



**ESCAMBIA COUNTY HEALTH DEPARTMENT**  
 ENVIRONMENTAL HEALTH DIVISION  
 ENVIRONMENTAL ANALYSIS PROGRAM  
 REQUEST FOR OSTDS ASSESSMENT PRIOR TO PROPERTY SALE

For Office Use Only:  
 OSTDS # \_\_\_\_\_

Fee is \$150.00 per Parcel ID plus \$50.00 for each additional system (excluding laundry and grease trap systems)

**PROPERTY CLOSING DATE:**

PLEASE MAKE CHECKS PAYABLE TO: "DOH-ECHD"

**Property Information:**

(NOTE: Properties located north of Well Line Road and Becks Lake Road **do not** require an inspection)

\_\_\_\_\_ ADDRESS OF PROPERTY TO BE INSPECTED \_\_\_\_\_ LEGAL PROPERTY OWNER  
 \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Property Owner Phone Number

Vacant     Occupied    Year Built \_\_\_\_\_  
 If Vacant, for how long? \_\_\_\_\_  
 Commercial: Type (ie warehouse, office, etc) \_\_\_\_\_  
 Residential: Total Number of Bedrooms: \_\_\_\_\_  
 Multi-Family Dwelling? Yes  No  If so, # units? \_\_\_\_\_  
 Number of Residential Structures on Lot: \_\_\_\_\_  
 Do you have a well? (circle one)    Yes    No  
 If yes, check type: Irrigation \_\_\_\_\_ Drinking water \_\_\_\_\_  
 Please indicate number of tanks: Septic \_\_\_\_\_  
 Laundry \_\_\_\_\_ Grease Trap \_\_\_\_\_

Are all plumbing pipes on the property connected to the septic tank? (i.e. laundry, sinks, toilets)  
 Yes  No   
 Has the tank been pumped within the last 6 months?  
 Yes  No  Contractor Name: \_\_\_\_\_

**Note:**  
 Pumping the tank does NOT exempt this inspection. This inspection is mandated by Escambia County Ordinances 99-24 and 99-36 and must be performed by the Health Department/Environmental Health Division.

**Please indicate your septic tank location on the back of this application.**

**Forwarding Information For Assessment Letter:**

\_\_\_\_\_ Name and/or Agency \_\_\_\_\_ Fax Number for Assessment Letter  
 \_\_\_\_\_ Street \_\_\_\_\_ Attention  
 \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone Number

*Escrow Account Users Only; I do hereby authorize Escambia County Health Department to deduct the required fee from the Escrow Account Name referenced below:*

Escrow Account Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_  
*\*If you have an escrow account with Escambia County Health Department, you may fax application to: Phillip Davies - (850) 595-6777*

**\*Evaluation of the onsite sewage treatment and disposal system is based upon representation by the seller.**

\_\_\_\_\_ Applicant's Signature    \_\_\_\_\_ Print Name    \_\_\_\_\_ Phone    \_\_\_\_\_ Date

Application and fee may be mailed to: ECHD - Environmental Health Division    Attn: EAP Program - Phillip Davies  
 1300 W Gregory Street, Pensacola, Florida 32501    Phone: (850) 595-6786

