APPLICANT:	STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMEN EXISTING SYSTEM AND SY			
CONTRACTOR / AG	GENT:			
LOT:	BLOCK: S	UBDIV:	ID	v#:
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 VOLUMES SPI	THE LISTED TANKS WERE ECIFIED AS DETERMINED B KS, AND HAVE A [SOLIDS	PUMPED ON / / Y [DIMENSIONS / FILL	BY ING / LEGEND], ARE :	, 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 [] DIMENSION NCHES [] DIMENSION] SYSTEM [] DOSED	ONS:X ONS:X SYSTEM
	AND REPAIR INFORMATION			
[] SY: [] GPI	STEM INSTALLATION DATE D ESTIMATED SEWAGE FLOW	TYPE OF WA	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	[] TANK [] D []	BOX/HEADER [] DR.	AINFIELD
REMARKS/ADDITIC	ONAL CRITERIA			