



Florida Department of Health
DeSoto County Health Department
Environmental Public Health Program

OSTDS Site Information Documentation Form

This form must be returned to the DeSoto County Health Department with your completed application.

Name of Applicant: _____ Date: _____

Application Permit Number: _____

For Existing Repairs: When was the home built? _____ Occupied by a tenant? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS YES OR NO If you answered YES to any questions, these items must be drawn on the site plan. This is for existing and proposed components.	YES (Show on Site Plan)	NO
Is sanitary sewer available? Please note: Connection to sewer must occur within 365 days of availability.		
Is this property zoned Industrial Manufacturing?		
Do you plan to put in a pool?		
Are there any structures on adjacent properties?		
Do you plan to have any outbuildings, such as separate garage, workshop, or storage building?		
Are there any recorded easements on your property?		
Does your property slope?		
Would you like a separate laundry system?		
Did you indicate location of a separate laundry system on plot plan?		
Are there any drainage features, surface waters, filled areas, or jurisdictional wetlands located on or adjacent to your property?		
Are there any underground cables or utilities near the test site?		
Do your neighbors have a septic tank, well, wetlands or surface water within 100 feet of your property?		
Are there any public wells within 200 feet of your property?		

*****IMPORTANT***** The size and location of all buildings are required to be drawn on the site plan. Please complete this information before submitting the application for an OSTDS permit. Failure to do so will slow your permitting process. Also, your permit will be issued based on the above information. Therefore, if any of this information changes, an amended site plan must be submitted.

Signature of Applicant: _____ Date: _____