



BOARD OF COUNTY COMMISSIONERS

Natural Resources Management Department

SEPTIC MAINTENANCE NOTICE

Instructions: 1. Fill out front page of this Notice. 2. Attach maintenance agreement. 3. File with Brevard Clerk of Court. 4. Return copy of recorded documents to the Building Department before final inspection.

Parcel Tax ID#: _____

Florida Department of Health (FDOH) permit/application number: _____

Site Address _____

This property is serviced by the following type of septic system or onsite sewage treatment and disposal system (O.S.T.D.S.).

Select one of the following:

Aerobic treatment unit

Engineered performance-based treatment system

Alternative system including in-ground nitrogen-reducing media authorized by Rule 64E-6.009, Florida Administrative Code

Other (e.g., innovative, experimental, or research systems) _____

This system may require one or more of the following:

- the use of electricity to function
 - a biennial operating permit
 - proof of semiannual maintenance
 - periodic monitoring
 - special repair or maintenance procedures
 - Please contact FDOH at (321) 633-2100 for additional information.
- Check to Acknowledge that you have read and understood the above information

Print Name

Property Owner Signature

STATE OF FLORIDA
COUNTY OF BREVARD

The forgoing instrument was acknowledged before me this ____ day of _____ 20 ____, by _____ . He/she is personally known to me ____ or has produced _____, as identification and did/did not take an oath.

My commission expires: _____
Commission Stamp (below)

Notary Public Signature– State of Florida

Printed Name