



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

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## INTEROFFICE MEMORANDUM

**INFORMATION**  
**HSES 08-001**

**DATE:** January 17, 2008

**TO:** County Health Department Directors/Administrators  
ATTN: Environmental Health and Engineering Directors

**THROUGH:** Lisa Conti, D.V.M., M.P.H., Dipl. ACVPM, CEHP  
Director, Division of Environmental Health

**FROM:** Gerald R. Briggs, Chief  
Bureau of Onsite Sewage Programs

**SUBJECT:** Onsite Sewage Program Evaluations 2008

### INFORMATION ONLY

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Attached is the list of the county health department onsite sewage programs to be evaluated in 2008. For those counties, the assigned evaluator will contact you to schedule a date. The 2006-2008 program evaluation tool is also attached. The evaluations will be scored in five areas consisting of multiple items, which are identified along with the value of each item (See the attached files). The evaluation will receive one score based on the total number of points earned towards the value of each item. If the total score is less than 70%, a re-evaluation will occur to ensure implementation of corrective actions in deficient areas.

Please note travel to conduct program evaluations has been impacted due to current budgetary reductions. To overcome these difficulties, the bureau will schedule half of the program evaluations prior to the end of the current fiscal year (i.e., June 30, 2008), and the remaining after the beginning of the 2008 budget year (i.e., July 1, 2008).

In the event, budget reductions force the bureau to suspend travel, the records review portion of the program evaluation (Attachment A) will be conducted from the data transferred to the Division of Environmental Health in RE-HOST. This includes new systems, repair systems, existing and modification systems, etc. In this case, the field portion of the program evaluation (Attachment B) will not be conducted and will be scored "not applicable".



Division of Environmental Health, Bureau of Onsite Sewage Programs  
4052 Bald Cypress Way, Bin #A08, Tallahassee, Florida 32399-1713

The program evaluation is an important part of the quality improvement review process and in order to expedite the process, you will be asked to provide the following documentation at least one week prior to the evaluation date:

1. Completed Work Load Unit spreadsheet for all Environmental Health Programs;
2. A Table of Organization (indicating employee names and program areas);
3. Performance Standards for all supervisory positions;
4. Copy of written policy for supervision reconciliation of DARS and timesheets; and
5. Copy of written procedure for verification of mileage submitted and inspections completed by field inspectors; and
6. Turnover rate survey.

If the program evaluation is conducted as a record review from electronic data transfers, in addition to the above required items, the county health department will be asked to forward copy of the site plans and surveys for the randomly selected records to be reviewed.

I appreciate the cooperation and assistance that has been extended at every level to the evaluation staff. Comments or suggestions related to the program evaluation procedure should be directed to Ed Barranco at (850) 245-4070 or SC 205-4070.

### **PROGRAM EVALUATION SCHEDULE YEAR 2008 FOR OSTDS**

<b>COUNTY</b>	<b>EVALUATOR ASSIGNED</b>
<b>Broward</b>	<b>Bart Harriss</b>
<b>Clay</b>	<b>Kim Duffek</b>
<b>Dixie</b>	<b>Kim Duffek</b>
<b>Escambia</b>	<b>David Hammonds</b>
<b>Gadsden</b>	<b>David Hammonds</b>
<b>Highlands</b>	<b>Sonia Cruz</b>
<b>Hillsborough</b>	<b>Bart Harriss</b>
<b>Holmes</b>	<b>Ed Barranco</b>
<b>Indian River</b>	<b>Sonia Cruz</b>
<b>Lee</b>	<b>Bart Harriss</b>
<b>Leon</b>	<b>Ed Barranco</b>
<b>Levy</b>	<b>Kim Duffek</b>
<b>Manatee</b>	<b>Bart Harriss</b>
<b>Marion</b>	<b>Kim Duffek</b>
<b>Nassau</b>	<b>Bart Harriss</b>
<b>Okaloosa</b>	<b>David Hammonds</b>
<b>St. Johns</b>	<b>Sonia Cruz</b>
<b>Sarasota</b>	<b>Bart Harriss</b>
<b>Taylor</b>	<b>Kim Duffek</b>
<b>Volusia</b>	<b>Sonia Cruz</b>
<b>Walton</b>	<b>David Hammonds</b>
<b>Washington</b>	<b>Kim Duffek</b>

COUNTY HEALTH DEPARTMENT  
2006-2008 ONSITE SEWAGE PROGRAMMATIC REVIEW

- A. Records Review: The items identified in each section of the evaluation tool are selected from the program forms, rule and statute requirements. These items represent only part of the total number of items required for compliance in the program. Scoring for the records portion of the program evaluation is divided as follows:
1. A review of new, repair and existing/modification permit application records. Seven of each will be randomly selected from systems receiving final system installation approval in the six months prior to the evaluation. All application packages will be used to generate the report.
  2. A review of enforcement actions. A random sample of five complaints from the previous twelve months will be reviewed for compliance with ten specific criteria. The complaints will be comprised of septic tank contracting complaints received through the State Health Office Hotline, sanitary nuisance and rule violation complaints.
  3. A review of permit denial and variance applications. A random sample comprising five permit denials and variances will be reviewed for compliance with seven specific criteria. Also, each variance processed through the State Health Office will be reviewed for compliance with items one through four prior to any additional information being submitted. These scores will be retained for use in each program evaluation in an effort to assess variance application packets as they are initially submitted to the State Health Office.
  4. A review of operating permit files for each of the following: septic tank cleaning services, portable toilet services, septage treatment and land application facilities, septic tank manufacturers, aerobic treatment units, aerobic treatment unit and performance-based treatment system maintenance entities and commercial, industrial/manufacturing zones and performance-based treatment systems. A random sample of five operating permit files will be reviewed in each of these areas.
- B. Field Assessment: Conformity: Site Evaluation and Inspection
1. The conformity section will evaluate a combination of seven open and recently closed onsite sewage treatment and disposal systems that have received final system approval within the previous few weeks prior to the scheduled program evaluation. Two of the seven OSTDSs evaluated will be mound systems. The nineteen items in this section were selected for their high impact on the public's health. The information gathered in each of these inspections will be compared to the site evaluation, construction permit and inspection associated with the respective application packet.
- C. Implementation of Previous Recommendations: A review of the county health department's implementation of recommendations from their previous program evaluation will be conducted. The score will be reported as the percentage of previous recommendations satisfactorily implemented.

The evaluation will also include an interview with the environmental health director to discuss the county health department's activities related to staffing, equipment and references, training, customer satisfaction and internal monitoring and qualitative improvement.

In counties with more than one office, records and installation sites will be drawn from all offices in approximate proportion to the quantity of work performed in each of the offices. A report of the evaluation will be provided to the county health department administrator and director. The report will note strengths and weaknesses and make recommendations for improvements.

The county health department will be expected to respond within one month of receipt of the report with a corrective action plan implementing the evaluation's recommendations and any other actions proposed or already implemented to improve the program. The plan should also include the dates of implementation for the individual corrective actions in the report. Any county health department receiving a total score less than 70% will be re-evaluated within twelve months of the date of the evaluation report.

# HSES Administrative and Programmatic Evaluation 2006-2008

## County Health Department

Sections		Value	Points
<b>I. OSTDS Programmatic Review</b>		<b>80%</b>	
A.	Records Review ( see attachments A1 through A-11 )	35%	
B.	Field Evaluation ( see attachment B )	41%	
C.	Implementation of Previous Recommendations ( see attachment C )	24%	
<b>II. Equipment and References</b>		<b>6%</b>	
A.	Availability of current Florida Administrative Code, Florida Statutes, Environmental Health Program Manual DOHM 150-4 and related references ( see attachment D ).	17%	
B.	All field staff have e-mail and intranet/internet access.	33%	
C.	Availability of inspection equipment ( see attachment E )	50%	
<b>III. Training</b>		<b>6%</b>	
A.	All field staff employed over six months with duties in Onsite Sewage Treatment and Disposal System Programs are in compliance with s. 381.0101, Florida Statutes and Chapter 64E-18, Florida Administrative Code.	25%	
B.	All field staff are in compliance with the DOH 150-4 requirement of having to attend Basic EH Orientation within two years of commencing employment or watched the videos.	25%	
C.	All field staff are in compliance with Interoffice Memorandum HSES 00-034, Acknowledgement of Receipt of Procedures for Site Evaluations and Final Inspections.	25%	
D.	Does the county health department have documentation that it participates in coordination / educational meetings with septic tank and/or building contractors (conducted annually)? Documentation includes announcements, agendas or minutes.	25%	
<b>IV. Customer Satisfaction</b>		<b>3%</b>	
A.	Client Satisfaction Surveys are performed on a quarterly basis and kept on file and the results are forwarded to the Bureau of Onsite Sewage Programs	100%	
<b>V. Internal Monitoring and Qualitative Improvement</b>		<b>5%</b>	
A.	Did supervisors perform ride along evaluations with each of their inspection field staff on at least two separate occasions in a permit year to observe them performing routine inspections and document the visits either on a checklist or on a separate routine inspection form?	16%	
B.	Over the past three years did the supervisor(s) observe their staff perform routine inspections for the all programs in which they work?	16%	
C.	All supervisory position descriptions and performance standards must clearly address supervisory responsibilities and inspection reports (as stated in informational memo HSEF 2001-006).	16%	
D.	Supervisors reconcile field staff DARS and timesheets at least biweekly	16%	
E.	Supervisors verify field staff mileage accuracy prior to voucher approval. 90% of inspection reports in the random records sample were initialed by supervisors or their designee.	16%	
F.	CENTRAX is used as the principal means of data collection and recording in the onsite sewage treatment and disposal system program. Number of working days to issue permit from receipt of completed application is 8 days or less for new systems and 2 days or less for repairs. Centrax data evaluated is the average days to issue for the evaluation period prior to the evaluation date, found in the performance report.	20%	
<b>Totals</b>		<b>100%</b>	

## Attachment A

### A. RECORDS REVIEW: 1. NEW SYSTEMS

	NO.	ITEM	VAL	SCORE	COMMENTS
Appl.	1.	SIZING CRITERIA / ESTIMATED SEWAGE FLOW	5	X O	NUMBER OF BEDROOMS, BUILDING AREA AND BUSINESS ACTIVITY INFORMATION REQUIRED BY TABLE I, CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.
Site Plan	2.	LOT SIZE	5	X O N	LOT SIZE BASED ON DIMENSIONS MUST CONFORM WITH APPLICATION, SITE EVALUATION AND STATUTE, MUST BE DRAWN TO SCALE.
	3.	OSTDS LOCATION AND CONFIGURATION	5	X O	INDICATE THE OSTDS LOCATION AND CONFIGURATION ON THE PROPERTY WITH SETBACKS TO PROPERTY LINES AND OTHER FEATURES, MUST BE DRAWN TO SCALE.
	4.	SURFACE WATER	5	X O N	INDICATE THE LOCATION AND SETBACKS OF ALL SURFACE WATER BODIES ON PROPERTY, MUST BE DRAWN TO SCALE.
	5.	ONSITE WELLS	5	X O N	INDICATE THE LOCATION AND SETBACKS OF ALL EXISTING OR PROPOSED ONSITE WELLS, MUST BE DRAWN TO SCALE.
	6.	OFFSITE FEATURES	5	X O N	INDICATE THE LOCATION AND SETBACKS OF WELLS, OSTDS, SURFACE WATER BODIES AND OTHER PERTINENT FACILITIES OR FEATURES WITHIN THE PRESCRIBED SETBACK DISTANCES OF THE PROPOSED OSTDS OR WITHIN 75 FEET OF THE PROPERTY LINE. THIS INCLUDES SITE FEATURES ON CONTIGUOUS OR ADJACENT PROPERTY. DOCUMENTATION OF OFF-SITE FEATURES, PRESENT OR NOT APPLICABLE, TO BE PROVIDED.
	7.	FLOOR PLAN	5	X O	CONFORMS WITH SIZING CRITERIA FOR ESTIMATED SEWAGE FLOW. EACH BEDROOM LABELED AND OUTSIDE BUILDING DIMENSIONS SHOWN, COMMERCIAL FEATURES NECESSARY TO DETERMINE THE COMPOSITION AND QUANTITY OF WASTEWATER ARE SHOWN (64E-6.008 TABLE I CRITERIA.).
	Site Evaluation	8.	AUTHORIZED SEWAGE FLOW	5	X O
9.		BENCHMARK	5	X O	A FIXED POINT OF REFERENCE ESTABLISHED RELATIVE TO EXISTING PROPERTY ELEVATION
10.		SOIL PROFILES	5	X O	A MINIMUM OF TWO SOIL PROFILES USING USDA METHODOLOGY ARE REQUIRED.
11.		ESTIMATED WET SEASON WATER TABLE ELEVATION	5	X O	RECORD THE EWSWT ELEVATION BASED ON SITE EVALUATION, USDA SOIL MAPS, AND HISTORICAL INFORMATION. MUST CONFORM WITH SOIL PROFILE INFORMATION.
12.		LOADING RATE OR AND SIZING TEXTURE	5	X O	RECORD LOADING RATE AND/OR SIZING TEXTURE FOR SYSTEM SIZING. (CHAPTER 64E-6, TABLE III, FOOTNOTES, FLORIDA ADMINISTRATIVE CODE) MUST CONFORM TO PROFILE INFORMATION.
Permit	13.	TANK CAPACITY	5	X O	MINIMUM SPECIFICATIONS FROM CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.
	14.	DRAINFIELD AMOUNT	5	X O	MINIMUM SPECIFICATIONS FROM CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.
	15.	BOTTOM OF DRAINFIELD ELEVATION	5	X O	MUST CONFORM WITH SITE EVALUATION AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.
	16.	APPROVED BY	5	X O	CERTIFIED COUNTY HEALTH DEPARTMENT PERSONNEL REVIEWING AND APPROVING PERMIT.
Inspection	17.	STATE HEALTH OFFICE APPROVAL NUMBER OF SEPTIC TANK	5	X O	MUST CONFORM WITH OSTDS PERMIT AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE. . INSPECTION DOCUMENTS STATE HEALTH OFFICE APPROVAL NUMBER.
	18.	DRAINFIELD AMOUNT	21	X O	MUST CONFORM WITH OSTDS PERMIT AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE. AGGREGATE ABSORPTION BEDS AND INDIVIDUAL TRENCHES MUST BE MEASURED AND DOCUMENTED FOR LENGTH AND WIDTH.FOR ALTERNATIVE DRAINFIELDS: LINE [09] 'DRAINFIELD AREA',COMPARABLE AMOUNT OF STANDARD AGGREGATE DRAINFIELD DOCUMENTED, LINE [48] 'OTHER' BRAND, MODEL AND QUANTITY OF ALTERNATIVE DRAINFIELD UNITS DOCUMENTED.
	19.	ELEVATION	21	X O	BOTTOM OF THE DRAINFIELD MUST BE REFERENCED TO THE BENCHMARK.
	20.	CONSTRUCTION AND FINAL SYSTEM APPROVAL	21	X O	INSPECTION FORM MUST CLEARLY DOCUMENT CORRECTION OF VIOLATIONS.. A SEPARATE FORM IS USED FOR APPROVAL AND DISAPPROVAL. FORM SIGNED BY CERTIFIED PERSONNEL.

X = Full Credit, O = No Credit, N = Not Applicable

New system permit records represent 25% of the total records score.

**Attachment A**

**A. RECORDS REVIEW: 2. SYSTEM REPAIRS**

	NO.	ITEM	VAL	SCORE	COMMENTS
Appl.	1.	ESTABLISHMENT INFORMATION	5	X O	INDICATE THE NUMBER OF BEDROOMS AND BUILDING AREA AND/OR THE APPROPRIATE INFORMATION FROM TABLE I OF THE EXISTING ESTABLISHMENT.
	Site Plan	2.	EXISTING OSTDS LOCATION AND CONFIGURATION	5	X O
3.		PROPOSED OSTDS LOCATION AND CONFIGURATION	5	X O	INDICATE THE PROPOSED SYSTEM LOCATION AND CONFIGURATION ON THE PROPERTY. LABEL AS PROPOSED AND INDICATE THE SETBACKS TO PROPERTY LINES AND OTHER FEATURES.
4.		SURFACE WATER	5	X O N	INDICATE THE LOCATION AND SETBACKS OF ALL SURFACE WATER BODIES ON PROPERTY.
5.		ONSITE WELLS	5	X O N	INDICATE THE LOCATION AND SETBACKS OF ALL EXISTING OR PROPOSED ONSITE WELLS.
6.		OFFSITE FEATURES	5	X O N	INDICATE THE LOCATION AND SETBACKS OF WELLS, SURFACE WATER BODIES AND OTHER PERTINENT FACILITIES OR FEATURES IN PROXIMITY TO THE OSTDS WHICH RESTRICTS REPLACEMENT OR RELOCATION OF THE DRAINFIELD SYSTEM.
Repair Evaluation		7.	EXISTING TANK CERTIFICATION	5	X O
	8.	EXISTING DRAINFIELD SIZE	5	X O	INDICATE THE APPROXIMATE SQUARE FOOTAGE OF THE DRAINFIELD EXISTING ON THE SITE.
	9.	EXISTING DRAINFIELD ELEVATION	5	X O	INDICATE THE ELEVATION OF THE BOTTOM OF THE DRAINFIELD EXISTING ON THE SITE.
	10.	YEAR OF ORIGINAL SYSTEM INSTALLATION	5	X O	DOCUMENTATION OF YEAR OF ORIGINAL SYSTEM INSTALLATION.
	11.	CAUSE OF FAILURE	5	X O	DOCUMENTATION OF A BRIEF DESCRIPTION OF THE NATURE OF THE FAILURE WHICH IS OCCURRING.
Site Evaluation	12.	ESTIMATED WET SEASON WATER TABLE ELEVATION	5	X O	RECORD THE EWSWT ELEVATION BASED ON SITE EVALUATION, USDA SOIL MAPS, AND HISTORICAL INFORMATION. MUST CONFORM WITH SOIL PROFILE INFORMATION.
	13.	BENCHMARK	5	X O	A FIXED POINT OF REFERENCE ESTABLISHED RELATIVE TO EXISTING PROPERTY ELEVATION.
	14.	SOIL PROFILES	5	X O	A MINIMUM OF TWO SOIL PROFILES USING USDA METHODOLOGY ARE REQUIRED.
	15.	LOADING RATE OR SIZING TEXTURE	5	X O	RECORD LOADING RATE OR SIZING TEXTURE FOR SYSTEM SIZING. (CHAPTER 64E-6, TABLE III, FOOTNOTES, FLORIDA ADMINISTRATIVE CODE) MUST CONFORM TO PROFILE INFORMATION.
Permit	16.	TANK <u>CAPACITY</u>	5	X O	REQUIRED. EXISTING TANK MUST BE WITHIN 2 SIZES. APPROVAL OF EXISTING TANK MUST BE DOCUMENTED ON PERMIT IN APPROPRIATE SPACE OR IN "OTHER COMMENTS" INCLUDING CAPACITY.
	17.	DRAINFIELD AMOUNT	5	X O	MINIMUM SPECIFICATIONS FROM CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.
	18.	BOTTOM OF DRAINFIELD ELEVATION	5	X O	MUST CONFORM WITH SITE EVALUATION AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.
	19.	APPROVED BY	5	X O	CERTIFIED COUNTY HEALTH DEPARTMENT PERSONNEL REVIEWING AND APPROVING PERMIT.
Inspection	20.	STATE HEALTH OFFICE APPROVAL NUMBER OF SEPTIC TANK	5	X O <u>N</u>	MUST CONFORM TO OSTDS PERMIT AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE. INSPECTION DOCUMENTS STATE HEALTH OFFICE APPROVAL NUMBER, MARKED N/A FOR OLDER PRE-LEGEND TANKS
	21.	DRAINFIELD AMOUNT	21	X O	MUST CONFORM WITH OSTDS PERMIT AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE. AGGREGATE ABSORPTION BEDS AND INDIVIDUAL TRENCHES MUST BE MEASURED AND DOCUMENTED FOR LENGTH AND WIDTH.FOR ALTERNATIVE DRAINFIELDS: LINE [09] 'DRAINFIELD AREA', COMPARABLE AMOUNT OF STANDARD AGGREGATE DRAINFIELD DOCUMENTED, LINE [48] 'OTHER' BRAND, MODEL AND QUANTITY OF ALTERNATIVE DRAINFIELD UNITS DOCUMENTED.
	22.	ELEVATION	21	X O	BOTTOM OF THE DRAINFIELD MUST BE REFERENCED TO THE BENCHMARK.
	23.	CONSTRUCTION AND FINAL SYSTEM APPROVAL	21	X O	INSPECTION FORM MUST CLEARLY DOCUMENT CORRECTION OF VIOLATIONS. A SEPARATE FORM IS USED FOR APPROVAL AND DISAPPROVAL. FORM SIGNED BY CERTIFIED PERSONNEL.

X = Full Credit, O = No Credit, N = Not Applicable  
 System repair permit records represent 25% of the total records score.

## Attachment A

### A: RECORDS REVIEW: 3. EXISTING SYSTEM AND MODIFICATION PERMITS

	NO.	ITEM	VAL	SCORE	COMMENTS
Appl.	1.	EXISTING ESTABLISHMENT INFO	5	X O	INDICATE THE NUMBER OF BEDROOMS AND BUILDING AREA AND/OR THE APPROPRIATE INFORMATION FROM TABLE I OF THE EXISTING ESTABLISHMENT.
	2.	PROPOSED ESTABLISHMENT INFO	5	X O	INDICATE THE NUMBER OF BEDROOMS AND BUILDING AREA AND/OR THE APPROPRIATE INFORMATION FROM TABLE I OF THE PROPOSED ESTABLISHMENT. .
Site Plan	3.	LOT SIZE	5	X O	LOT SIZE BASED ON DIMENSIONS MUST CONFORM TO APPLICATION, SITE EVALUATION AND STATUTE. MUST BE DRAWN TO SCALE.
	4.	OSTDS LOCATION AND CONFIGURATION	5	X O	INDICATE THE OSTDS LOCATION AND CONFIGURATION ON THE PROPERTY WITH SETBACKS TO PROPERTY LINES AND OTHER FEATURES. PLANS FOR MODIFICATIONS DRAWN TO SCALE.
	5.	SURFACE WATER	5	X O N	INDICATE THE LOCATION AND SETBACKS OF ALL SURFACE WATER BODIES ON PROPERTY. SETBACKS FOR MODIFICATIONS DRAWN TO SCALE.
	6.	ONSITE WELLS	5	X O N	INDICATE THE LOCATION AND SETBACKS OF ALL EXISTING OR PROPOSED ONSITE WELLS. SETBACKS FOR MODIFICATIONS DRAWN TO SCALE.
	7.	OFFSITE FEATURES	5	X O N	INDICATE THE LOCATION AND SETBACKS OF WELLS, OSTDS, SURFACE WATER BODIES AND OTHER PERTINENT FACILITIES OR FEATURES WITHIN THE PRESCRIBED SETBACK DISTANCES OF THE PROPOSED OSTDS OR WITHIN 75 FEET OF THE PROPERTY LINE. THIS INCLUDES SITE FEATURES ON CONTIGUOUS OR ADJACENT PROPERTY. DOCUMENTATION OF OFF-SITE FEATURES, PRESENT OR NOT APPLICABLE, TO BE PROVIDED. SETBACKS FOR MODIFICATIONS DRAWN TO SCALE.
	8.	FLOOR PLAN	5	X O	CONFORMS WITH SIZING CRITERIA FOR ESTIMATED SEWAGE FLOW. EACH BEDROOM LABELED AND OUTSIDE BUILDING DIMENSIONS SHOWN, COMMERCIAL FEATURES NECESSARY TO DETERMINE THE COMPOSITION AND QUANTITY OF WASTEWATER ARE SHOWN (64E-6.008 TABLE I CRITERIA.).
Exist. Eval.	9.	EXISTING TANK CERTIFICATION	5	X O	REQUIRED. CERTIFICATION THAT TANK WAS PUMPED, AND HAS NO VISIBLE DEFECTS OR LEAKS FROM A LICENSED SEPTIC TANK CONTRACTOR OR DBPR PLUMBER; OR DOCUMENTATION THAT THE SYSTEM HAS BEEN INSPECTED AND APPROVED WITHIN THE PREVIOUS 3 YEARS. DOCUMENTATION RE: THE PRESENCE OR ABSENCE OF THE OUTLET FILTER IS REQUIRED.
	10.	EXISTING DRAINFIELD SIZE	5	X O	INDICATE THE APPROXIMATE SQUARE FOOTAGE OF THE DRAINFIELD EXISTING ON THE SITE.
	11.	EXISTING DRAINFIELD ELEVATION	5	X O	INDICATE THE ELEVATION OF THE BOTTOM OF THE DRAINFIELD EXISTING ON THE SITE.
S. E.	12.	SOIL PROFILES	5	X O	A MINIMUM OF TWO SOIL PROFILES USING USDA METHODOLOGY ARE REQUIRED.
	13.	ESTIMATED WET SEASON WATER TABLE ELEVATION	5	X O N	RECORD THE EWSWT ELEVATION BASED ON SITE EVALUATION, USDA SOIL MAPS, AND HISTORICAL INFORMATION. MUST CONFORM TO SOIL PROFILE INFORMATION.
Permit	14.	TANK CAPACITY	5	X O N	MINIMUM SPECIFICATIONS FROM CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.
	15.	DRAINFIELD AMOUNT	5	X O N	MINIMUM SPECIFICATIONS FROM CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.
	16.	BOTTOM OF DRAINFIELD ELEVATION	5	X O N	MUST CONFORM TO SITE EVALUATION AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.
	17.	APPROVED BY	5	X O N	CERTIFIED COUNTY HEALTH DEPARTMENT PERSONNEL REVIEWING AND APPROVING PERMIT.
Inspection	18.	STATE HEALTH OFFICE APPROVAL NUMBER OF SEPTIC TANK	5	X O N	MUST CONFORM TO OSTDS PERMIT AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE. MUST CONFORM TO OSTDS PERMIT AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE, INSPECTION DOCUMENTS STATE HEALTH OFFICE APPROVAL NUMBER, MARKED N/A FOR OLDER PRE-LEGEND TANKS
	19.	DRAINFIELD AMOUNT	21	X O N	MUST CONFORM TO OSTDS PERMIT AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE. ABSORPTION BEDS AND INDIVIDUAL TRENCHES MUST BE MEASURED FOR LENGTH AND WIDTH. MUST CONFORM TO OSTDS PERMIT AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE. AGGREGATE ABSORPTION BEDS AND INDIVIDUAL TRENCHES MUST BE MEASURED AND DOCUMENTED FOR LENGTH AND WIDTH.FOR ALTERNATIVE DRAINFIELDS: LINE [09] 'DRAINFIELD AREA', COMPARABLE AMOUNT OF STANDARD AGGREGATE DRAINFIELD DOCUMENTED, LINE [48] 'OTHER' BRAND, MODEL AND QUANTITY OF ALTERNATIVE DRAINFIELD UNITS DOCUMENTED
	20.	ELEVATION	21	X O	BOTTOM OF THE DRAINFIELD MUST BE REFERENCED TO THE BENCHMARK
	21.	CONSTRUCTION AND FINAL SYSTEM APPROVAL	21	X O N	INSPECTION FORM MUST CLEARLY DOCUMENT CORRECTION OF VIOLATIONS. . A SEPARATE FORM IS USED FOR APPROVAL AND DISAPPROVAL. FORM SIGNED BY CERTIFIED PERSONNEL.

X = Full Credit, O = No Credit, N = Not Applicable

Existing system and modification permit records represent 25% of the total records score.

**Attachment A**

**A: RECORDS REVIEW: 4. ENFORCEMENT: SANITARY NUISANCE ABATEMENT AND RULE VIOLATIONS**

NO.	ITEM	VAL	SCORE	COMMENTS
1.	METHOD FOR TRACKING COMPLAINTS	10	X O	ADEQUATE METHOD FOR TRACKING COMPLAINTS (CENTRAX)
2.	VALIDATION OF AND TIMELY RESPONSE TO COMPLAINTS	10	X O	COMPLAINT IS IDENTIFIED AS VALID OR INVALID UPON INITIAL INVESTIGATION. MUST BE INVESTIGATED WITHIN TWO WORKING DAYS AS STATED IN 150-4 ENVIRONMENTAL HEALTH-TECHNICAL GUIDE OR DOCUMENT PRIORITY EMERGENCY
3.	NOTICE (S) DESCRIBE NATURE OF VIOLATION(S) AND LAW OR RULE ALLEGEDLY VIOLATED	10	X O N	DOCUMENT ALL VIOLATIONS AND LAW OR RULE ALLEGEDLY VIOLATED ON ALL NOTICES.
4.	NOTICE (S) PROVIDE WRITTEN NOTICE OF INTENT	10	X O N	WRITTEN NOTICE OF INTENT PER S. 381.0061, F.S. MUST BE PROVIDED ON ALL NOTICES.
5.	NOTICE (S) DESCRIBE REQUIRED CORRECTIVE ACTION ALONG WITH SPECIFIC TIME FRAME(S)	10	X O N	DESCRIBE ACTIONS TO BE TAKEN BY PROPERTY OWNER, ALONG WITH SPECIFIC TIME FRAME, TO ABATE THE VIOLATIONS ON ALL NOTICES.
6.	COMPLAINT RECORD CONTAINS COMPLETE DOCUMENTATION	10	X O N	DOCUMENTATION INCLUDES WHO, WHAT, WHEN, WHERE AND HOW. THE DOCUMENT MUST BE LEGIBLE AND COMPLETE.
7.	CHD CONSULTED LEGAL COUNSEL PRIOR TO CITATION ISSUANCE	10	X O N	COUNTY HEALTH DEPARTMENT SHOULD CONSULT WITH LEGAL COUNSEL FOR COMMENTS AND CONCURRENCE PRIOR TO CITATION ISSUANCE.
8.	SANITARY NUISANCE ABATED IN TIMELY MANNER	10	X O N	TIME FRAME OF SANITARY NUISANCE IS HANDLED IN A TIMELY/SEQUENTIAL MANNER AS STATED IN 150-4 ENVIRONMENTAL HEALTH-TECHNICAL GUIDE, WITH PROPER WRITTEN DOCUMENTATION.
9.	COMPLAINANT NOTIFIED OF OUTCOME OF INVESTIGATION BY CHD	10	X O N	DOCUMENTATION THAT COUNTY HEALTH DEPARTMENT NOTIFIED COMPLAINANT OF OUTCOME OF INVESTIGATION, IF APPLICABLE.
10.	ENFORCEMENT ACTION INVOLVING CONTRACTOR IS CONSISTENT WITH DISCIPLINARY GUIDELINES AND IS COORDINATED WITH SHO	10	X O N	DISCIPLINARY GUIDELINES ARE STATED IN CHAPTER 64E-6.022, FLORIDA ADMINISTRATIVE CODE. ALL ENFORCEMENT ACTIONS INVOLVING A REGISTERED / MASTER SEPTIC TANK CONTRACTOR SHOULD BE COORDINATED WITH THE STATE HEALTH OFFICE.

X = Full Credit, O = No Credit, N = Not Applicable  
 Enforcement records represent 3% of the total records score.

## Attachment A

### A. RECORDS REVIEW: 5. PERMIT DENIAL AND VARIANCE APPLICATION REVIEW

NO.	ITEM	VAL	SCORE	COMMENTS
1.	DENIAL WITHIN 90 DAYS	14	X O	PERMIT DENIAL MUST BE ISSUED WITHIN 90 DAYS OF COMPLETED APPLICATION DATE UNLESS THERE IS A WRITTEN REQUEST FOR ADDITIONAL INFORMATION ON FILE.
2.	STATUTE AND RULE REFERENCES	14	X O	DENIAL LETTER MUST CORRECTLY CITE ALL APPLICABLE REASONS FOR DENIAL WITH REFERENCES TO THE STATUTES AND RULES.
3.	VALID DENIAL	14	X O	BASED ON REVIEW OF THE PERMIT FILE.
4.	LEGAL RIGHTS	14	X O	DENIAL LETTER MUST ADVISE APPLICANT OF RIGHTS INCLUDING RIGHT TO A VARIANCE, ADMINISTRATIVE HEARING (FS 120) AND THAT MEDIATION IS NOT AVAILABLE.
5.	ADDITIONAL INFORMATION	14	X O N	DID THE SHO HAVE TO REQUEST ADDITIONAL INFORMATION? WAS THE CHD'S RESPONSE TIMELY IN ACCORDANCE WITH THE DIRECTION OF THE VARIANCE COORDINATOR?
6.	PERMIT COMPLIES	14	X O N	CONSTRUCTION PERMIT COMPLIES WITH VARIANCE
7.	FINAL INSTALLATION	14	X O N	INSTALLED SYSTEM COMPLIES WITH VARIANCE

X = Full Credit, O = No Credit, N = Not Applicable

Permit denial and variance application records represent 3% of the records score

### A. RECORDS REVIEW: 6. SEPTIC TANK CLEANING SERVICES

NO.	ITEM	VAL	SCORE	COMMENTS
1.	REGISTERED SEPTIC TANK CONTRACTOR OR DBPR LICENSED PLUMBER	25	X O	CURRENT SEPTIC TANK CONTRACTOR OR DBPR LICENSED PLUMBER.
2.	OPERATING PERMIT	25	X O	CURRENT OPERATING PERMIT IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED
3.	INSPECTION 1	25	X O	DOCUMENTATION OF FIRST ANNUAL INSPECTION IS ON FILE, USUALLY AT THE TIME OF APPLICATION. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE.
4.	INSPECTION 2	25	X O	DOCUMENTATION OF SECOND ANNUAL INSPECTION IS ON FILE. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE.

X = Full Credit, O = No Credit, N = Not Applicable

Septic tank cleaning service records represent 3% of the total records score.

### A. RECORDS REVIEW: 7. PORTABLE TOILET SERVICES

NO.	ITEM	VAL	SCORE	COMMENTS
1.	OPERATING PERMIT	33	X O	CURRENT OPERATING PERMIT IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS OCCURRED.
2.	INSPECTION 1	33	X O	DOCUMENTATION OF FIRST ANNUAL INSPECTION IS ON FILE, USUALLY AT THE TIME OF APPLICATION. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE
3.	INSPECTION 2	33	X O	DOCUMENTATION OF SECOND ANNUAL INSPECTION IS ON FILE. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE.

X = Full Credit, O = No Credit, N = Not Applicable

Portable toilet service records represent 3% of the total records score.

### A. RECORDS REVIEW: 8. SEPTIC TANK MANUFACTURERS

NO.	ITEM	VAL	SCORE	COMMENTS
1.	INSPECTION	50	X O	DOCUMENTATION OF ANNUAL INSPECTION IS ON FILE, USUALLY AT THE TIME OF APPLICATION. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE.
2.	SEPTIC TANK MANUFACTURING APPROVAL	50	X O	CURRENT SEPTIC TANK MANUFACTURING APPROVAL (DH 4012) IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED

X = Full Credit, O = No Credit, N = Not Applicable

Septic tank manufacturer records represent 3% of the total records score.

## Attachment A

### A. RECORDS REVIEW: 9. SEPTAGE TREATMENT AND LAND APPLICATION FACILITIES

NO.	ITEM	VAL	SCORE	COMMENTS
1.	AGRICULTURAL USE PLAN	33	X O	REQUIRED TO BE UPDATED ANNUALLY. SHALL DESCRIBE THE MANNER IN WHICH TREATED DOMESTIC SEPTAGE AND SLUDGES ARE TO BE USED AS PART OF A PLANNED AGRICULTURAL OPERATION.
2.	INSPECTION 1	33	X O	DOCUMENTATION OF FIRST ANNUAL INSPECTION IS ON FILE, USUALLY AT THE TIME OF APPLICATION. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE.
3.	INSPECTION 2	33	X O	DOCUMENTATION OF SECOND ANNUAL INSPECTION IS ON FILE. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE.

X = Full Credit, O = No Credit, N = Not Applicable

Septage treatment and land application facility records represent 3% of the total records score.

### A. RECORDS REVIEW: 10. AEROBIC TREATMENT UNITS

#### a. AEROBIC TREATMENT UNIT OPERATING PERMIT FILES

NO.	ITEM	VAL	SCORE	COMMENTS
1.	OPERATING PERMIT	20	X O	CURRENT OPERATING PERMIT IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED.
2.	INSPECTION 1 (BY CHD)	20	X O	DOCUMENTATION OF <i>FIRST ANNUAL INSPECTION</i> IS ON FILE, USUALLY AT THE TIME OF APPLICATION. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE.
3.	INSPECTION 1 (BY AME)	20	X O	DOCUMENTATION OF <i>FIRST ANNUAL INSPECTION</i> IS ON FILE, USUALLY AT THE TIME OF APPLICATION. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE.
4.	INSPECTION 2 (BY AME)	20	X O	DOCUMENTATION OF <i>SECOND ANNUAL INSPECTION</i> IS ON FILE, COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE.
5.	MAINTENANCE CONTRACT	20	X O	MAINTENANCE SERVICE AGREEMENT WITH AN APPROVED MAINTENANCE ENTITY (AME) IS CURRENT, ENFORCEMENT ACTION HAS OCCURRED, OR REFERRED TO STATE HEALTH OFFICE WHERE NO MAINTENANCE ENTITY AVAILABLE.

X = Full Credit, O = No Credit, N = Not Applicable

ATU operating permit records represent 2% of the total records score

#### b. AEROBIC TREATMENT UNIT AND PERFORMANCE-BASED TREATMENT SYSTEM MAINTENANCE ENTITY SERVICE PERMIT FILES

NO.	ITEM	VAL	SCORE	COMMENTS
1.	SERVICE PERMIT	50	X O	CURRENT SERVICE PERMIT IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED
2.	CONTRACT TERMINATION REPORT	50	X O N	DOCUMENTATION FROM AME OF ALL RENEWALS OR NON-RENEWALS

X = Full Credit, O = No Credit, N = Not Applicable

Maintenance entity service permit records represent 2% of the total records score

### A: RECORDS REVIEW: 11. OTHER OPERATING PERMITS-I/M ZONE / COMMERCIAL / PBTS

NO.	ITEM	VAL	SCORE	COMMENTS
1.	OPERATING PERMIT	50	X O	CURRENT OPERATING PERMIT IS ON FILE OR DOCUMENTATION THAT ENFORCEMENT ACTION HAS BEEN INITIATED
2.	INSPECTION	50	X O	DOCUMENTATION OF ANNUAL INSPECTION, USUALLY AT THE TIME OF APPLICATION. COMPLIANCE WILL BE DETERMINED BY REVIEWING THE LAST FULL PERMITTING CYCLE

X = Full Credit, O = No Credit, N = Not Applicable

Other operating permit records represent 3% of the total records score.

## Attachment B

### B. FIELD ASSESSMENT: CONFORMITY: SITE EVALUATION AND INSPECTION

	NO.	ITEM	SYSTEM	VAL	SCORE	COMMENTS
Site Evaluation	1.	ESTIMATED WSWT CONFORMS WITH SITE EVALUATION	OPEN & CLOSED ( M, F, S )	5	X O	THE ESTIMATED WET SEASON WATER TABLE WILL BE IDENTIFIED AND COMPARED WITH THE ELEVATION DOCUMENTED ON THE SITE EVALUATION.
	2.	SOIL PROFILE CONFORMS WITH SITE EVALUATION	OPEN & CLOSED ( M, F, S )	5	X O	THE SOIL PROFILE WILL BE IDENTIFIED AND COMPARED WITH THE PROFILE DOCUMENTED ON THE SITE EVALUATION. WHERE A SOILS REPLACEMENT IS DONE, THE PROFILE IS COMPARED TO AN ADJACENT NON-REPLACED AREA.
	3.	SOIL TEXTURE FOR SIZING	OPEN & CLOSED ( M, F, S )	1	X O	THE SOIL TEXTURE FOR SIZING WILL BE IDENTIFIED AND COMPARED WITH THE TEXTURE DOCUMENTED ON THE SITE EVALUATION.
	4.	ELEVATION OF THE BOTTOM OF THE DRAINFIELD	OPEN & CLOSED ( M, F, S )	21	X O N	A COMPARISON BETWEEN THE ELEVATION OF THE BOTTOM OF THE DRAINFIELD RESULTING FROM 1. ABOVE WILL BE MADE WITH THE ELEVATION DOCUMENTED ON THE OSTDS PERMIT AND THE ACTUAL ELEVATION IDENTIFIED ONSITE.
	5.	DEPTH OF SATISFACTORY SOIL	OPEN & CLOSED ( M, F, S )	5	X O	THE DEPTH OF THE SATISFACTORY SOIL WILL BE IDENTIFIED AND COMPARED WITH THE SOIL PROFILE DOCUMENTATION ON THE SITE EVALUATION.
Inspection	6.	STATE HEALTH OFFICE APPROVAL NUMBER	OPEN ( M, F, S )	5	X O N	THE SHO APPROVAL NUMBER IDENTIFIED ON THE SEPTIC TANK MUST BE DOCUMENTED ON THE INSPECTION FORM.
	7.	TANK SEALED / WATERTIGHT/ NO VISIBLE DEFECTS	OPEN ( M, F, S )	5	X O N	TANK LID, ACCESS PORTS, INLET AND OUTLET MUST BE CHECKED FOR PROPER SEALING. IS WATERTIGHTNESS TEST REQUIRED? CHECK FOR HOLES, CRACKS, ETC. MUST LOOK INTO ALL AREAS OF TANK.
	8.	TANK OUTLET FILTER	OPEN ( M, F, S )	5	X O N	MANUFACTURER, MAKE AND MODEL OF OUTLET FILTER MUST BE CONFIRMED. FILTER APPROVAL MUST BE VERIFIED, MUST BE REMOVED FROM HOUSING AND INSPECTED.
	9.	DRAINFIELD SIZE	OPEN ( M, F, S )	5	X O N	DOCUMENTATION OF INSTALLED DRAINFIELD SIZE MUST COMPLY WITH MINIMUM PERMIT SIZING CRITERIA
	10.	OSTDS LOCATION IN RELATION TO SITE PLAN	OPEN & CLOSED ( M, F, S )	5	X O	THE INSTALLED OSTDS LOCATION WILL BE COMPARED TO THE PROPOSED DRAINFIELD LOCATION ON THE APPROVED SITE PLAN AND DOCUMENTED ON THE INSPECTION FORM.
	11.	ROOF / STORMWATER RUNOFF	OPEN & CLOSED ( M, F, S )	5	X O N	AN OBSERVATION WILL BE MADE COMPARING THE DISTANCE/LOCATION FROM THE INSTALLED OSTDS TO ROOF DRAINS TO DETERMINE IF THE SITE INSTALLATION AND REQUIRED UNOBSTRUCTED LAND IS SUBJECT TO SATURATION. WAS THE CORRECT DECISION MADE ON THE INSPECTION FORM?
	12.	SYSTEM SETBACK TO SURFACE WATER	OPEN & CLOSED ( M, F, S )	5	X O N	MEASUREMENTS WILL BE TAKEN TO DETERMINE IF THE EXISTING SURFACE WATER SETBACKS MEET THE MINIMUM REQUIREMENTS OF SECTION 381.0065, FLORIDA STATUTES AND CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE. THE EXISTING SETBACKS WILL THEN BE COMPARED TO THE DOCUMENTATION ON THE INSPECTION FORM.
	13.	SYSTEM SETBACK TO WELLS	OPEN & CLOSED ( M, F, S )	21	X O N	MEASUREMENTS WILL BE TAKEN TO DETERMINE IF THE EXISTING WELL SETBACKS MEET THE MINIMUM REQUIREMENTS OF SECTION 381.0065 FLORIDA STATUTES. THE EXISTING SETBACKS WILL THEN BE COMPARED TO THE DOCUMENTATION ON THE INSPECTION FORM.
	14.	SYSTEM SETBACK TO WATERLINES	OPEN & CLOSED ( M, F, S )	5	X O N	MEASUREMENTS WILL BE TAKEN TO DETERMINE IF THE EXISTING WATER LINE SETBACKS MEET THE MINIMUM REQUIREMENTS OF CHAPTER 64E-6.005, FLORIDA ADMINISTRATIVE CODE. THE EXISTING SETBACKS WILL THEN BE COMPARED TO THE DOCUMENTATION ON THE INSPECTION FORM.
	15.	SYSTEM SETBACK TO PROPERTY LINES	OPEN & CLOSED ( M, F, S )	5	X O	MEASUREMENTS WILL BE TAKEN TO DETERMINE IF THE EXISTING PROPERTY LINE SETBACKS MEET THE MINIMUM REQUIREMENTS OF CHAPTER 64E-6.005, FLORIDA ADMINISTRATIVE CODE. THE EXISTING SETBACKS WILL THEN BE COMPARED TO THE DOCUMENTATION ON THE INSPECTION FORM.
	16.	SHOULDER FORMATION AND MATERIAL	CLOSED ( M, F )	5	X O N	MEASUREMENTS WILL BE TAKEN TO DETERMINE IF THERE IS AN APPROPRIATE SEPARATION BETWEEN THE SHOULDER OF THE FILL AND THE NEAREST TRENCH OR ABSORPTION BED SIDEWALL. THE SHOULDER WILL ALSO BE OBSERVED TO DETERMINE THE COMPLIANCE OF THE SOIL UTILIZED FOR CONSTRUCTION.
	17.	SIDE-SLOPE FORMATION AND MATERIAL	CLOSED ( M, F )	5	X O N	MEASUREMENTS WILL BE TAKEN TO DETERMINE IF THE APPROPRIATE SLOPE WAS CONSTRUCTED PER CHAPTER 64E-6.009, FAC. THE SLOPE WILL ALSO BE OBSERVED TO DETERMINE THE COMPLIANCE OF THE SOIL UTILIZED FOR CONSTRUCTION.
	18.	SOIL COVER QUANTITY AND MATERIAL	CLOSED ( M, F )	5	X O N	MEASUREMENTS WILL BE TAKEN TO DETERMINE IF THERE IS A MINIMUM SIX INCH SOIL CAP SPREAD EVENLY OVER THE DRAINFIELD EXCLUSIVE OF THE THICKNESS OF SOD. MOUND IS CROWNED AT THE CENTER. THE SOIL CAP WILL ALSO BE OBSERVED TO DETERMINE THE COMPLIANCE OF THE SOIL UTILIZED FOR CONSTRUCTION.
	19.	STABILIZATION MATERIAL	CLOSED ( M, F )	5	X O N	AN OBSERVATION WILL BE MADE TO DETERMINE IF A VEGETATIVE COVER APPROVED BY THE STATE HEALTH OFFICE WAS UTILIZED TO PROVIDE PROTECTION FROM MOUND EROSION.

X = Full Credit, O = No Credit, N = Not Applicable  
Conformity is 100% of the total field score.

M = MOUND / F = FILLED / S = SUBSURFACE

## Attachment C

### C. COMPLIANCE WITH PREVIOUS RECOMMENDATIONS

NO.	ITEM	NUMBER OF ITEMS	NUMBER CORRECTED
1.	COMPLIANCE WITH PREVIOUS RECOMMENDATIONS		

This table represents the 100% of the compliance with recommendations from previous evaluation score.

## Attachment D

<b>Statutes, Administrative Codes and Manuals / electronic or written</b>		<b>Value</b>	<b>Points</b>
A.	Section 381.0065, Florida Statutes / Onsite Sewage Systems Regulation	1	
B.	Section 489, Florida Statutes / Septic Tank Contractor Registration	1	
C.	Chapter 64E-6, Florida Administrative Code / Standards for OSTDSs	1	
D.	Environmental Health Program Manual DOHM 150-4 / OSTDS	1	
E.	DOH / DEP Interagency Agreement for Onsite Sewage	1	
F.	Program memorandum from the Bureau of Onsite Sewage Programs	1	
G.	Approved Product Listings from the Bureau of Onsite Sewage Programs	1	
<b>Total</b>		<b>7</b>	

## Attachment E

<b><u>Inspection Equipment / Must be in working order to receive points</u></b>		<b>Value</b>	<b>Points</b>
A.	Six foot auger with appropriate soil auger bucket (insulated "safety" handle preferred)	1	
B.	Six foot or longer tape measure	1	
C.	100 foot or longer tape measure	1	
D.	Sharpshooter shovel	1	
E.	Probing rod (insulated "safety" probe preferred)	1	
F.	Laser level or surveyor's level with stadia rod (functional)	1	
G.	Soil survey of county (most current edition, printed or electronic)	1	
H.	Munsell Soil Color Book (sheets clean, not laminated, 2 Gley charts present)	1	
<b>Total</b>		<b>8</b>	

# WORKSHEETS

## HSES Administrative and Programmatic Evaluation 2006-2008

### County Health Department

Sections		Value	Points
<b>I. OSTDS Programmatic Review</b>		<b>80%</b>	
A.	Records Review ( see attachments A1 through A-11 )	35%	
B.	Field Evaluation ( see attachment B )	41%	
C.	Implementation of Previous Recommendations ( see attachment C )	24%	
<b>II. Equipment and References</b>		<b>6%</b>	
A.	Availability of current Florida Administrative Code, Florida Statutes, Environmental Health Program Manual DOHM 150-4 and related references (see attachment D).	17%	
B.	All field staff have e-mail and intranet/internet access.	33%	
C.	Availability of inspection equipment ( see attachment E )	50%	
<b>III. Training</b>		<b>6%</b>	
A.	All field staff employed over six months with duties in Onsite Sewage Treatment and Disposal System Programs are in compliance with s. 381.0101, Florida Statutes and Chapter 64E-18, Florida Administrative Code.	25%	
B.	All field staff is in compliance with the DOH 150-4 requirement of having to attend Basic EH Orientation within two years of commencing employment or watched the videos.	25%	
C.	All field staff are in compliance with Interoffice Memorandum HSES 00-034, Acknowledgement of Receipt of Procedures for Site Evaluations and Final Inspections.	25%	
D.	Does the county health department have documentation that it participates in coordination / educational meetings with septic tank and/or building contractors (conducted annually)? Documentation includes announcements, agendas or minutes.	25%	
<b>IV. Customer Satisfaction</b>		<b>3%</b>	
A.	Client Satisfaction Surveys are performed on a quarterly basis and kept on file and the results are forwarded to the Bureau of Onsite Sewage Programs	100%	
<b>V. Internal Monitoring and Qualitative Improvement</b>		<b>5%</b>	
A.	Did supervisors perform ride along evaluations with each of their inspection field staff on at least two separate occasions in a permit year to observe them performing routine inspections and document the visits either on a checklist or on a separate routine inspection form?	16%	
B.	Over the past three years did the supervisor(s) observe their staff perform routine inspections for the all programs in which they work?	16%	
C.	All supervisory position descriptions and performance standards must clearly address supervisory responsibilities and inspection reports (as stated in informational memo HSEF 2001-006).	16%	
D.	Supervisors reconcile field staff DARS and timesheets at least biweekly	16%	
E.	Supervisors verify field staff mileage accuracy prior to voucher approval. 90% of inspection reports in the random records sample were initialed by supervisors or their designee.	16%	
F.	CENTRAX is used as the principal means of data collection and recording in the onsite sewage treatment and disposal system program. Number of working days to issue permit from receipt of completed application is 8 days or less for new systems and 2 days or less for repairs. Centrax data evaluated is the average days to issue for the evaluation period prior to the evaluation date, found in the performance report.	20%	
<b>Totals</b>		<b>100%</b>	

## Attachment A

### A. RECORDS REVIEW: 1. NEW SYSTEMS

	NO.	ITEM	SCORE							
Appl	1.	SIZING CRITERIA / ESTIMATED SEWAGE FLOW	X O							
Site Plan	2.	LOT SIZE	X O N							
	3.	OSTDS LOCATION AND CONFIGURATION	X O							
	4.	SURFACE WATER	X O N							
	5.	ONSITE WELLS	X O N							
	6.	OFFSITE FEATURES	X O N							
	7.	FLOOR PLAN	X O							
	Site Evaluation	8.	AUTHORIZED SEWAGE FLOW	X O						
9.		BENCHMARK	X O							
10.		SOIL PROFILES	X O							
11.		ESTIMATED WET SEASON WATER TABLE ELEVATION	X O							
12.		LOADING RATE OR SIZING TEXTURE	X O							
Permit	13.	TANK CAPACITY	X O							
	14.	DRAINFIELD AMOUNT	X O							
	15.	BOTTOM OF DRAINFIELD ELEVATION	X O							
	16.	APPROVED BY	X O							
Inspection	17.	STATE HEALTH OFFICE APPROVAL NUMBER OF SEPTIC TANK	X O							
	18.	DRAINFIELD AMOUNT	X O							
	29.	ELEVATION	X O							
	20.	CONSTRUCTION AND FINAL SYSTEM APPROVAL	X O							

X = Full Credit, O = No Credit, N = Not Applicable

New system permit records represent 25% of the total records score.

## Attachment A

### A. RECORDS REVIEW: 2. SYSTEM REPAIRS

	NO.	ITEM	SCORE							
App	1.	ESTABLISHMENT INFORMATION	X O							
Site Plan	2.	EXISTING OSTDS LOCATION AND CONFIGURATION	X O							
	3.	PROPOSED OSTDS LOCATION AND CONFIGURATION	X O							
	4.	SURFACE WATER	X O N							
	5.	ONSITE WELLS	X O N							
	6.	OFFSITE FEATURES	X O N							
	Repair Evaluation	7.	EXISTING TANK CERTIFICATION	X O						
8.		EXISTING DRAINFIELD SIZE	X O							
9.		EXISTING DRAINFIELD ELEVATION	X O							
10.		YEAR OF ORIGINAL SYSTEM INSTALLATION	X O							
11.		CAUSE OF FAILURE	X O							
Site Evaluation	12.	ESTIMATED WET SEASON WATER TABLE ELEVATION	X O							
	13.	BENCHMARK AND ELEVATION	X O							
	14.	SOIL PROFILES	X O							
	15.	LOADING RATE OR SIZING TEXTURE	X O							
Permit	16.	TANK CAPACITY	X O							
	17.	DRAINFIELD AMOUNT	X O							
	18.	BOTTOM OF DRAINFIELD ELEVATION	X O							
	19.	APPROVED BY	X O							
Inspection	20.	STATE HEALTH OFFICE APPROVAL NUMBER OF SEPTIC TANK	X O							
	21.	DRAINFIELD AMOUNT	X O							
	22.	ELEVATION	X O							
	23.	CONSTRUCTION AND FINAL SYSTEM APPROVAL	X O							

X = Full Credit, O = No Credit, N = Not Applicable

System repair permit records represent 25% of the total records score.

## Attachment A

### A: RECORDS REVIEW: 3. EXISTING SYSTEM AND MODIFICATION PERMITS

	NO.	ITEM	SCORE							
Appl.	1.	EXISTING ESTABLISHMENT INFO	X O							
	2.	PROPOSED ESTABLISHMENT INFO	X O							
Site Plan	3.	LOT SIZE	X O							
	4.	OSTDS LOCATION AND CONFIGURATION	X O							
	5.	SURFACE WATER	X O N							
	6.	ONSITE WELLS	X O N							
	7.	OFFSITE FEATURES	X O N							
	8.	FLOOR PLAN	X O							
Exist. Eval.	9.	EXISTING TANK CERTIFICATION	X O							
	10.	EXISTING DRAINFIELD SIZE	X O							
	11.	EXISTING DRAINFIELD ELEVATION	X O							
S. E.	12.	SOIL PROFILES	X O N							
	13.	ESTIMATED WET SEASON WATER TABLE ELEVATION	X O N							
Permit	14.	TANK CAPACITY	X O N							
	15.	DRAINFIELD AMOUNT	X O N							
	16.	BOTTOM OF DRAINFIELD ELEVATION	X O N							
	17.	APPROVED BY	X O N							
Inspection	18.	STATE HEALTH OFFICE APPROVAL NUMBER OF SEPTIC TANK	X O N							
	19.	DRAINFIELD AMOUNT	X O N							
	20.	ELEVATION	X O							
	21.	CONSTRUCTION AND FINAL SYSTEM APPROVAL	X O N							

X = Full Credit, O = No Credit, N = Not Applicable

Existing system and modification permit records represent 25% of the total records score.

## Attachment A

### A: RECORDS REVIEW: 4. ENFORCEMENT: SANITARY NUISANCE ABATEMENT AND RULE VIOLATIONS

NO.	ITEM	SCORE					
1.	METHOD FOR TRACKING COMPLAINTS	X O					
2.	VALIDATION OF AND TIMELY RESPONSE TO COMPLAINTS	X O					
3.	NOTICE (S) DESCRIBE NATURE OF VIOLATION(S) AND LAW OR RULE ALLEGEDLY VIOLATED	X O N					
4.	NOTICE (S) PROVIDE WRITTEN NOTICE OF INTENT	X O N					
5.	NOTICE (S) DESCRIBE REQUIRED CORRECTIVE ACTION ALONG WITH SPECIFIC TIME FRAME(S)	X O N					
6.	COMPLAINT RECORD CONTAINS COMPLETE DOCUMENTATION	X O N					
7.	CHD CONSULTED LEGAL COUNSEL PRIOR TO CITATION ISSUANCE	X O N					
8.	SANITARY NUISANCE ABATED IN TIMELY MANNER	X O N					
9.	COMPLAINANT NOTIFIED OF OUTCOME OF INVESTIGATION BY CHD	X O N					
10.	ENFORCEMENT ACTION INVOLVING CONTRACTOR IS CONSISTENT WITH DISCIPLINARY GUIDELINES AND IS COORDINATED WITH SHO	X O N					

X = Full Credit, O = No Credit, N = Not Applicable

Enforcement records represent 3% of the total records score.

## Attachment A

### A. RECORDS REVIEW: 5. PERMIT DENIAL AND VARIANCE APPLICATION REVIEW

NO.	ITEM	SCORE					
1.	DENIAL WITHIN 90 DAYS	X O					
2.	STATUTES/CODE CITES	X O					
3.	VALID DENIAL	X O					
4.	LEGAL RIGHTS	X O					
5.	ADDITIONAL INFORMATION	X O N					
6.	PERMIT COMPLIES	X O N					
7.	FINAL INSTALLATION	X O N					

X = Full Credit, O = No Credit, N = Not Applicable  
Permit denial and variance application records represent 3% of the total records score

### B. RECORDS REVIEW: 6. SEPTIC TANK CLEANING SERVICES

NO.	ITEM	SCORE					
1.	REGISTERED SEPTIC TANK CONTRACTOR OR DBPR LICENSED PLUMBER	X O					
2.	OPERATING PERMIT	X O					
3.	INSPECTION 1	X O					
4.	INSPECTION 2	X O					

X = Full Credit, O = No Credit, N = Not Applicable  
Septic tank cleaning service records represent 3% of the total records score.

### B. RECORDS REVIEW: 7. PORTABLE TOILET SERVICES

NO.	ITEM	SCORE					
1.	OPERATING PERMIT	X O					
2.	INSPECTION 1	X O					
3.	INSPECTION 2	X O					

X = Full Credit, O = No Credit, N = Not Applicable  
Portable toilet service records represent 3% of the total records score.

### A. RECORDS REVIEW: 8. SEPTIC TANK MANUFACTURERS

NO.	ITEM	SCORE					
1.	INSPECTION	X O					
2.	SEPTIC TANK MANUFACTURING APPROVAL	X.O					

X = Full Credit, O = No Credit, N = Not Applicable  
Septic tank manufacturer records represent 3% of the total records score.

## Attachment A

### A. RECORDS REVIEW: 9. SEPTAGE TREATMENT AND LAND APPLICATION FACILITIES

NO.	ITEM	SCORE					
1.	AGRICULTURAL USE PLAN	X O					
2.	INSPECTION 1	X O					
3.	INSPECTION 2	X O					

X = Full Credit, O = No Credit, N = Not Applicable  
 Septage treatment and land application records represent 3% of the total records score.

### A. RECORDS REVIEW: 10. AEROBIC TREATMENT UNITS

#### a. AEROBIC TREATMENT UNIT OPERATING PERMIT FILES

NO.	ITEM	SCORE					
1.	OPERATING PERMIT	X O					
2.	INSPECTION 1 (BY CHD)	X O					
3.	INSPECTION 1 (BY AME)	X O					
4.	INSPECTION 2 (BY AME)	X O					
5.	MAINTENANCE CONTRACT	X O					

X = Full Credit, O = No Credit, N = Not Applicable  
 ATU operating permit records represent 2% of the total records score.

#### b. AEROBIC TREATMENT UNIT AND PERFORMANCE-BASED TREATMENT SYSTEM MAINTENANCE ENTITY SERVICE PERMIT FILES

NO.	ITEM	SCORE					
1.	SERVICE PERMIT	X O					
2.	CONTRACT TERMINATION REPORT	X O N					

X = Full Credit, O = No Credit, N = Not Applicable  
 Maintenance entity service permit records represent 2% of the total records score.

### A: RECORDS REVIEW: 11. OTHER OPERATING PERMITS- I/M ZONE / COMMERCIAL / PBTS

NO.	ITEM	SCORE					
1.	OPERATING PERMIT	X O					
2.	INSPECTION	X O					

X = Full Credit, O = No Credit, N = Not Applicable  
 Other operating permit records represent 3% of the total record score.

## Attachment B

### B. FIELD ASSESSMENT: CONFORMITY: SITE EVALUATION AND INSPECTION

	NO.	ITEM	SYSTEM	SCORE						
Site Evaluation	1.	ESTIMATED WSWT CONFORMS WITH SITE EVALUATION	OPEN & CLOSED ( M, F, S )	X O						
	2.	SOIL PROFILE CONFORMS WITH SITE EVALUATION	OPEN & CLOSED ( M, F, S )	X O						
	3.	SOIL TEXTURE FOR SIZING	OPEN & CLOSED ( M, F, S )	X O						
	4.	ELEVATION OF THE BOTTOM OF THE DRAINFIELD	OPEN & CLOSED ( M, F, S )	X O						
	5.	DEPTH OF SATISFACTORY SOIL	OPEN & CLOSED ( M, F, S )	X O						
Inspection	6.	STATE HEALTH OFFICE APPROVAL NUMBER	OPEN ( M, F, S )	X O N						
	7.	TANK SEALED / WATERTIGHT/NO VISIBLE DEFECTS	OPEN ( M, F, S )	X O N						
	8.	TANK OUTLET FILTER	OPEN ( M, F, S )	X O N						
	9.	DRAINFIELD SIZE	OPEN ( M, F, S )	X O N						
	10.	OSTDS LOCATION IN RELATION TO SITE PLAN	OPEN & CLOSED ( M, F, S )	X O						
	11.	ROOF / STORMWATER RUNOFF	OPEN & CLOSED ( M, F, S )	X O N						
	12.	SYSTEM SETBACK TO SURFACE WATER	OPEN & CLOSED ( M, F, S )	X O N						
	13.	SYSTEM SETBACK TO WELLS	OPEN & CLOSED ( M, F, S )	X O N						
	14.	SYSTEM SETBACK TO WATERLINES	OPEN & CLOSED ( M, F, S )	X O						
	15.	SYSTEM SETBACK TO PROPERTY LINES	OPEN & CLOSED ( M, F, S )	X O						
	16.	SHOULDER FORMATION AND MATERIAL	CLOSED ( M, F )	X O N						
	17.	SIDE-SLOPE FORMATION AND MATERIAL	CLOSED ( M, F )	X O N						
	18.	SOIL COVER QUANTITY AND MATERIAL	CLOSED ( M, F )	X O N						
	19.	STABILIZATION MATERIAL	CLOSED ( M, F )	X O N						

X = Full Credit, O = No Credit, N = Not Applicable  
 Conformity is 100% of the total field score.

M = MOUND / F = FILLED / S = SUBSURFACE

### Attachment C

#### C. COMPLIANCE WITH PREVIOUS RECOMMENDATIONS

NO	ITEM	NUMBER OF ITEMS	NUMBER CORRECTED
1.	COMPLIANCE WITH PREVIOUS RECOMMENDATIONS		

This table represents the 100% of the compliance with recommendations from previous evaluation score.

### Attachment D

<b>Statutes, Administrative Codes and Manuals / electronic or written</b>		<b>Score</b>
A.	Section 381.0065, Florida Statutes / Onsite Sewage Systems Regulation	
B.	Section 489, Florida Statutes / Septic Tank Contractor Registration	
C.	Chapter 64E-6, Florida Administrative Code / Standards for OSTDSs	
D.	Environmental Health Program Manual DOHM 150-4 / OSTDS	
E.	DOH / DEP Interagency Agreement for Onsite Sewage	
F.	Program memorandum from the Bureau of Onsite Sewage Programs	
G.	Approved Product Listings from the Bureau of Onsite Sewage Programs	

### Attachment E

<b>Inspection Equipment / Must be in working order to receive points</b>		<b>Score</b>
A.	Six foot auger with appropriate soil auger bucket (insulated "safety" handle preferred)	
B.	Six foot or longer tape measure	
C.	100 foot or longer tape measure	
D.	Sharpshooter shovel	
E.	Probing rod (insulated "safety" probe preferred)	
F.	Laser level or surveyor's level with stadia rod (functional)	
G.	Soil survey of county (most current edition, printed or electronic)	
H.	Munsell Soil Color Book (sheets clean, not laminated, 2 Gley charts present)	

# Turnover Rate Survey

In total, how many employees worked in the CHD's Environmental Health (EH) section at one time or another during the past 12 months?

Total EH employees past 12 months: \_\_\_\_\_

How many in EH resigned: \_\_\_\_\_

How many EH retired: \_\_\_\_\_

How many in EH terminated: \_\_\_\_\_

In total, how many employees worked in the Onsite Sewage Program (OSTDS) at one time or another during the past 12 months? Please check reason for employee resignation.

Total OSTDS employees past 12 months \_\_\_\_\_

How many in the OSTDS were:

1. Support staff that resigned? \_\_\_\_\_

- Other State or County Agency with higher salary and greater benefits;
- Private industry with higher salary and greater benefits;
- Unknown;
- Other \_\_\_\_\_

Support staff that retired? \_\_\_\_\_

Support staff that was terminated? \_\_\_\_\_

2. Field staff that resigned? \_\_\_\_\_

- Other State or County Agency with higher salary and greater benefits;
- Private industry with higher salary and greater benefits;
- Unknown;
- Other \_\_\_\_\_

Field staff that retired: \_\_\_\_\_

Field staff that were terminated: \_\_\_\_\_

3. Supervisory staff that resigned: \_\_\_\_\_

- Other State or County Agency with higher salary and greater benefits;
- Private industry with higher salary and greater benefits;
- Unknown;
- Other \_\_\_\_\_

Supervisory staff that retired: \_\_\_\_\_

Supervisory staff that were terminated: \_\_\_\_\_

4. Of these, how many had multiple Environmental Health Program duties? \_\_\_\_\_

Other Comments (If necessary, add another sheet):

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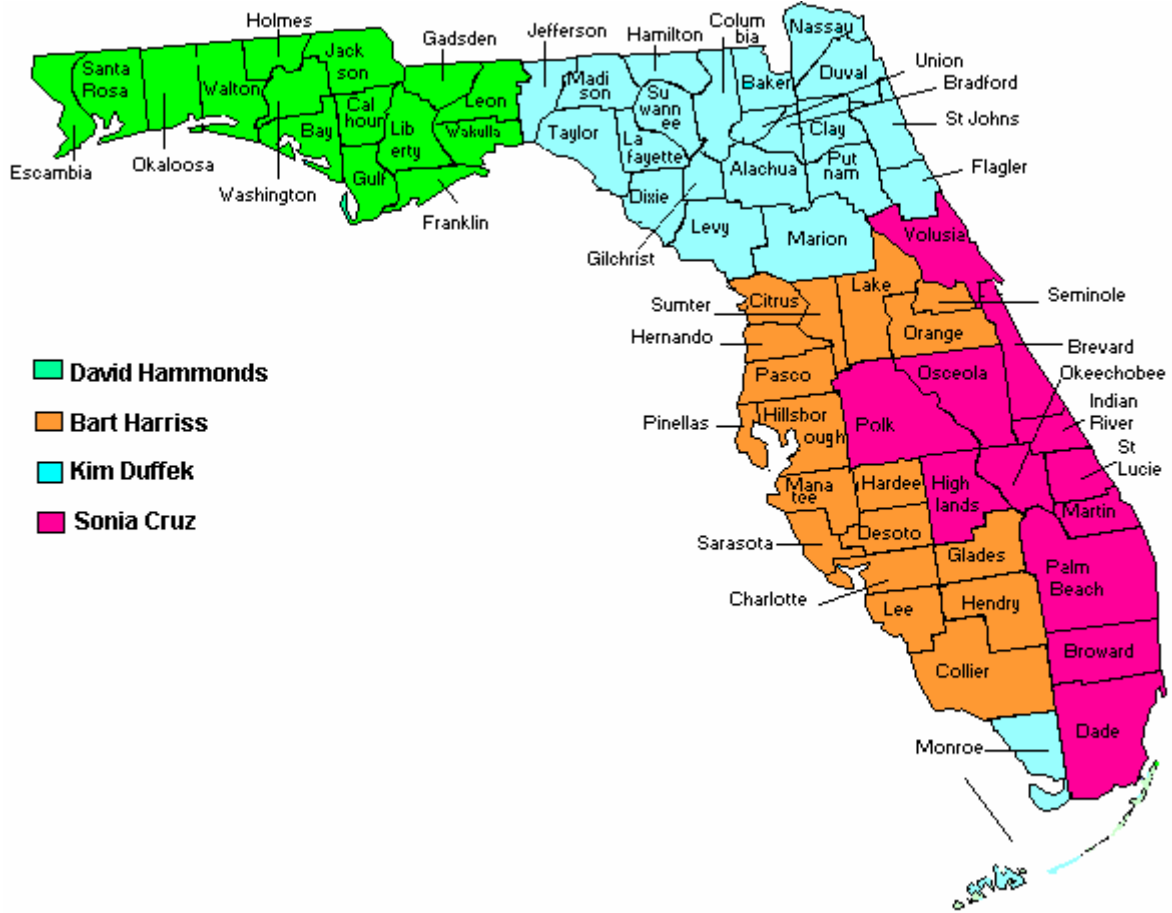
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Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

County Health Department: \_\_\_\_\_

## Statewide OSTDS Program Consultant Map



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