



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:

Separator line of asterisks

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 (LEEHEH@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.

Separator line of asterisks

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: