

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**Gulf County Health Department**  
**On-Site Sewage Treatment and Disposal System (OSTDS) Application**  
**Site Plan Checklist**  
Other than NEW

Other Agency Permits:

As the owner or agent applying for an OSTDS permit, it is my responsibility to determine if the proposed development is in compliance with the zoning requirements of Gulf County. I further assume responsibility to obtain any applicable permits from other state and local government agencies.

Site Data: **If Yes, indicate on Site Plan**

- 1. Is there any slope to the property? Yes\_\_\_ No\_\_\_  
Slight\_\_\_ Moderate\_\_\_ Severe\_\_\_
- 2. Are there any wells on your property? Yes\_\_\_ No\_\_\_
- 3. Are there any wells within 75 feet of your property? Yes\_\_\_ No\_\_\_
- 4. Are there any lakes, streams, ditches, or standing bodies of water on your property? Yes\_\_\_ No\_\_\_
- 5. Are there any lakes, streams, ditches, or standing bodies of water within 75 feet of your property? Yes\_\_\_ No\_\_\_
- 6. Are there any easements on your property (roads, pipelines, underground utility lines, etc.)? Yes\_\_\_ No\_\_\_
- 7. Is more than one (1) dwelling proposed or existing on your property? List \_\_\_\_\_ Yes\_\_\_ No\_\_\_

As the Applicant, I declare that the enclosed Site Plan measurements are accurate and I understand that inaccurate Site Plan measurements provide grounds for septic tank permit denial.

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date