ☐ Private ☐ Public

SIGNATURE: ____________________________________ DATE: ________________

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INSTRUCTIONS:

1. POST PERMIT IN A LOCATION VISIBLE FROM THE STREET INSIDE A PLASTIC BAG.
2. HAVE TANK PUMPED.
3. CRUSH OR COLLAPSE TANK.
4. FILL TANK WITH CLEAN MATERIAL, GRADE AND STAKE AREA.
5. FAX (239-690-2101) OR EMAIL (LEEEH@FLHEALTH.GOV) PUMP RECEIPT **TO SCHEDULE** INSPECTION.
6. THIS PERMIT IS VALID FOR 90 DAYS FROM DATE OF ISSUE.

FAILURE TO HAVE THE SYSTEM PROPERLY ABANDONED WITHIN 90 DAYS FOLLOWING CONNECTION TO CENTRALSEWER, OR DEMOLITION, CONDEMNATION, REMOVAL OF AN ESTABLISHMENT MAY RESULT IN A FINE OF UP TO $500.00 PER DAY.

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FOR USE BY HEALTH DEPARTMENT ONLY:

DATE OF ISSUE: ______________________________ EXPIRATION DATE:____________________

PERMIT ISSUED BY: ___________________________ TITLE: ______________________________

DATE CALLED IN: _____________________________ CALLED IN BY: ________________________

DATE OF FINAL: ______________________________ FINAL INSPECTION BY: _________________