

# CHECKLIST

**Elevations (as required by Chapter 64E-6 F.A.C. and S.C.O. 2004-097) (Actual elevation must be listed in blank on this form).**

\_\_\_ #1 \_\_\_ #2 \_\_\_ Existing grade at soil test locations.

\_\_\_ Existing water table.

a \_\_\_ Water table during wettest season. (any high water table submitted more than 2' below existing grade will require letter of justification from the engineer.)

\_\_\_ Bottom of drainfield at lowest point.

\_\_\_ Invert of perforated drain line.

\_\_\_ Invert of inlet of distribution box or header pipe.

\_\_\_ Septic tank outlet invert.

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\_\_\_ Stubout invert.

\_\_\_ Finished floor.

\_\_\_ Finished grade over drainfield.

\_\_\_ Finished grade at toe of slope.

\_\_\_ Lawn grade at adjacent property.

\_\_\_ Adjacent homes(s) finished floor (if possible).

\_\_\_ Benchmark elevation (Actual N.G.V.D. if site is within H. U. D. flood zone, or available within 1/4 mile).  
Assumed elevation of 50.00' to be used if datum not available.

**Additional information required. (Actual elevation or quantity to be listed in blank on this section).**

Back fill material may be obtained from building site if quality or elevation material is acceptable to engineer and Sarasota County Health Department. If brought onto site, back fill must meet 64E-6.008 and 64E-6.009 F.A.C. specifications.

Is soil replacement necessary? \_\_\_ yes \_\_\_ no. If yes, strata to be removed is \_\_\_ inches/feet thick.  
Found \_\_\_\_\_ elevation. from \_\_\_\_\_ elevation to \_\_\_\_\_ elevation.

**Fill material for backfill and/or elevation to be:**

\_\_\_ Off site approved material

\_\_\_ Onsite layers found from \_\_\_\_\_ elevation to \_\_\_\_\_ elevation. (As the engineer of record, I have verified that sufficient onsite soil exists to construct this system).

**Is a mid-point inspection necessary to verify soil removal below 3' from existing grade?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**NOTE:** Any changes to the information submitted must be accompanied by a revised application and must be approved by the Sarasota County Health Department prior to the change taking place.

Engineer signature and professional seal \_\_\_\_\_