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 62-6 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: _____

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. EMAIL (Charlotte.EH@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.

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: _____

FORM APPROVED BY CHARLOTTE COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH SECTION,
1100 Loveland Blvd., Port Charlotte, Fl. 33980 (941) 624-7200