



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