



STATE OF FLORIDA  
 DEPARTMENT OF HEALTH  
 ONSITE SEWAGE TREATMENT AND  
 DISPOSAL SYSTEM  
 APPLICATION FOR  
 ABANDONMENT PERMIT

UTILITY NO. \_\_\_\_\_

(Cape Coral Area Only)

PERMIT NO. \_\_\_\_\_

DATE PAID: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. APPLICANT  
 MUST MEET REQUIREMENTS OF CHAPTER 64E-6 FLORIDA ADMINISTRATIVE CODE.

APPLICANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

AGENT/CONTRACTOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROPERTY INFORMATION:  
 PROPERTY STREET ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STRAP # \_\_\_\_\_

SUBDIVISION OR CITY: \_\_\_\_\_ LOT(S): \_\_\_\_\_ BLK: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Acres Water Supply:  Private  Public

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**INSTRUCTIONS:**

1. POST PERMIT IN A LOCATION VISIBLE FROM THE STREET INSIDE A PLASTIC BAG
2. HAVE TANK PUMPED.
3. CRUSH OR COLLAPSE TANK.
4. FILL TANK WITH CLEAN MATERIAL, GRADE AND STAKE AREA.
5. FAX PUMP RECEIPT TO 239-690-2101.
6. CALL 239-690-2100 FOR INSPECTION.
7. THIS PERMIT IS VALID FOR 90 DAYS FROM DATE OF ISSUE FROM HEALTH DEPARTMENT

FAILURE TO HAVE THE SYSTEM PROPERLY ABANDONED WITHIN 90 DAYS FOLLOWING CONNECTION TO  
 CENTRALSEWER, OR DEMOLITION, CONDEMNATION, REMOVAL OF AN ESTABLISHMENT  
 MAY RESULT IN A FINE OF UP TO \$500.00 PER DAY.

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FOR USE BY HEALTH DEPARTMENT ONLY:

DATE OF ISSUE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

PERMIT ISSUED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE CALLED IN: \_\_\_\_\_ CALLED IN BY: \_\_\_\_\_

DATE OF FINAL: \_\_\_\_\_ FINAL INSPECTION BY: \_\_\_\_\_

FORM APPROVED BY LEE COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH SECTION,  
 2295 VICTORIA AVENUE, #206, FORT MYERS, FL 33901, 239-690-2100