APPLICANT:	STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMEN EXISTING SYSTEM AND SY			
CONTRACTOR / AG	GENT:			
LOT:	BLOCK: S	UBDIV:	ID	#:
TO BE COMPLETE OTHER CERTIFIE COMPLETE TANK (	D BY FLORIDA REGISTERED D PERSON. SIGN AND SEA CERTIFICATION BELOW OR INFORMATION	ENGINEER, DEPARTMENT L ALL SUBMITTED DOCUM NOTE IN REMARKS WHY T	EMPLOYEE, SEPTIC TA ENTS. COMPLETE ALL HE TANKS CANNOT BE C	NK CONTRACTOR OR APPLICABLE ITEMS. ERTIFIED.
[ ] GALLO	NS SEPTIC TANK/GPD ATU NS SEPTIC TANK/GPD ATU NS GREASE INTERCEPTOR NS DOSING TANK	LEGEND: LEGEND:	MATERIAL: MATERIAL:	BAFFLED:[Y / N]
I CERTIFY THAT	THE LISTED TANKS WERE ECIFIED AS DETERMINED B KS, AND HAVE A [ SOLIDS	PUMPED ON / / Y [ DIMENSIONS / FILL	BY ARE 1	, HAVE , FREE OF OBSERVABLE
EXISTING DRAIN [ ] SQUAR [ ] SQUAR [ ] SQUAR TYPE OF SYSTEM CONFIGURATION: DESIGN:	ICENSED CONTRACTOR FIELD INFORMATION E FEET PRIMARY DRAINFIE E FEET : [ ] STANDARD [ ] [ ] TRENCH [ ] [ ] HEADER [ ] OTTOM OF DRAINFIELD IN	LD SYSTEM NO. OF TRE SYSTEM NO. OF TRE FILLED [ ] MOUND [ BED [ ] D-BOX [ ] GRAVITY	NCHES [ ] DIMENSIONCHES [ ] DIMENSIONCHES [ ] DIMENSION ]	ONS:X ONS:X SYSTEM
	AND REPAIR INFORMATION			
[ ] SY: [ ] GPI	STEM INSTALLATION DATE D ESTIMATED SEWAGE FLOW	TYPE OF WA BASED ON [] ME	STE [ ] DOMESTIC TERED WATER [ ] TA	[ ] COMMERCIAL BLE 1, 64E-6, FAC
	] DRAINAGE STRUCTURES ] SLOPING PROPERTY			
NATURE OF [ FAILURE: [	] HYDRAULIC OVERLOAD ] DRAINAGE / RUN OFF	[ ] SOILS [ ] MA [ ] ROOTS [ ] WA	INTENANCE [ ] SY: TER TABLE [ ]	STEM DAMAGE
FAILURE [ SYMPTOM: [	] SEWAGE ON GROUND ] PLUMBING BACKUP	[] <b>TANK</b> [] D []	BOX/HEADER [ ] DR.	AINFIELD
REMARKS/ADDITI	ONAL CRITERIA			

INSTRUCTIONS: PERMIT #	Permit tracking number assigned by department		
APPLICANT	Property owner's full name		
CONTRACTOR/AGENT	Licensed contractor or property owner's legal agent		
LOT,BLOCK,SUBDIVISION	Legal description for property		
ID #	Property appraiser identification number for property		
EXISTING TANK TANK 1	Complete tank size in gallons or gpd and mark appropriately. Complete LEGEND (SHO approval number), MATERIAL (concrete, fiberglass, polyethylene) and whether or not tank in BAFFLED. Same as TANK 1.		
TANK 2			
GREASE INTERCEPTOR	Same as TANK 1.		
DOSING TANK	Same as TANK 1. Complete # PUMPS installed.		
TANK CERTIFICATION	Completed by registered septic tank contractor, state-licensed plumber, certified EH professional, or master septic tank contractor. Show the date the tanks were pumped, the name of the pumping company, how the tank volumes were determined (measurement of tank dimensions and calculation of volume, filling the tank from a metered water source, or recording the tank legend for known tanks). If tank dimensions are used, list the tank dimensions in the remarks section. Indicate whether the tank has a solids deflection device or an outletlet filter. If the tanks cannot be certified, note that fact in the remarks section.		
EXISTING DRAINFIELD FIELD 1	Complete size of drainfield in square feet, NO. OF TRENCHES (if applicable) and DIMENSION (bed width and length or trench width and total length of trenches). Same as FIELD 1		
FIELD 2			
TYPE OF SYSTEM	Mark appropriate block		
CONFIGURATION	Mark appropriate block		
DESIGN	Mark appropriate blocks		
ELEVATION	Record elevation of lowest point of bottom of drainfield in reference to natural grade		
FAILURE / REPAIR INFORMATION INSTALLATION DATE	Record year of original system installation		
TYPE OF WASTE	Mark appropriate block		
GPD	Provide estimated sewage flow to system based on metered water flow data (if available) or Table 1, whichever is greater. Mark all applicable blocks. Record any other significant conditions.		
SITE CONDITIONS			
NATURE OF FAILURE	Mark all applicable blocks.		
FAILURE SYMPTOM	Mark all applicable blocks.		
REMARKS	Record any other significant criteria that may impact system design. If dimensions are used to determine tank volumes, list the tank dimensions in the remarks section. If the tanks cannot be certified as free of observable defects or leaks, explain in remarks. Signature of person performing evaluation		
SUBMITTED BY			
TITLE/LICENSE	Title of department person or license number of other evaluators.		
DATE	Date of evaluation.		