



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: \_\_\_\_\_



**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 (941-624-7220) OR 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: \_\_\_\_\_