



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: Jordan Pleasanton 910 SW Utah St. Ft. White FL 32038

CONTRACTOR / AGENT: Raymond Howard Septic Tank Service LLC.

LOT: _____ BLOCK: _____ SUBDIV: _____ ID#: _____

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.

EXISTING TANK INFORMATION

[900]	GALLONS SEPTIC TANK/GPD ATU	LEGEND: _____	MATERIAL: <u>Concrete</u>	BAFFLED: [Y / <u>N</u>]
[]	GALLONS SEPTIC TANK/GPD ATU	LEGEND: _____	MATERIAL: _____	BAFFLED: [Y / N]
[]	GALLONS GREASE INTERCEPTOR	LEGEND: _____	MATERIAL: _____	
[]	GALLONS DOSING TANK	LEGEND: _____	MATERIAL: _____	# PUMPS: []

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON 5 / 19 / 25 BY Deric King, 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.

Raymond Howard Raymond Howard Septic Tank Service LLC. 5/22/25
SIGNATURE OF LICENSED CONTRACTOR BUSINESS NAME DATE

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 []
CONFIGURATION: [] TRENCH [] BED []
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, FAC

SITE [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING
CONDITIONS: [] SLOPING PROPERTY []

NATURE OF [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE
FAILURE: [] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE []

FAILURE [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD
SYMPTOM: [] PLUMBING BACKUP []

REMARKS/ADDITIONAL CRITERIA 75x61x46 No cracks in tank, looks good.

SUBMITTED BY: _____ TITLE/LICENSE _____ DATE: _____

INSTRUCTIONS:

PERMIT #	Permit tracking number assigned by department.
APPLICANT	Property owner's full name.
CONTRACTOR/AGENT	Licensed contractor or property owner's legal agent.
LOT, BLOCK, SUBDIVISION	Legal description for property.
ID #	Property appraiser identification number for property.
EXISTING TANK TANK 1	Complete tank size in gallons or gpd and mark appropriately. Complete LEGEND (SHO approval number), MATERIAL (concrete, fiberglass, polyethylene) and whether or not tank is BAFFLED.
TANK 2	Same as TANK 1.
GREASE INTERCEPTOR	Same as TANK 1.
DOSING TANK	Same as TANK 1. Complete # PUMPS installed.
TANK CERTIFICATION	Completed by registered septic tank contractor, state-licensed plumber, certified EH professional, or master septic tank contractor. Show the date the tanks were pumped, the name of the pumping company, how the tank volumes were determined (measurement of tank dimensions and calculation of volume, filling the tank from a metered water source, or recording the tank legend for known tanks). If tank dimensions are used, list the tank dimensions in the remarks section. Indicate whether the tank has a solids deflection device or an outlet filter. If the tanks cannot be certified, note that fact in the remarks section.
EXISTING DRAINFIELD FIELD 1	Complete size of drainfield in square feet, NO. OF TRENCHES (if applicable) and DIMENSION (bed width and length or trench width and total length of trenches).
FIELD 2	Same as FIELD 1.
TYPE OF SYSTEM	Mark appropriate block.
CONFIGURATION	Mark appropriate block.
DESIGN	Mark appropriate blocks.
ELEVATION	Record elevation of lowest point of bottom of drainfield in reference to natural grade.
FAILURE / REPAIR INFORMATION INSTALLATION DATE	Record year of original system installation.
TYPE OF WASTE	Mark appropriate block.
GPD	Provide estimated sewage flow to system based on metered water flow data (if available) or Table I, whichever is greater.
SITE CONDITIONS	Mark all applicable blocks. Record any other significant conditions.
NATURE OF FAILURE	Mark all applicable blocks.
FAILURE SYMPTOM	Mark all applicable blocks.
REMARKS	Record any other significant criteria that may impact system design. If dimensions are used to determine tank volumes, list the tank dimensions in the remarks section. If the tanks cannot be certified as free of observable defects or leaks, explain in remarks.
SUBMITTED BY	Signature of person performing evaluation.
TITLE/LICENSE	Title of department person or license number of other evaluators.
DATE	Date of evaluation.