



State of Florida  
Department of Environmental Protection  
Onsite Sewage Treatment and Disposal System (OSTDS)

**Property Owner's Notice Authorizing Private Provider Inspector**

**Part 1 – Applicant Information**

Property Owner Name \_\_\_\_\_  
Property Owner Email \_\_\_\_\_ Property Owner Phone \_\_\_\_\_  
Authorized Contractor (if applicable) \_\_\_\_\_  
Authorized Contractor Email \_\_\_\_\_ Authorized Contractor Phone \_\_\_\_\_

**Part 2 – Property Information**

Property Address \_\_\_\_\_ Application No. (if known) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Unit \_\_\_\_\_  
Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Parcel No. \_\_\_\_\_

**Part 3 – Request (SELECT ONE)**

- ☐ Initial authorization to use a Private Provider Inspector. **Fee required. Continue to Part 4.**
- ☐ Rescind prior authorization to use a Private Provider Inspector and request that construction inspection(s) be conducted by the Department. No fee. **Sign below and submit.**
- ☐ Amend authorization to use a different Private Provider Inspector. No fee. **Continue to Part 4.**

\_\_\_\_\_  
(Printed Property Owner Name)

\_\_\_\_\_  
(Property Owner Signature)

\_\_\_\_\_  
Date

**Part 4 – Authorized Licensed or Certified Private Provider Inspector(s)**

The following information is required for each qualified Private Provider Inspector performing a construction inspection. Use additional sheets if necessary. Each additional sheet must be signed and dated by the property owner. A qualification statement or resume must be attached for each Private Provider Inspector if not already on file with the Florida Department of Environmental Protection.

**Authorized Private Provider Inspector 1**

Inspector Name \_\_\_\_\_ Business \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Qualification Type(s): ☐ Certified Environmental Health Professional ☐ Professional Engineer  
☐ Master Septic Tank Contractor ☐ Professional Engineer Staff

Professional Certification / Registration / License No. \_\_\_\_\_

Department Private Provider Inspector Registry No. (if known) \_\_\_\_\_

Comments \_\_\_\_\_

Authorized Private Provider Inspector 2

Inspector Name \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Qualification Type(s): ☐ Certified Environmental Health Professional ☐ Professional Engineer  
☐ Master Septic Tank Contractor ☐ Professional Engineer Staff

Professional Certification / Registration / License No. \_\_\_\_\_

Department Private Provider Inspector Registry No. (if known) \_\_\_\_\_

Comments \_\_\_\_\_

**Part 5 – Property Owner Acknowledgement**

Pursuant to subsections 381.0065(8), F.S., and 62-6.003(3), F.A.C., I am the owner of the residence or business listed on the application for a construction permit for the property identified. I hereby acknowledge and provide notice regarding the inspection(s) for the proposed Onsite Sewage Treatment and Disposal System for this property and authorize the Private Provider Inspector(s) in Part 4 of this application to perform the inspection(s):

I have elected to use one or more private providers to perform an Onsite Sewage Treatment and Disposal System inspection that is the subject of the enclosed permit application. I understand that the Department of Environmental Protection may not perform the required Onsite Sewage Treatment and Disposal System inspection to determine compliance with the applicable codes, except to the extent authorized by law. Instead, the inspection will be performed by the licensed or certified private provider identified in the application. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified private provider and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the Department from any claims arising from my use of the licensed or certified private provider identified in the application to perform the Onsite Sewage Treatment and Disposal System inspection that is the subject of the enclosed permit application. Additionally, I understand that in the event the Onsite Sewage Treatment and Disposal System does not comply with applicable rules and law, I will be responsible for remediating the system in accordance with existing law.

\_\_\_\_\_  
(Printed Property Owner Name) (Property Owner Signature) Date

**Part 6 – Department Review - TO BE COMPLETED BY THE DEPARTMENT**

Submittal Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_

Application No. \_\_\_\_\_ Authorization Request ☐ Initial ☐ Amend ☐ Rescind  
☐ Approved ☐ Disapproved Disapproval Reason \_\_\_\_\_

\_\_\_\_\_  
Printed Name Signature Office Date