# Managed Septic System Information
## Inspection and Pump-Out of Baseline Systems

A Managed Septic System is a baseline septic system that is inspected and pumped out every five (5) years. In October 2007, the Board of County Commissioners passed Charlotte County Ordinance 2007-06; This ordinance was amended in 2021 to include all baseline septic systems located within three hundred (300) feet, as measured from the closest point of the drainfield to a canal or other surface waters, are required to be pumped empty and inspected at least once every five (5) years.

The Florida Department of Health in Charlotte County (FDOH), Environmental Public Health Section is responsible for overseeing the program. According to the FDOH, a system that is pumped out every three (3) to five (5) years will perform better and last longer. Pumping a tank removes the build-up of solids which allows for a longer retention time. This allows the material to settle, thereby producing a clearer effluent (liquid waste) to leave the tank and flow into the drainfield. The benefit of having clearer effluent entering the drainfield is that it increases the longevity of the system. The solid material that makes it into the drainfield can clog the field and cause the system to fail. Pumping also lowers the concentration of sulfuric acid, which may lead to corrosion and deterioration of the tank.

Managed Systems require that the system be pumped out and inspected by a licensed contractor every five (5) years. Once billed, the property owner will need to submit the contractor's pump-out inspection certification along with the operating permit fee. A property owner may choose to pump out their tank more often, but those additional pump-outs cannot take the place of the one required every five (5) years with the payment.

Once you have received a bill for the Managed System program, follow these steps:

- Select a licensed septic contractor who maintains a contractors' permit issued by the FDOH. (You may wish to contact the Better Business Bureau or speak with past customers of the contractor to obtain references. It is also recommended that you obtain several estimates.)
- The property owner/owners should be present when the tank is pumped.
- Submit the pump-out receipt/certification form to the FDOH along with your operating permit payment. (Payments will not be accepted without the tank certification from the contractor.)

The FDOH will conduct a visual inspection of the system. If the system does not show signs of failure and the tank is certified as structurally sound, then a permit is issued that expires after five (5) years. The permit and inspection do not guarantee the system will function for any length of time. This inspection is only reflective of the tank's condition at the time of the inspection.

# Existing System and System Repair Evaluation
## Onsite Sewage Treatment and Disposal System (OSTDS)

Permit No.:_____

Applicant:_____

Contractor / Agent:_____

Lot:_____ Block:_____ Subdivision:_____ ID#:_____

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**To Be Completed by Florida Registered Engineer, Department Employee, Septic Tank Contractor or Other Certified Person. Sign And Seal All Submitted Documents. Complete All Applicable Items. Complete Tank Certification Below or Note in Remarks Why the Tanks Cannot Be Certified.**

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**Existing Tank Information**

_____Gallons Septic Tank/Gpd ATU Legend:_____ Material:_____ Baffled:☐Yes ☐No
_____ Gallons Septic Tank/Gpd ATU Legend:_____ Material:_____ Baffled:☐Yes ☐No
_____Gallons Grease Interceptor Legend:_____ Material:_____
_____Gallons Dosing Tank Legend:_____ Material:_____ # Pumps:_____

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I Certify That the Listed Tanks Were Pumped On:_____/_____/_____By:_____, Have the Volumes Specified as Determined by ☐Dimensions ☐Filling ☐Legend, Are Free of Observable Defects or Leaks, And Have A ☐Solids Deflection Device ☐Outlet Filter Device Installed.

Signature Of Licensed Contractor:_____ Business Name:_____ Date:_____

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**EXISTING DRAINFIELD INFORMATION**

_____Square Feet Primary Drainfield System No. Of Trenches:_____Dimensions:_____X_____
_____Square Feet_____ System No. Of Trenches _____Dimensions:_____X_____
**Type Of System:** ☐ Standard ☐ Filled ☐ Mound ☐ Other:_____
**Configuration:** ☐ Trench ☐ Bed ☐ Other:_____
**Design:** ☐ Header ☐ D-Box ☐ Gravity System ☐ Dosed System
Elevation of Bottom of Drainfield in Relation to Natural Grade_____ Inches ☐ Above ☐Below

**System Failure and Repair Information**

System Installation Date:_____/_____/_____ Type of Waste ☐ Domestic ☐ Commercial
_____Gpd Estimated Sewage Flow Based On ☐ Metered Water ☐ Table I, 62-6, F.A.C.

**Site Conditions:** ☐ Drainage Structures ☐ Pool ☐ Patio / Deck ☐ Parking ☐ Sloping Property ☐Other:_____

**Nature of Failure:** ☐ Hydraulic Overload ☐ Soils ☐ Maintenance ☐ System Damage ☐ Drainage / Run Off
☐ Roots ☐ Water Table ☐ Other:_____

Failure Symptom: ☐ Sewage on Ground ☐ Tank ☐ D Box/Header ☐ Drainfield ☐ Plumbing Backup ☐Other:_____

Remarks/Additional Criteria:_____

Submitted By: _____ Title/License:_____ Date:_____