



Charlie Crist
Governor

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

(date)

_____ County Health Department

**Attention: Environmental Health Director or
OSTDS Program Coordinator**

I _____, owner of the residence or business property located at (give physical location or street address) _____, understand that the proposed Onsite Sewage Treatment and Disposal System to serve my property is permitted as an innovative system by the Department of Health.

I agree to allow agents of the Florida Department of Health, the manufacturer and the local County Health Department to enter my property at reasonable hours for the purpose of monitoring this system.

I agree that I will not hold DOH or the _____ CHD responsible if this innovative system malfunctions.

I agree that I will notify _____ CHD of any problems or malfunctions with this innovative system.

I also understand that if the innovative system fails within the five year testing period, the manufacturer will be responsible for providing a certified installer who will provide contractor equipment, material and labor necessary to modify the system or repair the system with an DOH approved system at no additional cost to me. For the purposes of this evaluation, failure of a system shall be defined as any system that meets one or more of the following criteria: 1) systems that have been increased in size after installation for reasons other than erroneous application information; 2) systems that experience effluent surfacing and sewage backing up into the house plumbing; and 3) systems described by homeowner as having a sluggish performance during wet weather or observed to have soggy, waterlogged soils above the drainfield attributed to sewage effluent. The failure definition shall include persistent electrical or mechanical device malfunctions. It is also my understanding that I will be responsible for landscape restoration.

Sincerely,

Property Owner