

Instructions/Explanations for Interagency Coordination of Regulated Establishments /Evaluation of Onsite Sewage and Water Supply Capacity

As indicated on the evaluation page, the evaluation is to ensure facilities/businesses regulated by the Department of Business and Professional Regulation (DBPR), Department of Agriculture and Consumer Services (DACs), Department of Children and Families (DCF), Agency for Health Care Administration (AHCA) and Agency for Persons with Disabilities (APD) are evaluated for adequate water and sewage services before opening or expanding operations. When the evaluation form is completed, it is returned to the licensing agency to indicate whether or not the water and sewage services are adequate and have been approved by the appropriate agency or utility authority. The evaluation form is used to facilitate and expedite the approval process. The evaluation form is not intended to be used for existing or failing systems not associated with any changes to the operation. *If the business/facility is served by onsite water or onsite septic system (one or both), the evaluation form must be completed by the Department of Health/County Health Department (DOH/CHD) in sections 2 and/or 3 and the regulating agency must not complete licensing until the DOH/CHD has approved the onsite septic and/or water system.*

Section 1 – Evaluation Request For/Licensing Agency

This section should be completed by the applicant. Ensure correct information regarding the applicant and facility is provided. Indicate by checking the appropriate box if this request is for a new facility, expansion/remodeling, or change in occupancy/tenancy.

- **New** – A newly constructed business/facility
- **Expansion/remodeling** – a business/facility that is being remodeled or upgraded. This could be due to an increase in seating (food service establishment), change in food operation (e.g., single service to full service, an increase in operation hours, addition of a deli or food preparation in a convenience store, etc.), increase in the residents in a food outlet or bakery, increase in the residents in a adult living facility and increase in students in a childcare facility and more.
- **Change in Occupancy/Tenancy** – an existing business that has changed occupancy or tenancy resulting in changes to the business operation.

Indicate the appropriate licensing agency, permit number (if available), contact person with the licensing agency, phone number and any comments. In addition, complete the establishment information. Clearly indicate the name and physical address of the business/establishment, the type of business (i.e., restaurant, convenience store, bakery, childcare, adult living facility etc.) Provide the name of a contact person and phone number.

Section 2 – Water

This section is to be completed by the DOH/CHD, Department of Environmental Protection (DEP) or the Utility Authority.

If served by Municipal/Public Water:

Indicate the name of the supplier. You may provide the appropriate documentation requested by the licensing agency to validate this or have the Municipal/Public Water provider complete the evaluation section.

If served by an Onsite Water System regulated by DOH:

The entire portion of Section #2 should be completed by DOH/CHD. In this section list the permit number if a permit has been issued. Indicate the type of water system. List the result of the evaluation as either approved or denied. In comments section list any conditions of approval or disapproval that may be necessary. At the bottom of the form indicate the name and title of the Health Official reviewing or approving the evaluation including a signature, date, office address and phone number. The licensing agency needs this information for reference, questions and any validation that may be necessary.

Section 3 - Wastewater

This section is to be completed by the DOH/CHD, Department of Environmental Protection (DEP) or the Utility Authority.

If served by a Municipal/Public Sewer:

Indicate the name of the supplier. You may provide the appropriate documentation requested by the licensing agency to validate this or have the Municipal/Public Sewer provider complete the evaluation section.

If served by a Septic/Onsite Wastewater System:

This entire portion of Section #3 should be completed by the DOH/CHD. In this section list the permit number if a permit has been issued. List the result of the evaluation as either approved or denied. If approved, list the conditions of approval. The conditions include; food service establishments that are designed for single service utensils only, the number of seats approved, the hours of operation, in group care/institutional facilities the number of residents or students, in adult living facilities the number of bed or clients, other conditions and whether or not food service is provided. In the comments section, other details or conditions of permitting/approval can be listed. At the bottom of the form indicate the name and title of the Health Official reviewing or approving the evaluation including a signature, date, office address and phone number. The licensing agency needs this information for reference, questions and any validation that may be necessary.

**INTERAGENCY COORDINATION OF REGULATED ESTABLISHMENTS - DOH/DACS/DBPR/DCF/AHCA/APD
EVALUATION OF ONSITE SEWAGE (SEPTIC) AND WATER SUPPLY CAPACITY**

This evaluation is to ensure certain regulated facilities/businesses are evaluated for adequate water and sewage services before opening or expanding operations. If the facility/business is on a DOH regulated onsite well or onsite septic system, completion of this evaluation will facilitate and expedite the approval process. Please return to the appropriate licensing agency when complete.

Section 1 - EVALUATION REQUEST FOR/LICENSING AGENCY				
Completed by Applicant	<input type="checkbox"/> New (new building or structure)	<input type="checkbox"/> Expansion / Remodeling (increase in seating/residents/other)	<input type="checkbox"/> Change in Occupancy/Tenancy	
	Licensing Agency: <input type="checkbox"/> DBPR <input type="checkbox"/> DACS <input type="checkbox"/> DCF <input type="checkbox"/> AHCA <input type="checkbox"/> APD		License Number:	
	Contact Person:		Phone:	FAX:
	Comments:			
	ESTABLISHMENT INFORMATION			
	Establishment Name:		Type of Establishment:	
Address:		Contact Person / Phone#:		
City:		County:	Zip:	

Section 2 – WATER				
The above named facility/business uses the following water supply (choose one type), and complete evaluation:				
Completed by DOH/CHD, DEP or Utility Authority	<input type="checkbox"/> Municipal/Public Water System	Name of Supplier:		
	<input type="checkbox"/> Onsite Well System	Permit Number:		
	<input type="checkbox"/> Establishment served by a 64E-8, F.A.C., Limited Use Public Water System, DOH Regulated			
	<input type="checkbox"/> Establishment served by a Florida Safe Water Drinking Act (DEP or DOH) regulated public water system			
	SYSTEM EVALUATION RESULT: <i>(this section below normally only completed by DOH if on a DOH water system)</i>			
	<input type="checkbox"/> Approved	Comments:		
	<input type="checkbox"/> Denied (see comments)			
	Name & Title (Printed)		County Health Department/DEP/Utility	
Signature		Date		
Address		Phone		

Section 3 – WASTEWATER				
The above named facility/business uses the following wastewater disposal system (choose one type), and complete evaluation:				
Completed by DOH/CHD, DEP or Utility Authority	<input type="checkbox"/> Municipal/Public Sewer	Name of Supplier:		
	<input type="checkbox"/> Septic System (Onsite Wastewater)	Permit Number:		
	SYSTEM EVALUATION RESULT: <i>(this section below normally only completed by DOH if on a septic system)</i>			
	<input type="checkbox"/> Approved	<input type="checkbox"/> Single-Service Utensils Only	<input type="text"/>	<input type="checkbox"/> Number of Residents/Students
	<input type="checkbox"/> Denied (see comments)	<input type="checkbox"/> Number of Seats Permitted	<input type="text"/>	<input type="checkbox"/> Number of Beds/Clients
		<input type="checkbox"/> Hours of Operation	<input type="text"/>	<input type="checkbox"/> Other Conditions (see comments)
		<input type="checkbox"/> Food Service	Yes <input type="text"/>	No <input type="text"/>
	Comments:			
Name & Title (Printed)		County Health Department/DOH/Utility		
Signature		Date		
Address		Phone		