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 #: ________

Print Form

Clear Form Fields

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:______________________________________

SUBDIVISION OR CITY: ______________________ BLK: ______ LOT(S):______

Lot Size:________ Acres

Water Supply: ☐ Private ☐ Public

SIGNATURE: ______________________________ DATE: ____________

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INSTRUCTIONS:

1. POST PERMIT IN A LOCATION VISIBLE FROM THE STREET INSIDE A PLASTIC BAG.
2. HAVE TANK PUMPED AND FAX PUMP RECEIPT TO 690-2101.
3. CRUSH OR COLLAPSE TANK.
4. FILL TANK WITH CLEAN MATERIAL, GRADE AND STAKE AREA.
5. CALL **239-690-2100** FOR 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.

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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: ______________

FORM APPROVED BY LEE COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH SECTION,
2295 VICTORIA AVENUE, #206, FORT MYERS, FL 33901