

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

**Addendum 3
ITN DOH17-002
Environmental Health Automated System**

DATE: March 6, 2018
TO: Prospective Vendors
FROM: Diana K. Trahan, Department of Health Purchasing
SUBJECT: Addendum 3 to DOH17-002 Environmental Health Automated System

This addendum serves as notice of the following change(s):

Deletions are indicated by “~~striketrough~~” or reference. Additions, updates or replacements are indicated by underscore, reference or **highlighting**.

1. Updates to Section 2.11 Questions

Questions and Answers

The questions that were received by the due date and time required in Section 2.4 have been compiled and answered and are provided below.

THIS ADDENDUM NOW BECOMES A PART OF THE ORIGINAL ITN.
THE ADDENDUM ACKNOWLEDGEMENT FORM SHALL BE SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE, DATED AND RETURNED WITH THE ITN REPLY AS INSTRUCTED IN SECTION 2.5.,
ADDENDA.

Printed Name

Signature of Authorized Representative

Date

Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

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Questions and Answers
ITN DOH17-002
Environmental Health Automated System

Q1) Whether companies from Outside USA can apply for this? (like, from India or Canada)

A1) Yes.

Q2) Whether we need to come over there for meetings?

A2) This would be determined in negotiations.

Q3) Can we perform the tasks (related to RFP) outside USA?
(like, from India or Canada)

A3) No.

Q4) Can we submit the proposals via email?

A4) No.

Q5) In the "Final" file; F4850_DOH17002Final.pdf also called "Title Page", Section 3.7 - Experience and Qualifications reads "Respondent must demonstrate a minimum of 5 years' experience within the last 10 years with configuring and implementing inspection and activity tracking software to support existing records and annual activities, with supporting an auditable financial interface with private banking institutions and separate accounting systems, and with case management software with approximately 1.5 million annual transactions and several hundred users. Respondent should indicate specialization or expertise and the number of years of prior experience with the following: "

Paragon has been supporting Environmental Health Inspections for more than 12 years, but, in spite of our system being scalable to that point, we have not had a Client with 1.5 million annual transactions and several hundred users. In fact, it is unlikely there are many vendors that meet that qualification. Is that an absolute requirement... will respondents be disqualified if they do not meet that requirement?

A5) No.

Q6) The last sentence in that section ends with a colon... is there supposed to be a list of areas of Expertise following that?

A6) The information that should have followed the colon was moved to Attachment M.

Q7) That file is not included on the Procurement web page for download as a Word file... <http://www.floridahealth.gov/media/procurements/doh-17-002.html>

A7) The document is Attachment M – Experience and Qual Response which is downloadable from the link provided.

Q8) After carefully reviewing the proposal, we have identified several key areas where we will need the department to provide additional information to ensure we have created a comprehensive solution for the Department of Health. In light of the current timeline, we would like to request a minimum

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two week extension to the current due date in order to address these items once our questions have been reviewed and responded to by your staff.

A8) Two-week extension was granted and timeline updated. Please see Addendum 1 for the updated timeline.

Q9) Attachment N – Support: What are the anticipated services that the vendor would provide for the Service Desk? Who is the audience that would call into the Service Desk (internal and/or external users)? What are the scope of services (ie., password resets, system outages, how-to questions)?

A9) Provide a recommended solution and approach. Attachment L describes minimum requirements.

Q10) Attachment N – Implementation Costs: Are the 11 deliverables defined or does the vendor determine the 11 deliverables?

A10) Identify any deliverables to which you will attach a price. The number of deliverables will depend on the solution and how the implementation services are bundled.

Q11) What are the current annual support and maintenance costs incurred by the Department of Health (DOH) for all components of the current application technical environment (infrastructure, data, data sharing, etc.) used by the Bureau of Environmental Health?

A11) For Fiscal year 2016-17, the current solution cost is \$986,698 for personnel and \$92,486.76 for infrastructure, server management, storage, and licensing.

Q12) Will the new database be administered at the state level with one program database consistently managed statewide with county and district user access, or will there be 67 county sub-databases being administered and managed by each county's DOH staffs with state and district oversight?

A12) We are looking for a single centralized solution that will be used by Department users statewide.

Q13) Is there an approved budget for the ITN project? If so, what are the approved/allowable budgets by item listed?

- License Purchase
- Installation/Setup
- Hosting
- Data Conversion
- Data Import
- Startup Support
- Post Startup Support
- Training
- State Level and County Implementation

A13) There is no specific approved budget. We are looking for a lower annualized cost after implementation (see answer to Q11).

Q14) What are the targeted completion dates for the activities listed?

- License Purchase
- Installation/Setup
- Hosting
- Data Conversion
- Data Import
- Startup Support
- Post Startup Support

- Training
- State Level and County Implementation

A14) Finalized completion dates will be determined by the chosen Respondent and solution. There are no specific required completion dates.

Q15) How many miscellaneous county-specific programs are in existence? What are the program requirements, or how are these programs described (as provided for the DOH programs)?

A15) The Miscellaneous programs utilize the core system functionality, common to all programs. This is an example of where we need configurability in our selected solution. County-specific requirements are included in the provided functional requirements, Attachment D.

Q16) What is the current total size of the EHD database, and what is it broken down by program?

A16) The EHD database size is 98 GB. For estimates by program, see Attachment F of the ITN.

Q17) How many transactions per year does the EHD system process annually on average for each program, with a total?

A17) Transactions per year 1.2M –

- a. Entity records created – 100k**
- b. Inspections created – 375k**
- c. Bills created – 315k**
- d. Payments made – 290k**
- e. Complaints received – 11k**
- f. OSTDS Construction permits issued – 45k**

Q18) How much total transaction data is collected and added to the database per program annually?

A18) See answer to Q17. The database is currently growing in size by roughly 10 GB per year, exclusive of uploaded and stored documents.

Q19) How many state forms will need to be recreated by program?

A19) Generally, state forms to be printed from the solution include a Permit, an Application, and an Inspection form for every program as well as invoices and receipts. Additional management reports should also be provided.

Q20) What is the condition of the health department's existing data (in more detail than was provided in the ITN advertisement)? Related questions follow:

Are all of the required record fields to be migrated from the EHD populated and correct? If not, what percentage is estimated to be missing, and what percentage is estimated to be incorrect?

Who will be responsible for cleaning, validating and removing duplicate data from the EHD database prior to migration to the new database?

Who will determine which records and files are to be archived?

Who will determine which records and files are duplicates and if they should be removed?

A20) The older, historical records are the ones most likely to be missing required data. We estimate the missing data to be less than 10%. The Department will be responsible for the validity of the data to be migrated. Details of what records will be archived will be determined during negotiations. Please provide your approach, plan, and recommendations.

Q21) There is a note about 50,000 user profiles. If there are only 1,100 users within DOH, who are

the other profiles for, and what types of access do they have presently and will need in the future? More detail is needed about these users.

A21) There are 1100 Department of Health users of the current solution. There are approximately 50,000 external users of the online billing and permitting portal. This larger group of users need access to pay bills and renew applications through this portal.

Q22) Will Florida citizens access to the database be limited to registering, paying and printing permits?

A22) Our online billing and renewal portal allows for renewing applications for permits. Maintenance Entity service activities can be recorded by the maintenance entity or the health department as specified in Attachment C, subsection "Program Areas", paragraph J3.

Q23) Will there be any other access to the database needed by anyone outside of state employees and permit applicants?

A23) All user access requirements are provided in the Appendix C specifications. Please see answer to Q22 above.

Q24) The data sharing explanation did not indicate how the other agencies are provided their needed data, through direct access or provided by DOH staffs.

A24) No other agencies have direct access, but there are some processes in place to automate extracts of data that are provided to outside organizations.

1. OSTDS Export – Each night, a tab-delimited text file is provided for the following records that were created or updated in the previous day:

- i. OSTDS Construction Applications**
- ii. OSTDS Construction Final Inspections**
- iii. OSTDS Permits**
- iv. OSTDS Repair Certifications**
- v. OSTDS Repair Evaluations**
- vi. OSTDS Site Evaluations**

These files are placed on a file share and are picked up and transferred through automated FTP

2. Caspio Export – Caspio is an external data location that is used to store information that is made available for the general public. Each night, a comma-delimited file containing the following data is created:

- i. OSTDS Construction Approvals for the last 30 days**
- ii. OSTDS Construction Final Approvals for the last 30 days**
- iii. OSTDS Construction Permits Issued for the last 30 days**
- iv. Inspection records for the last year for all programs other than the OSTDS programs**

These files are placed on a file share and are picked up and transferred through automated FTP

3. Bank of America reconciliation file

a. This is a comma-delimited file provided nightly by Bank of America to finalize all online billing transactions that occurred during the day.

b. This file is retrieved from Bank of America through automated FTP

4. Online Billing Treasury Reconciliation File

- a. This is a comma-delimited file created by EHD that contains all the FLAIR codes for all transactions that make up each of the deposits daily from Bank of America.
 - b. This file is placed daily on a file share and is picked up and transferred through automated FTP
5. Unit Counts
- a. This is a YTD count of the number of records that had an activity performed on them during the year.
 - b. The dataset is created and stored on another SQL Server database through a connection using a service account
6. GIS Data
- a. Each week, the non-OSTDS construction permits that have been geocoded are provided to the GIS team
 - b. The dataset is created and stored on another SQL Server database through a connection using a service account

Q25) How many documents to be migrated to the new program have a common key that can be easily connected to the correct entity?

A25) All documents created and stored by the system are assigned a common identifier that can be used to connect the document to the entity.

Q26) DOH17-002 Final, Section 3.2, Page 12 – What precisely is meant by an “environmental health automated system”? Is this simply referring to a paperless system, or is a combination of paper and web-based system perceived by the DOH for this ITN?

A26) This phrase is meant to refer to the new solution to be put in place.

Q27) DOH17-002 Final, Section 3.7, Page 13 – To which environmental health programs does case management relate, or define case management in the context of this ITN? Also, Section 3.7 is incomplete. What specialization or expertise is to be indicated by respondents, or does Attachment M sufficiently address this?

A27) The missing portion was moved to Attachment M. Case management, as used in the ITN, is the general process of validations, workflows, approvals and completions in permitting, billing and enforcement activities and can be related to any program.

Q28) Attachment C – Reference is made to “remote devices” and “remote applications.” What are the requirements or constraints to be met in order for the Provider(s) to include the appropriate forms for users? In what format are current forms either already available for remote devices or not yet available for such use, but desired to be?

A28) Currently, mobile devices are laptops or tablets and forms are hard-coded into the Windows laptop application. The expectation is that all data recorded on the mobile device should be accessible to all users and reproducible on the appropriate state form, with any captured signatures.

Q29) Attachment C, Page 12 – For the Department of Children and Families, what is DAR information? What type of time information is shared with the Department of Management Services from the EHD? How does the payment transaction data sent to FLAIR relate to the Bank of America payment transactions, if there is a relationship?

A29) The paragraph that referenced DAR and DMS was provided for illustrative purposes to indicate some of the ad hoc data requests that have been fulfilled in the past. The payment

transaction data reflects the payments made on our online billing and renewal application and processed through the Bank of America portal.

Q30) Attachment D provided with the ITN advertisement opens only in pdf. It does not open fully from the linked site provided for attachments, which is where the Excel form would be: <http://www.floridahealth.gov/media/procurements/>. Will this be corrected, or will responders need to recreate the entire attachment on the Excel form provided?

A30) Attachment D is provided in Excel format in the link provided above.

Q31) Is the Price Sheet to be labeled as Tab 5 or in some way submitted under a tab labeled Tab 5, even though it is being submitted separately from the Technical Reply, which will be tabbed 1-4?

A31) Submit the Price Reply as specified in Section 4.6.2 of the ITN document.

Q32) The OSTDS operating permit program has both commercial and private levels with more than 35+ different types of approved technology's and growing, each having its own regulated state inspection, along with private management, sampling and other requirements that are County and site specific, most of which is not monitored by the current EHD program. Is the regulated management of these systems included in this ITN?

A32) Please refer to the Functional Requirements in Attachment D.

Q33) How many named users log into and use the system (create or change data). This would not include anyone who would login to a public portal payment service to pay a bill

A33) See answer to Q21.

Q34) Would you be able to use a concurrent user model? Or, are all named users in the system all the time?

A34) Concurrent would be acceptable. Please provide your recommended solution and approach, consistent with your pricing.

Q35) Do you anticipate the user count growing or shrinking?

A35) Levels of internal users have not changed significantly in the past few years, although this is dependent upon legislative actions. Users of the online billing and permitting application have been growing steadily.

Q36) What is the budget for:

- o Implementation costs the first year
- o License costs for year one and recurring?

A36) There is no specific approved budget. We are looking for a lower annualized cost after implementation (see answer to Q11).

Q37) A hosted solution will only support the physical upgrades, break/fix support, etc. and will require application knowledge from DOH IT staff. Are you interested in us quoting a fully managed solution (for example, our organization would provide administration, additional features enhancements, upgrade assistance, etc. for an annual cost)?

A37) Provide a recommended solution and approach.

Q38) Attachment D, 9, 2.21

Is off-line capability of the remote application a requirement, or can field-based users access the live system with a mobile app at all times?

A38) The Department recognizes that field staff will not always have consistent access to cellular data service or WiFi. Please provide us with your recommended solution and approach.

Q39) Attachment D, 12, 3.10

Can DOH provide details around the banking system integration methodology/technologies involved?

A39) Charges are calculated through our system and sent to the Bank of America portal, where the user provides payment information. Bank of America processes the payment and a confirmation code is sent back to our system and stored in our database. See answer to question 24, 3 and 4 for information on the reconciliation process.

Q40) Attachment D, 16, 7.04

Can DOH provide details around the address validation system currently used and/or plans for a different validation system?

A40) The current solution uses Accumail for address verification and ESRI StreetMapper for geocoding. We are also looking at using Google address verification.

Q41) Attachment D, 19, T-1

Can DOH provide details about the Department Single Sign On function (system name, authentication protocol, etc.)?

A41) The Department has implemented Microsoft's Enterprise Mobility Suite, which includes Azure AD Premium and AD Federated Services. Using these Microsoft Azure services for agency applications, the Department requires the vendor to use OAuth 2.0 to authenticate Department users to this application. The Department will provide the necessary addresses and configuration information for using OAuth 2.0.

Q42) Attachment F, 1

What is the average and maximum size of the data files?

A42) See answer to Q123.

Q43) Attachment F, 1

What is the current size of the database and what is the expected growth of the data over the next 3 and 5 years?

A43) See answer to Q18.

Q44) Attachment D, N, 20, 2, S-15

Attachment D lists post-live support as 60 days, but Attachment N lists post-live support as 90 days. Can DOH clarify the roadmap for production support?

A44) Initial post-implementation support (part of implementation costs) is expected to be 90 days. The Department will post an amendment to fix Attachment D.

Q45) Attachment G, 1

How many environments would DOH like to have provisioned (Development, Integration-Dev, Integration-Test, UAT, Training, Production, etc.)?

A45) This is dependent upon the proposed solution. We currently have four such environments (development, testing, UAT, production).

Q46) Is a Government Off the Shelf (GOTS) solution in lieu of a Commercial Off the Shelf (COTS) solution acceptable?

A46) An existing, government-created solution is acceptable.

Q47) In reference to “F31819_AttachmentNPriceSheetResponse - Hourly Rate for Adds and Changes, do you want only one Hourly Rate or do you want hourly rate by role?

A47) Provide one blended hourly rate.

Q48) In reference to “F24723_AttachmentFDataConversionApproachandPlanResponse, Percentage of these records may be considered “archival” and could be accessed through special reports”:

- Does the Department anticipate the data is moved to the hosted solution?
- Are “archival” records both Active and Historical?
- How and when will the Department provide the “archival” rules to identify the archival records?

A48) Migrated data will be stored by the hosted solution. The Department needs access to historical and active records. The term “archival” was used to recognize historical data, related to closed facilities, that is not accessed on a regular basis. Active records are never considered “archival”. The concepts and details of archiving will be discussed during negotiations. Please provide your approach, plan, and recommendations.

Q49) In reference to “F10727_AttachmentCCurrentApplicationEnvironment (1),” is the current database encrypted?

A49) No.

Q50) Please clarify how the DOH Standard contract and the PUR 100 Terms are to be interpreted. Does one take precedence over the other if there are conflicting terms within the documents?

A50) Review Sections 4.1 and 4.2 of the ITN document for the requested information.

Q51) Are the terms of the PUR 100 incorporated into the DOH Standard Contract? If so, where is that done?

A51) No.

Q52) In reference to the insurance requirements listed in the DOH Standard Contract, section F and the PUR 1000 Terms, section 35, would you please provide details on the insurance requirements for this bid?

A52) Insurance requirements will be negotiated.

Q53) In reference to Attachment D, Req ID 1.03, what types of billing schemas do you utilize?

A53) The Department intended to use the phrase “billing schemes”, rather than “billing schemas”. Billing schemes allow county health departments to group existing fees when they are frequently charged together or for the purposes of annual batch invoicing. This is used in all programs.

Q54) In reference to Attachment D, Req ID 1.06, would you provide examples of your inspection forms/reports?

A54) See Supplement 1 to Addendum 2, p 3-12.

Q55) In reference to Attachment D, Req ID 1.11, would you provide examples of the actions taken if they are beyond scheduling follow-ups?

A55) Actions are chosen from a list and include items such as Letter of Intent, Additional Information Requested, Cease and Desist Order Issued, Submitted to Legal, and Variance Granted.

Q56) In reference to Attachment D, Req ID 1.16, what would be the starting point for directions?

A56) The starting point would be the inspector's current location or a location specified by the inspector.

Q57) In reference to Attachment D, Req ID 1.19, would you provide examples?

A57) See Supplement 1 to Addendum 2, p 14

Q58) In reference to Attachment D, Req ID 1.2, what specifics do you collect related to the person who was bitten?

A58) Victim could be person or animal. See Supplement 1 to Addendum 2, p 17

Q59) In reference to Attachment D, Req ID 1.21, what are the necessary fields?

A59) See Supplement 1 to Addendum 2, p 17-19

Q60) In reference to Attachment D, Req ID 1.23, will test results be manually entered or electronically transferred? If transferred in, is this from a state owned lab or third party and can we get a layout of test results?

A60) In the current solution, test results are all manually entered.

Q61) In reference to Attachment D, Req ID 1.24, will test results be manually entered or electronically transferred? If transferred in, is this from a state owned lab or third party and can we get a layout of test results?

A61) See answer to Q60.

Q62) In reference to Attachment D, Req ID 1.26, is the sampling frequency related to scheduling of regulatory sampling for the inspectors to complete?

A62) Yes.

Q63) In reference to Attachment D, Req ID 1.29, how are the septic tank manufactures ranked and are the authorized users external, internal or both?

A63) This process is handled by the Bureau's engineering team and currently maintained outside of the solution.

Q64) In reference to Attachment D, Req ID 1.3, who will be accessing this list and how?

A64) It is available to internal users of the existing solution.

Q65) In reference to Attachment D, Req ID 1.31, how are designs stored (i.e. pdf)?

A65) The term "designs" refers to model information and details about the tank. These are not diagrams, drawings, blueprints or external documents of any type. A text field is sufficient.

Q66) In reference to Attachment D, Req ID 1.32, what are the service areas?

A66) "Service areas" refers to the types of services the permitted entity can perform.

Q67) In reference to Attachment D, Req ID 1.33, would you provide examples of relevant information?

A67) See Supplement 1 to Addendum 2.

Q68) In reference to Attachment D, Req ID 1.34, would you provide examples of relevant information?

A68) See answer to Q67.

Q69) In reference to Attachment D, Req ID 1.35, would you provide examples of the agricultural use plans?

A69) Due to recent changes in statute and rule, agricultural use plans are no longer used.

Q70) In reference to Attachment D, Req ID 1.36, will test results be manually entered or electronically transferred? If transferred in, is this from a state owned lab or third party and can we get a layout of test results?

A70) In the current solution, test results are all manually entered.

Q71) In reference to Attachment D, Req ID 1.39, what information is used to define the business?

A71) This information is provided by the business owner. See Supplement 1 to Addendum 2, p 21-23

Q72) In reference to Attachment D, Req ID 1.42, would you provide an example of the calculation?

A72) There are many interdependent calculations required in determining minimum septic system sizing. Please see F.A.C., 64E-6 for complete details.

Q73) In reference to Attachment D, Req ID 2.02, would you provide examples of forms?

A73) Application Forms are generated by each program area and may include attachments of externally generated documents. Examples may be found in Supplement 1 to Addendum 2, p 24 - 28

Q74) In reference to Attachment D, Req ID 2.03, what are your electronic signature requirements?

A74) The current solution only provides electronic signature capability for mobile inspections. Please provide your approach, plan, and recommendations.

Q75) In reference to Attachment D, Req ID 2.04, we assume OBP to be our solution being proposed. Is this correct?

A75) OBP is a platform currently used with our electronic database system. The Department expects this functionality to be recreated in the new solution.

Q76) In reference to Attachment D, Req ID 2.06, what is the business need for read-only information?

A76) Read-only allows for historical data to be maintained in its original format, as submitted by the client.

Q77) In reference to Attachment D, Req ID 2.1, would you provide examples of your inspection forms?

A77) See answer to Q67.

Q78) In reference to Attachment D, Req ID 2.15, what voice recognition software and supported hardware are you currently using?

A78) Our current solution does not include integrated voice recognition functionality.

Q79) In reference to Attachment D, Req ID 2.19, why wouldn't DOH want to capture something that was previously in compliance? Is this considered a new inspection?

A79) When conducting a follow-up inspection, the inspector may only be required to determine the compliance of items previously in violation.

Q80) In reference to Attachment D, Req ID 2.22, how often are new forms developed or existing forms modified?

A80) This item refers to the submissions of forms on an annual basis and capturing of that new data rather than development of new forms.

Q81) In reference to Attachment D, Req ID 2.23, how often are new forms developed or existing forms modified?

A81) This item does not refer to the creation of new forms. However, forms change in response to rule and statute changes. This is not predictable, but most forms remain unchanged for many years.

Q82) In reference to Attachment D, Req ID 2.26, would you provide examples of calculations?

A82) See answer to Q72.

Q83) In reference to Attachment D, Req ID 2.27, would you provide examples of the rejection letter?

A83) See answer to Q67.

Q84) In reference to Attachment D, Req ID 2.28, would you provide examples of calculations?

A84) See answer to Q72.

Q85) In reference to Attachment D, Req ID 2.29, would you provide examples of calculations?

A85) See answer to Q72.

Q86) In reference to Attachment D, Req ID 2.3, what would you need to maintain regarding the final inspections? What adjustments would be made?

A86) The current system stores the data from each inspection visit as a separate record (OSTDS Construction work frequently requires multiple inspections). Staff can create a new inspection record based upon the last inspection.

Q87) In reference to Attachment D, Req ID 2.39, would you provide examples of the permit format?

A87) See answer to Q67.

Q88) In reference to Attachment D, Req ID 2.4, would you provide examples of the invoice permit? What sorts of activities are invoiced?

A88) See answer to Q90 for types of activities invoiced. See Supplement 1 to Addendum 2.

Q89) In reference to Attachment D, Req ID 2.42, how often are new forms created or existing forms changed?

A89) Forms change in response to rule and statute changes. This is not predictable, but each form generally remains unchanged for many years. We've changed or created four forms in the last two years.

Q90) In reference to Attachment D, Req ID 3.01, what activities could generate and invoice?

A90) The current system includes statewide fees for the following general activities: permitting, inspections, enforcement activities/fines, plan reviews, other site visits. County health departments can create fees and invoice for additional activities such as record copies, sampling, county-specific permitting and inspections.

Q91) In reference to Attachment D, Req ID 3.02, when would an invoice be manually generated by the user as opposed to automatically generated?

A91) In the current system, the annual or biennial permit is invoiced through an automated batch process. The initial permit and any other non-permit fees are generally manually invoiced.

Q92) In reference to Attachment D, Req ID 3.04, is the late fee a flat fee or percentage? Would there be a case where multiple late fees would be charged on a single invoice?

A92) The late fee is a flat fee. Some programs have a statewide late fee, other programs do not. Some counties have an additional local late fee. Late fees are currently only charged once per invoice.

Q93) In reference to Attachment D, Req ID 3.05, what activities could require ad hoc invoicing?

A93) Ad hoc invoicing activities include water sampling, private well construction and monitoring, sales of sharps containers, and public records searches.

Q94) In reference to Attachment D, Req ID 3.09, what is the state payment provider that will be used to process the payments?

A94) Bank of America is the current provider.

Q95) In reference to Attachment D, Req ID, 4.05, would you provide examples of reasons for blocking a permit?

A95) Examples of reasons a permit would not be issued would be outstanding balance, change in permit renewal information that requires review, lack of required documentation, lack of required satisfactory inspections, ownership change, outstanding enforcement activity.

Q96) In reference to Attachment D, Req ID 4.08, what is the business reason behind printing of historic permits?

A96) Some reasons include fulfilling public records requests and validation of historical information related to current permit.

Q97) In reference to Attachment D, Req ID 5.01, would you need to search by text contained within the attached documents, or just by title/description?

A97) The current solution does not search by text within the document.

Q98) In reference to Attachment D, Req ID 5.05, what is the state document retention policy? Would the entire record be archived, or only the attached electronic documents?

A98) The document retention policy varies by program and document type. The entire record would be archived.

Q99) In reference to Attachment D, Req ID 6.03, how many summary reports are needed? Would you provide examples?

A99) The current solution allows for development of reports at the state level and by CHD staff. There are currently a large number of summary reports, customized to specific needs. The new solution will need to have a means to flexibly develop detailed and summary reports with varying inputs.

Q100) In reference to Attachment D, Req ID 6.04, how many summary reports are needed? Would you provide examples?

A100) See answer to Q99.

Q101) In reference to Attachment D, Req ID 6.12, how many letters are needed? Would you provide examples?

A101) The current solution includes approximately 10 OSTDS Construction standardized letters. County health department staff have developed additional letters for specific needs.

Q102) In reference to Attachment D, Req ID 6.13, how many forms are needed? Would you provide examples?

A102) See answer to Q101.

Q103) In reference to Attachment D, Req ID 6.15, which forms need to be generated in a blank version? Do the forms need to pull different header information based for each country?

A103) Inspection forms for all programs. The header information will be consistent across all counties.

Q104) In reference to Attachment D, Req ID 7.03, what are some examples of tooltips needed for address entry?

A104) Assistive information for data entry of the address.

Q105) In reference to Attachment D, Req ID 7.04, is there an existing web service that can be used for validation?

A105) See answer to Q40.

Q106) In reference to Attachment D, Req ID 7.08, would you provide a scenario or example of when a user would need to enter multiple occurrences of a field?

A106) Examples include a contact having more than one address recorded or a tanning facility having a variable number of tanning booths with different model numbers.

Q107) In reference to Attachment D, Req ID 7.28, would you please provide an example of when an amount would need to be locked and what would be required for the lock to be released?

A107) See answer to Q95.

Q108) In reference to Attachment D, Req ID T-1, what SSO is used by the Department? Are web services available?

A108) See answer to Q41.

Q109) In reference to Attachment D, Req ID T-2, what are the password and security requirements for these users?

A109) Market standard practices will be utilized.

Q110) User community is "All 67 county health departments use this system";

1. Is there an approximate number of total users?
2. How many total users work disconnected that will be synchronizing data?
3. What is the volume of inspections completed in a year by all entities?

A110) See answer to Questions 21 and 17. There are 555 users of the current mobile application.

Q111) In Attachment C- page 3, "G Miscellaneous Programs", we assume they are out of scope.

A111) See answer to Q15.

Q112) In Attachment C- page 1-5,

1. Each of the listed programs "A. Biomedical Waste" through "N. Tattooing" has a number of sub-programs. Can the department specifically list the scope of each subprograms to be included? For example:
 - Biomedical Waste Generator
 - Biomedical Waste Transporter
 - Biomedical Waste Storage
 - Biomedical Waste
 - Sharps Collection Program

- Biomedical Waste Treatment

A112) See answer to Q67.

Q113) In Attachment C- page 4- . “Laboratory samples are taken with results recorded in EHD”. Are there any interfaces with a LIMS system?

A113) No.

Q114) In Attachment C- page 6, item #2 “Online Billing and Permitting (OBP)”

1. Are all credit card renewals for all entities processed through this service?
2. How does it interface with the current system for accounts? www.myfloridaehpermits.com
3. Is it also within scope to replace this website for the in-scope programs?
4. Are there additional (non-scope) programs also using this website?
5. Can our solution interface directly with Bank of America (BOA) payment portal and not use www.myfloridaehpermits.com .

A114)1. Renewals can occur online through OBP, by mail, or in-person at the county health department. Only OBP renewals utilize the Bank of America portal mentioned in this section.

2. **Online Billing and Permitting is part of the current core system.**
3. **Yes.**
4. **No.**
5. **Yes.**

Q115) In Attachment C- page 7 “State of Florida’s accounting system (FLAIR)” is an interface available to FLAIR for an externally facing system. Please describe and include the type and technology of the interface available.

A115) The only interface with FLAIR is through passing of flat files.

Q116) In Attachment C- page 9 “There are hundreds of reports within the applications,” would the department define and provide examples of the required in-scope forms & reports?

Program	Estimated number of License Forms	Estimated number of Inspection Forms	Estimated number of Custom Letters	Estimated number of management reports
Biomedical Waste				
Body Piercing				
Food Hygiene				
Group Care				
Limited-Use Water				
Migrant Labor Camp				
Miscellaneous				
Mobile Home Parks				
OSTDS - Construction				

OSTDS - Service & Operating				
Rabies				
Swimming Pools				
Tanning				
Tattoos				
Nuisance Complaints				

A116) Requirements for providing flexible and configurable reporting are provided in Attachment D. Specific reporting needs will be dependent upon the solution. The current solution provides hundreds of reports, customized by county and program.

Q117) In Attachment C- page 10. Assuming only the statewide forms are in-scope?

A117) Yes.

Q118) In Attachment C- page 10. "Staff Certifications"- please confirm the solution is only tracking the certification and continuing education credits and the solution is not a full learning management system (LMS).

A118) Yes. We are not seeking an LMS.

Q119) In Attachment C, page 12, "Data Sharing" for the listed entities; Please describe and include the type and technology of the interface.

A119) See answer to Q24.

Q120) In Attachment C, page 13 "there are over 50,000 user profiles." Please explain, is that the number of users?

A120) See answer to Q21.

Q121) In Attachment C- page 14/ Attachment F page 1- For attachments, are they stored within the SQL Server or within the File Server? If the file server, how are they indexed/related?

A121) See answer to Q123.

Q122) In Attachment F- page 1 & 2- please provide the minimum and also required data scope that must be converted:

- Active data (Yes/No)
- Historical data (Yes/No)
- Support data (Yes/No)
- Audit Trails (Yes/No)
- Report Data (Yes/No)
- "Files", such as Word, PDF, etc. (Yes/No)

For each program areas:

- Entities (Yes/No)
- History (Yes/No)
- Billing (Yes/No)
- Inspections (Yes/No)
- Notes (Yes/No)

A122) Utilizing the information provided in Attachment F and Attachment C, describe your approach, plan and recommendation.

Q123) In Attachment F- page 1, in reference to the statement from the data conversion approach and plan document stating: "In addition to SQL tables, there are more than 2 million data files generated by the system or attached to entities. Such relationships must be maintained. Files may include, but are not limited to, Word documents, photographs, blueprints, and PDFs."

- What is the current storage platform for the generated or attached data files?
- What is the current total size of the files?
- Are they within the required data conversion scope?

A123) a. Generally, Windows file shares.

- **The current system has 3 mechanisms for storing documents:**
 - **Items printed within EHD are saved on the EHD web server as a PDF. These have the EntityID within the name of the file created so that they can be associated with the Permit that is linked to that EntityID.**
 - **Permits printed from Online Billing are saved on the Online Billing web server as a PDF. The name of the PDF contains the EntityID, but there is also a table that links the permit to the name of the PDF.**
 - **Documents uploaded to a permit within EHD are added to the database using SQL filestream. The table that stores the document information contains the associated EntityID.**

b. Current total size is 104 GB for the filestream files, 164 GB for the items printed from EHD, and 60 GB for the permits printed from Online Billing

c. Please provide your approach, plan and recommendations for file access.

Q124) In Attachment F- page 1 & 2- Please confirm all data for the state and 67 county data is also included within the same SQL server.

A124) All data is centralized.

Q125) In Attachment F- please provide additional details on the database, database schema or other related details.

A125) Please utilize information in Attachment C and Attachment F to describe your approach, plan, and recommendations for data conversion.

Q126) In Attachment I & K – for the 67 county health departments, will all participate/use in the new solution?

A126) Yes.

Q127) In Attachment I- is the departments intent to have the selected vendor travel to any/all/or specific county health departments? In addition the central office is there any additional state offices that will require training/support?

A127) Provide your approach, plan, and recommendations with regard to training, consistent with your pricing.

Q128) In Attachment I- Will the 67 county health departments actively participate within the project? If so to what level is it anticipated?

A128) Representatives of the 67 county health departments will be involved.

Q129) In Attachment D: 2.02- please describe the current process. Is this an automated process of scanning and relating the information to the entity record?

A129) This is a manual scan and upload by the user.

Q130) In Attachment D: 3.16- is this a batch process or handled by running a report by a user?

A130) This is a batch process that creates a daily automated export of transactions to send to FLAIR.

Q131) In Attachment D: T1 & T2- What type of SSO is used and is there an established state process for external users?

A131) See answer to Q41 related to internal users (T1). Requirement T2 does not involve a SSO solution.

Q132) In Attachment D: S-14- based on the distributed user community around the state. Is the state open to alternative approaches in lieu of a 60 day onsite?

A132) See answer to Q44 related to the number of days.

Q133) Per the instructions: "Provide a fixed monthly cost for system support, maintenance, upgrade, operations. If necessary, itemize the costs in the table provided."

- We assume this is referring to the "System and Operations Costs" section.
- We assume this also amount also includes listing the hosting cost
- Does the department mean:

"Provide a fixed monthly cost for **System and Operations Costs' for hosting**, maintenance, upgrade, operations, etc. If necessary, itemize the costs in the table provided."

A133) Yes. Your interpretation reflects our intent.

Q134) Support after implementation permits for escalation: Can the department add an entry for a blended, single hourly rate for additional work such as in the example below?

Year 1 - Support after Implementation	
Item	Monthly Cost
Service Desk	
Provide a blended, single hourly rate for additional work.	
System and Operations Costs	
Includes: Performance Reporting Data Extract and Delivery Bug Tracking and Review Change Request Tracking	

A134) A blended hourly rate entry field is provided in Attachment N in the section titled "Hourly Rate for Adds and Changes". This is for post-implementation work.

Q135) The system will incorporate the fields currently customized by each county. Each county may identify up to 10 fields for usage by all programs.

- a. Who is accessing the fields?
- b. How is the county determined?
- c. What is the workflow for accessing these fields?

A135) a. County administrator will set up the fields. All CHD users can populate the data.

b. County is set by user access.

c. In the current system, once a county field has been set up (description added), that field is available on the data entry screen for each entity for that county. The current system provides search on these fields.

Q136) The system will provide a method of changing information for multiple entities from a single screen. Information to be changed will include responsible employee, inspection frequency, and billing schemes.

a. What type of records and how many updates will need to be made simultaneously?

b. What are the update parameters that need to be created ?

A136) a. As described, the changes would be mass updates to multiple entity records for specific data such as associated responsible employee, frequency of inspection or billing scheme. This is infrequent, but can be any number of records within the scope of a particular program and county

b. Program type, program subtype, county, responsible employee, billing scheme, inspection frequency.

Q137) The system will allow external documents including photographs, diagrams and letters to be attached to an action.

A137) Yes.

Q138) Is there going to be an external storage provider for large files/many files?

A138) This is not a part of the current electronic database system but can be proposed.

Q139) The system should display the latest test results and date for microbiological and chemical sampling for Limited Use Water.

a. What is the process for entering lab sample results?

b. Who needs to see this data?

A139) a. Manual entry by CHD staff.

b. All internal users.

Q140) The system will provide access for authorized users to septic tank manufacturers and their designs to maintain current availability and rankings.

a. Are authorized users portal users, or internal users?

b. How are manufacturers being tracked?

A140) a. These are Department of Health engineers that will be reviewing septic tank designs.

b. Currently, they are tracked in an Access database and the information provided to EHD for use in permitting.

Q141) The system will record approval data for each service area the entity provides.

a. Who approves?

b. How are the service areas identified?

A141) a. Health department staff review and approve these applications.

b. This is referring to type of service permit, such as Maintenance Entity, Septage Disposal, Septic Tank Manufacturing, etc.

Q142) The system will allow the creation and maintenance of building-specific details including residential or commercial, number of occupants and bedrooms, and the building square footage. This information will be used in calculation of septic construction requirements.
a. Will the calculation of the septic construction need to be automated?

A142) Yes.

Q143) The system will perform calculations on the entered values and present minimum construction requirements for a proposed system on demand.
a. Will the calculation need to be available to external users?

A143) No. These calculations will only need to be provided to internal users.

Q144) The system will allow a hard-copy or electronic copy of an application to be scanned and related to the proper entity. Presentation and review of these applications will be consistent with the data entry copies.
a. What does a "Data Entry" application look like?

A144) The data entry application should reflect the data fields provided on the paper application form.

Q145) The system will allow the applicant to electronically sign new and renewal applications to attest to the data accuracy. The on-screen form will include the legal language required for the program and subtype of the entity.

a. Is there a Esign (electronic signature) provider and a form creation provider being evaluated?

A145) The current solution does not use a digital signature, but requires an online acknowledgment of accuracy.

Q146) The system will provide voice recognition that will accept inspection values and replicate on the form.

a. What type of voice recognition is required?

b. Voice to text or audio?

c. Where is the voice recognition being captured - Telephone? App?

d. Where would the file be stored?

A146) See answer to Q78.

Q147) The system will provide a line item invoice for any bill created within the system.

a. Are the invoices going to be created in Salesforce?

b. Or will an integration with external system be needed?

A147) There is no specific requirement for method.

Q148) The system shall provide a method for generating an invoice for a selected entity.

a. What system is My Florida EH Permits using to capture payments?

b. Will an active integration be needed?

c. If so, how often (frequency)?

d. Is this system going to be replaced?

e. Do you have a ERD (entity relationship diagram) developed yet? If so can we get that?

f. Do you have a flowchart developed yet? If so can we get that.

A148) a. Payments are captured through Bank of America's payment portal.

b. Yes.

c. Daily.

d. Yes, by the new solution.

e. We will not be developing an ERD for the new solution.

f. We will not be developing flowcharts for the new solution.

Q149) The system will allow the addition of a late fee if an invoice is not paid by the due date.

a. Is there an existing invoicing application?

A149) The existing solution includes invoicing and payments.

Q150) The system will provide citizens access to the electronic payment portal to view invoices and pay them via the authorized banking system for Florida state agencies.

a. What is the Authorized banking system for Florida state agencies?

b. Will "Citizens" need a community license to access invoices?

c. Can you define "citizens"?

A150) a. Bank of America.

b. Under the current system, invoices are mailed or emailed to the user and available through our online payment portal. These citizens would need access to invoices within the new solution.

c. Residents or businesses in the State of Florida who have a business relationship with the Bureau of Environmental Health.

Q151) The system will accept credit cards, debit cards, electronic checks, and ACH payments that are consistent with the banking system and Florida requirements.

a. Integration with banking system?

A151) Online payment transaction are handled by the state-approved banking system, currently Bank of America. The Department does not collect any credit card information, but has a pass-through relationship with Bank of America.

Q152) The system will create a transaction report to relay payments and distribution codes to the Florida Accounting Information Resource System.

a. Will there be an active integration with Florida Accounting Information Resource System?

A152) No. Integration with FLAIR is through passing flat files.

Q153) The system will create a cash drawer report for each county and/or each county site. The report will allow the user to include onsite only, online only, or both payment types for a specified date.

a. Is this based on integration with payment gateway?

A153) The current solution generates this report from internal billing and payment information. Any information from the payment portal is reflected in this report.

Q154) The system will maintain latitude and longitude coordinates for a business' physical location and for the specified facility (i.e., pools, spas, septic systems) which are entered manually, or using a GIS location instrument, or by interaction with an address/coordinates application (ex. Accumail).

a. Is there a required integration with Address Coordinate Application?

b. Does the address need to be verified?

c. If so, by what measure?

A154) a. Yes.

b. Yes.

c. We are currently using ESRI ArcGIS, Accumail, and ESRI Streetmaps. Address verification would be expected to allow for mapping.

Q155) The system will provide a map of multiple entities as selected by the user.

a. Is there a route mapping application that is preferred? (i.e. MapAnything) or is this custom development?

A155) We anticipated using Google maps but are seeking a recommended solution.

Q156) Are entry screens / checklist / policies the same for all counties (excepting per-County custom fields)?

A156) The entry screens and application functionality are the same for all counties. Counties have the ability to create their own fees and fee schemes. Policies may vary between counties, but all counties use the current solution.

Q157) Will inspectors in the field be granted commercial wireless / Internet connectivity for most of their working day?

A157) At the current time some, but not all, field staff have this service. See answer to Question 38.

Q158) Functional Requirement 2.39 describes an "electronic submission." Is this an interface to an external system, a pre-defined upload format, an email, or other? Please clarify.

A158) Requirement 2.39 does not reference electronic submissions. 2.38 does and refers to an attachment sent via email or other data transfer mechanism.

Q159) The RFP title page states "I hereby certify that my company, its employees, and its principals agree to abide to all of the terms, conditions, provisions, and specifications during the competitive solicitation and any resulting contract...". Furthermore, item 9 on page 5 of the Instructions to Respondents states "The product offered by the Respondent will conform to the specifications without exception." Please clarify if DOH will automatically disqualify vendor proposals that include exceptions to select terms and conditions.

A159) Because this solicitation is an Invitation to Negotiate, a reply will not be automatically disqualified if it includes exceptions to select terms and conditions.

Q160) Please clarify item 14 – Transaction Fee on page 5 of the General Contract Conditions. If our firm is selected for this project, does this mean that every time we are paid by the State, the State takes back 1% of the total amount? Or does this apply to users of the new system through our citizen-facing portal, where when the customer pays for a permit or a license renewal, they pay the 1% transaction fee to the State? Or is the selected vendor responsible for passing 1% back to the State from every transaction?

A160) The successful Respondent will be responsible for the transaction fee.

Q161) For the users listed in Attachment I, please clarify if the 1,100 data entry personnel includes all the other listed users (100 data custodians, 15 statewide personnel, 8 administrators, 500+ EH specialists) or if each of those is in addition to the 1,100 data entry personnel? In other words, are any of the listed group counts independent of all the others or included with others?

A161) All of these user types are included in the 1100 user count.

Q162) Please list all interfaces/integrations required to or from the selected system, if any, including:

- a. Direction (one-way or two-way)
- b. Frequency (batch or real-time)

A162) Please see the answer to Q24.

Q163) Attachment C describes how important GIS data is to the success of DOH's mission. What is DOH's existing/preferred GIS web service?

A163) We are currently using ESRI ArcGIS Online and some of their associated services such as Collector and Survey 1-2-3.

Q164) What is DOH's existing/preferred online payment adapter?

A164) Please see the answer to Question 39.

Q165) What is DOH's existing/preferred electronic document management system (EDMS)?

A165) We do not use an existing COTS EDMS. We manage documents in file shares by application automation.

Q166) Functional requirement 3.14 states "The system will provide a reconciliation process for financial staff to use to verify deposits received from the banking institution." What is DOH's existing/preferred financial system?

A166) Today, reconciliation is performed within the current application. The Department uses the state's FLAIR system, but that is not used to reconcile deposits. The Department has no other financial reconciliation system.

Q167) Does DOH have any scheduled holidays near the proposal submission deadline when shipments will not be accepted?

A167) No.

Q168) Please identify instances where any State employee has viewed or discussed a potential software application like the one being solicited in this RFP in the last 24 months.

A168) This question is outside the scope of this ITN.

Q169) Please name the vendor(s), dates of contact and describe the nature of the contacts including whether pricing was discussed.

A169) This question is outside the scope of this ITN.

Q170) Please state DOH's desired implementation timeframe (project start to go-live).

A170) See answer to Question 14.

Q172) Is our understanding that EHD, OBP and the EHD mobile application all are to be replaced by the future system?

A172) Yes.

Q173) Is it correct that the current way for entities to apply for permit is using paper forms?

A173) Applications for new permits are currently submitted as a paper form. Renewals can be handled as electronic submissions.

Q174) Does it require for the future mobile application to work standalone without connecting to the internet? Or Does it only need to be accessed remotely for inspection data entry with internet connection?

A174) See answers to Q28 and Q38.

Q175) How many different number of forms are currently being used in the entire system? (including permit applications, inspection forms, complaints forms etc)

A175) See answer to Q19.

Q176) How is the data share happening with the other agencies mentioned in the ITN? Is there an interface or is it file based?

A176) See answer to Q24.

Q177) It is mentioned that are over 50,000 user profiles. Does it mean there are currently 50,000 users accounts in the system and all of them would need access to the future system?

A177) See answer to Q21.

Q178) How many users from the CHD will need access to the future application?

A178) There are approximately 1100 total DOH user accounts in the current system.

Q179) How many other DOH users will need access?

A179) See answer to question 178.

Q180) From the Training plan requirements, we see that the different types of users and their counts. Is the total internal users ~1700+?

A180) See answer to Question 178.

Q181) As part of data migration, are documents required to be migrated into the new application as well? If so what is the approximate count/volume in terms of size?

A181) All documents will need to be accessible through the new solution. Current total volume is 104 GB for the filestream files, 164 GB for the items printed from EHD, and 60 GB for the permits printed from Online Billing

Q182) Is the department looking for a integrated document management repository?

A182) The solution should provide at least minimal document management.

Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Supplemental to ITN

SAMPLE OF REPORTS AND SCREENSHOTS

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Inspection Reports

Swimming Pools

PUBLIC POOL AND BATHING PLACE

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC POOL AND BATHING PLACE



PURPOSE:

ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY EPIDEMIOLOGY
 OTHER

NAME OF POOL _____
ADDRESS _____ **CITY** _____
OWNER _____ **ZIP** _____
PERSON IN CHARGE _____ **PHONE** _____
POOL OPERATOR _____ **PHONE** _____

BEGIN	END	DATE	POSITION #	PERMIT NUMBER	POOL TYPE
9:35 am	10:10 am	05/26/2017	_____	_____	<input checked="" type="checkbox"/> Swim. Pool <input type="checkbox"/> Spa <input type="checkbox"/> Wading Pool <input type="checkbox"/> Spec. Purpose <input type="checkbox"/> Water Activity <input type="checkbox"/> Rec. Attract. <input type="checkbox"/> Bathing Place <input type="checkbox"/> Other: _____

RESULTS

Satisfactory
 Incomplete
 Pool Closed
 Unsatisfactory

Correct Violations by

Next Inspection
 8:00 AM on: _____

DATE

OUT OF BUSINESS

Items marked below are not in compliance with the requirements of Chapter 64E-9 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-9 of the Florida Administrative Code and Chapters 386 and 514 of the Florida Statutes. Violations must be corrected as indicated in the Results section above or an administrative fine or other legal action.

POOL AREA <input type="checkbox"/> 1. Appearance/Algae Control <input type="checkbox"/> 2. Deck/Walkways <input type="checkbox"/> 3. Tile/Pool Finish <input type="checkbox"/> 4. Depth Markers <input type="checkbox"/> 5. Handrail/Ladder <input type="checkbox"/> 6. Step Markings <input type="checkbox"/> 7. Main Drain Grate <input type="checkbox"/> 8. Gutter Grates/Skimmer <input type="checkbox"/> 9. Lighting <input type="checkbox"/> 10. No Dive Markings <input type="checkbox"/> 11. Diving Board <input type="checkbox"/> 12. Pool Cover <input type="checkbox"/> 13. Pool Side Shower	POOL SAFETY <input type="checkbox"/> 14. Life Hook w/Pole <input type="checkbox"/> 15. Life Ring w/Rope <input type="checkbox"/> 16. Safety Line/2" Markings <input type="checkbox"/> 17. Rules Posted <input type="checkbox"/> 18. Certification SANITARY FACILITIES <input type="checkbox"/> 19. Supplies <input type="checkbox"/> 20. Clean WATER QUALITY <input type="checkbox"/> 21. Approved Test Kit <input type="checkbox"/> 22. Free Chlorine/Bromine _____ <input type="checkbox"/> 23. pH _____ <input type="checkbox"/> 24. Chlorine Stabilizer _____	<input type="checkbox"/> 25. Spa Requirements EQUIPMENT ROOM <input type="checkbox"/> 26. Wading Pool: Quick Dump <input type="checkbox"/> 27. Water Level/Control <input type="checkbox"/> 28. Disinfection Feeder <input type="checkbox"/> 29. pH Feeder <input type="checkbox"/> 30. Chem. Container Label <input type="checkbox"/> 31. Filter Pump <input type="checkbox"/> 32. Vacuum Cleaner <input type="checkbox"/> 33. Flowmeter <input type="checkbox"/> 34. Thermometer _____ <input type="checkbox"/> 35. Pressure/Vacuum Gauge <input type="checkbox"/> 36. Equip. Room	<input type="checkbox"/> 37. Cross Connection <input type="checkbox"/> 38. Gas Chlorine Equip. <input type="checkbox"/> 39. Waste Water Disposal <input type="checkbox"/> 40. D.E. Separator <input type="checkbox"/> 41. Other Equipment <input type="checkbox"/> 42. Equipment Change <input type="checkbox"/> 43. Approved Chemicals <input type="checkbox"/> 44. Maintenance Log <input type="checkbox"/> 45. Inspection Posted <input type="checkbox"/> 46. Electrical Equipment <input type="checkbox"/> 47. Fences <input type="checkbox"/> 48. Other <input type="checkbox"/> 49. Other	POOL SPECIFICATIONS VOLUME 20,300 POOL LOAD 17 FLOW RATE 85 FILTER TYPE Cartridge, Pressure
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It is unlawful to modify any public pool or its equipment without first having obtained approval from the department.

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	See Comments on Next Page

HEALTH DEPARTMENT INSPECTOR: _____ **PHONE:** _____

Permit Number: _____ Inspection Date: 05/26/2017

DH Form 520 JUN 04 (Obsoletes Previous Editions) CHD/HEADQUARTERS

PUBLIC POOL AND BATHING PLACE

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC POOL AND BATHING PLACE



PURPOSE:

- ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY EPIDEMIOLOGY
 OTHER

COPY OF REPORT RECEIVED BY: Signed DATE: 05/26/2017

Facility Name: [REDACTED]

ITEM NUMBERS **COMMENTS AND INSTRUCTIONS**

15. Life Ring(s) w/Rope no life ring in pool area-----corrected at inspection
CODE REFERENCE: Life Ring with Rope. 64E-9.008(3). An 18 inch diameter lifesaving ring with sufficient rope attached to reach all parts of the pool must be provided. The rope must be in good condition, free of frays. The ring must be fully accessible, visible and not tied down or locked. Pools over 50 feet in length must have a lifesaving ring along each of the longer sides of the pool.

Inspector Comments: No Email Addresses Available

Permit Number: [REDACTED]
DH Form 920 JUN 04 (Obsoletes Previous Editions)

Inspection Date: 05/26/2017


Page 2 of 2
CHD/HEADQUARTERS

Biomedical Waste

BIOMEDICAL WASTE - BIOMEDICAL WASTE

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
 INSPECTION REPORT



PURPOSE:

ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY EPIDEMIOLOGY
 OTHER

NAME	[REDACTED]		
ADDRESS	[REDACTED]		CITY
OWNER	[REDACTED]		ZIP
PERSON IN CHARGE	[REDACTED]		PHONE

BEGIN	END	DATE	POSITION #	PERMIT NUMBER	TYPE
1:20 pm	1:55 pm	05/09/2017	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> General <input type="checkbox"/> Transport <input type="checkbox"/> Store <input type="checkbox"/> Treat <input type="checkbox"/> Other

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by

Next Inspection
 8:00 AM on:
 Letter of Compliance by:

DATE

[REDACTED]

Out of Business

<input type="checkbox"/> Hospital	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Osteopath	<input type="checkbox"/> Clinical Laboratory	<input type="checkbox"/> Abortion Clinic
<input type="checkbox"/> Funeral Home	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Dentist	<input type="checkbox"/> Home Health	<input type="checkbox"/> SurgCenter/Walk-i	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dialysis Clinic	<input type="checkbox"/> Tattoo/Body Pierce	<input type="checkbox"/> Podiatrist	<input checked="" type="checkbox"/> State Laboratory/Clin	<input type="checkbox"/> Blood Bank	

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will

<input type="checkbox"/> 1. Permit/Exemption/Registration	<input type="checkbox"/> 5. Segregation	<input type="checkbox"/> 9. Labeling	<input type="checkbox"/> 12. Other _____
<input type="checkbox"/> 2. Written Plan	<input type="checkbox"/> 6. Containers	<input type="checkbox"/> 10. Transfer/Transport	
<input type="checkbox"/> 3. Training	<input type="checkbox"/> 7. Storage	<input type="checkbox"/> 11. Treatment Method:	
<input type="checkbox"/> 4. Records	<input type="checkbox"/> 8. Transport Vehicle(s)		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	No Comments for this inspection

HEALTH DEPARTMENT INSPECTOR: [REDACTED] PHONE: [REDACTED]

Permit Number [REDACTED] Inspection Date: 05/09/2017 Page 1 of 2

DH Form 4085, 1/05 (Obsoletes Previous Editions) CHD/HEADQUARTERS

BIOMEDICAL WASTE - BIOMEDICAL WASTE

STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT

BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT



PURPOSE:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCT. | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> EPIDEMIOLOGY |
| <input type="checkbox"/> OTHER | |

COPY OF REPORT RECEIVED BY: Signed DATE: 5/9/2017

Permit Number: [REDACTED]
DH Form 4085, 1/05 (Obsoletes Previous Editions)

Inspection Date: 05/09/2017

Page 2 of 2

CHD/HEADQUARTERS

Mobile Home Parks


MOBILE HOME

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

MOBILE HOME, LODGING, RECREATIONAL VEHICLE PARK, RECREATIONAL CAMP,

MOBILE HOME

MOBILE HOME



PURPOSE:

ROUTINE REINSPECTION

CONSTRUCT. NEW

COMPLAINT CHANGE OF OWNER

QA SURVEY

OTHER

TYPE:

MIGRANT PARK

MOBILE HOME PARK

LODGING PARK

RECREATIONAL VEHICLE PARK

RECREATIONAL CAMP

NAME OF PARK OR CAMP _____

ADDRESS _____ **CITY** _____

OWNER _____ **ZIP** _____

PERSON IN CHARGE _____ **PHONE** _____

RESULTS

Satisfactory

Incomplete

Unsatisfactory

Correct Violations by

Next Inspection

8:00 AM on:

DATE

OUT OF BUSINESS

BEGIN	END	DATE
2:00 pm	2:30 pm	03/11/2016

POSITION #

PERMIT NUMBER

PERMITTED SPACES	
MH	0
RV	30
Tent	0
PERMITTED BEDS	
Cabins	0
Barracks	0
Other Housing	0

Items marked below are not in compliance with the requirements of Chapter 64E-15 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-15 of the Florida Administrative Code and Chapters 381, 385 and 513 of the Florida Statutes. Violations must be corrected as indicated in the Results section above or an administrative fine or other legal action may be taken.

<p>SITE AND LAYOUT</p> <p><input type="checkbox"/> 1.Drainage</p> <p><input type="checkbox"/> 2.Space Size</p> <p><input type="checkbox"/> 3.Density</p> <p><input type="checkbox"/> 4.Roads</p> <p><input type="checkbox"/> 5.Setbacks</p> <p>DRINKING WATER</p> <p><input type="checkbox"/> 6.Approved System</p> <p><input type="checkbox"/> 7.Distribution System</p> <p><input type="checkbox"/> 8.Bact./Chem. Samples</p> <p><input checked="" type="checkbox"/> 9.Backflow Prevention</p> <p><input type="checkbox"/> 10.Water Stations</p>	<p>SEWAGE DISPOSAL</p> <p><input type="checkbox"/> 11.Approved System</p> <p><input type="checkbox"/> 12.Plumbing</p> <p><input type="checkbox"/> 13.Dump Stations</p> <p><input type="checkbox"/> 14.Septic Tanks</p> <p>SANITARY FACILITIES</p> <p><input type="checkbox"/> 15.Adequate(1993)</p> <p><input type="checkbox"/> 16.Ratio</p> <p><input type="checkbox"/> 17.Repair</p> <p>GARBAGE AND REFUSE DISPOSAL</p> <p><input type="checkbox"/> 18.Storage</p> <p><input type="checkbox"/> 19.Collection/Disposal</p>	<p>VERMIN CONTROL</p> <p><input checked="" type="checkbox"/> 20.Harborage</p> <p><input type="checkbox"/> 21.Extermination</p> <p>RECREATIONAL CAMPS**</p> <p><input type="checkbox"/> 22.Site</p> <p><input type="checkbox"/> 23.Shelters</p> <p><input type="checkbox"/> 24.Heating</p> <p><input type="checkbox"/> 25.Wiring</p> <p><input type="checkbox"/> 26.Beds and Bedding</p> <p><input type="checkbox"/> 27.Food Service</p> <p><input type="checkbox"/> 28.Sanitary Facilities</p> <p><input type="checkbox"/> 29.Water Supply</p> <p><input type="checkbox"/> 30.Sewage</p>	<p><input type="checkbox"/> 31.911#</p> <p><input type="checkbox"/> 32.Disease Control</p> <p><input type="checkbox"/> 38.513,FS,Available</p> <p>OTHER STATE</p> <p><input type="checkbox"/> 39. _____</p> <p><input type="checkbox"/> 40. _____</p> <p><input type="checkbox"/> 41. _____</p> <p><input type="checkbox"/> 42. _____</p> <p><input type="checkbox"/> 43. _____</p> <p>OTHER LOCAL</p> <p><input type="checkbox"/> 44. _____</p> <p><input type="checkbox"/> 45. _____</p> <p><input type="checkbox"/> 46. _____</p>
--	--	--	--

It is unlawful to modify any Mobile home, Lodging, RV Park, Recreational Camp and Migrant Park without first having obtained approval from the department.

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	See Comments on Next Page

HEALTH DEPARTMENT INSPECTOR: _____

PHONE: _____

COPY OF REPORT RECEIVED BY: Signed _____

DATE: 03/11/2016

Permit Number: _____

Inspection Date: 03/11/2016

Page 1 of 2

DH Form 4039, 1/05 (Obsoletes Previous Edition and HRS-H form 4036)

CHD/HEADQUARTERS

MOBILE HOME

MOBILE HOME

MOBILE HOME

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

MOBILE HOME, LODGING, RECREATIONAL VEHICLE PARK, RECREATIONAL CAMP,



PURPOSE:

- ROUTINE
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- OTHER
- REINSPECTION
- NEW
- CHANGE OF OWNER

TYPE:

- MIGRANT PARK
- MOBILE HOME PARK
- LODGING PARK
- RECREATIONAL VEHICLE PARK
- RECREATIONAL CAMP

Facility Name: [REDACTED]

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS
20. Harborage	Harborage condition observed at the recycling dumpster in the dump station area. there are multiple green trash bags with aluminum cans in them on the ground behind the dumpster. i also observed one of those bags was torn and had signs of old food in it. This creates rodents and harborage conditions. please remove trash from ground around recycling dumpster. Harborage: 64E-15.008. The premises are free from rat harborage and rats.
9. Backflow Prevention	Observed no back flow prevention on hose bibs at the following station numbers; # 4,8,12,13,18, dumpstation hose. please place back prevention on hose bibs Backflow Prevention: 64E-15.003(2)(3)(a). Back flow or back siphonage devices are installed in the water distribution line connecting from the main to the unit in new facilities.

Inspector Comments: A new permit application has been received with updated address to mail invoices.

Permit Number: [REDACTED]

Inspection Date: 03/11/2016

Page 2 of 2

DH Form 4039, 1/05 (Obsoletes Previous Edition and HRS-H form 4036)

CHD/HEADQUARTERS

Tattooing

TATTOO ESTABLISHMENT

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
TATTOO ESTABLISHMENT



PURPOSE:

- ROUTINE REINSPECTION
 CONSTRUCT. CONSULTATION
 COMPLAINT EPIDEMIOLOGY
 QA SURVEY
 OTHER

TYPE: Fixed Location

NAME _____
ADDRESS _____ **CITY** _____
OWNER _____ **ZIP** _____
 Person in Charge _____ **PHONE** _____
EMAIL _____

RESULTS

- Satisfactory
 Incomplete
 Stop Use Issued
 Unsatisfactory
 Correct Violations by
 Next Inspection
 8:00 AM on: _____
 Re-Inspection Date

 OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
3:30 pm	3:39 pm	07/26/2017	_____	_____

Items marked below are not in compliance with the requirements of Chapter 64E-28 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-28 of the Florida Administrative Code and Chapters 381 and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above or an administrative fine or other legal action will be initiated.

Premises

- | | | |
|--|---|--|
| <input type="checkbox"/> 1. Local Codes | <input type="checkbox"/> 13. Animals | <input type="checkbox"/> 23. Gloving |
| <input type="checkbox"/> 2. Walls | <input type="checkbox"/> 14. Water Supply | <input type="checkbox"/> 24. Tattoo Procedure |
| <input checked="" type="checkbox"/> 3. Floors | <input type="checkbox"/> 15. Sewage Disposal | <input type="checkbox"/> 25. Aftercare |
| <input type="checkbox"/> 4. Ceilings | Sanitation/Sterilization | License/Fees |
| <input type="checkbox"/> 5. Work Surfaces | <input type="checkbox"/> 16. Surface Disinfection | <input type="checkbox"/> 26. Establishment License |
| <input type="checkbox"/> 6. Labels | <input type="checkbox"/> 17. Autoclave | <input type="checkbox"/> 27. Employee Records |
| <input type="checkbox"/> 7. No Eating/Drinking | <input type="checkbox"/> 18. Packages | <input type="checkbox"/> 28. Customer Records |
| <input type="checkbox"/> 8. Lighting | <input type="checkbox"/> 19. Equipment Storage | <input type="checkbox"/> 29. Sterilization/Autoclave Records |
| <input type="checkbox"/> 9. Hand sinks | <input type="checkbox"/> 20. Equipment Cleaning | <input type="checkbox"/> 30. Parental Consent |
| <input type="checkbox"/> 10. Restrooms | Tattooing | <input type="checkbox"/> 31. Artist License/Registration |
| <input type="checkbox"/> 11. Vermin Control | <input type="checkbox"/> 21. Handwashing | <input type="checkbox"/> 32. Other _____ |
| <input type="checkbox"/> 12. No Direct Opening | <input type="checkbox"/> 22. Skin Prep | |

Artist Name/License or Registration Number

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)

INSPECTION CONDUCTED BY: _____ PHONE: _____
 INSPECTION COND SIGNATURE: _____ PHONE: _____
 COPY OF REPORT RECEIVED BY: Signed _____ DATE: 07/26/2017

Permit Number: _____ Inspection Date: 07/26/2017 Page 1 of 2
DH Form 4153, 1/12 CHD/HEADQUARTERS

TATTOO ESTABLISHMENT

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
TATTOO ESTABLISHMENT



PURPOSE:

- ROUTINE REINSPECTION
 CONSTRUCT. CONSULTATION
 COMPLAINT EPIDEMIOLOGY
 QA SURVEY
 OTHER

TYPE: Fixed Location

Name: [REDACTED]

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS
3. Floors	Observed holes and peeling paint on cement floor, repair holes and paint or seal floor with non-absorbent material. CODE REFERENCE: Floors. 64E-28.007(1), 64E-28.008(2). Shall be clean and in good repair. Shall be constructed of non absorbent, easily cleanable materials in tattooing area, where items are cleaned and sterilized, and restrooms.
Inspector Comments:	[REDACTED] At time of re-inspection passing spore test dated 7/20/17 provided for pelton and crane sterilizer A4-45612. At this time violation has been corrected. Stop use removed from autoclave.

INSPECTION CONDUCTED BY: [REDACTED] PHONE: [REDACTED]
INSPECTION COND SIGNATURE: _____ PHONE: _____
COPY OF REPORT RECEIVED BY: Signed DATE: 07/26/2017

Permit Number: [REDACTED] Inspection Date: 07/26/2017 Page 2 of 2
DH Form 4153, 1/12 CHD/HEADQUARTERS


Manage Actions/Cases module

Manage Actions/Cases

Name of Facility	Jamie Marie Microblading LLC		
Location Address	1012 Margaret Studio 108 St Unit 16, Jacksonville FL 32204		
Status	Active	Permit #	16-44-1745606
Program Name	Tattoos	Subtype	Fixed Location

Operating Permit Under Review (System automatically saves)

▾

Date	Type	Owner	Case	NC		
2/28/2018	Letter of Intent	Jamie Marie Microblading LLC	<input type="checkbox"/>	<input type="checkbox"/>		

On this screen users can:

- Set Operating Permit Under Review flag.
- Select New Action to create a complaint investigation.
- Select the pencil icon to update an existing action.
- Select the red X to delete an existing action.
- Select an action record to update Case information.

Complaint Investigations program

Complaint Investigation Profile

Complaint Investigation Number

Location Information
Facility Permit #
16- 44 - 1745606
Company Name
 Non Public Record
First Name **Middle Name** **Last Name** **Suffix**

Street # **Pre Dir.** ***Street Name** **Suffix** **Post Dir.**

Unit Name **Unit #** **City** **State** ***Zip** **+4**
 FL -
Directions

Property ID ***Complaint Status** **Complaint Issue**
 New
***Complaint Program**

***Date** **Time**
2/28/2018
***Sanitarian** ***Complaint Taken By** ***Reported Method**

Date Investigated **Legal Notice** **Date Completed**

Description

Owner's Information

Company Name Non Public Record

First Name Middle Name Last Name Suffix

NOTE: If an address is entered then Street Name and Zip Code are required.

Street # Pre Dir. *Street Name Suffix Post Dir.

Unit Name Unit # City State *Zip +4

Area Code Phone # - Extension

FL -

Occupant's Information

Same As Location Information

Company Name Non Public Record

First Name Middle Name Last Name Suffix

NOTE: If an address is entered then Street Name and Zip Code are required.

Street # Pre Dir. *Street Name Suffix Post Dir.

Unit Name Unit # City State *Zip +4

Area Code Phone # - Extension

FL -

Complainant's Information

Company Name Non Public Record

First Name Middle Name Last Name Suffix

NOTE: If an address is entered then Street Name and Zip Code are required.

Street # Pre Dir. *Street Name Suffix Post Dir.

Unit Name Unit # City State *Zip +4

Area Code Phone # - Extension

FL -

County Custom Fields

Type of Facility/No Food?

Save Complaint

[Return To Top](#)

Rabies Investigation program

Create new Rabies Investigation

Create Rabies Investigation

***Program Subtype** Rabias **Centrax Permit#**

***Date Reported** 2/28/2018 

Victim Information

NOTE: Either Victim or First & Last Name, Victim Address, Attack Location, or Animal Owner are required.

***Victim**

Prefix ***First Name** **Middle Name** ***Last Name** **Suffix**

Country Code **Area Code** **Phone #** **Extension**

***Address Type** Mailing **Attention**

Street # **Pre Dir.** ***Street Name** **Suffix** **Post Dir.**

Unit Name **Unit #** **City** **State** ***Zip** **+4**

Attack Location

***Address Type** Location **Attention**

Street # **Pre Dir.** ***Street Name** **Suffix** **Post Dir.**

Unit Name **Unit #** **City** **State** ***Zip** **+4**

Animal Owner's Information

First Name **Last Name**

Company Name

Mailing Address

Home Phone # **Ext:**

Email

Save Rabies

Rabies Program Details screen



Program Details





Victim	[REDACTED]		
Victim Address	[REDACTED]		
Status	Active	Permit #	[REDACTED]
Program Name	Rabies	Subtype	Rabies

Current Application Date: 06/14/2017

Category	Type	Detail Info	Additional Info
Victim Information	Victim Type	Human <input type="button" value="v"/>	
	Sex	Male <input type="button" value="v"/>	
	Age	9	
	Victim's Parent (If Minor)	[REDACTED]	
Reference Numbers	Case Number		
	Animal Service Number		
	Merlin Case ID		
Reported Information	Source	Docotrs Memorial	
	Received By	[REDACTED]	
	Method	Fax <input type="button" value="v"/>	

+ 1 - Details of Animal Attack	Place of Attack	Animal Owner's Home <input type="button" value="v"/>	
	Date of Bite	6/13/2017 <input type="button" value="calendar"/>	
	Time of Attack (HH:MM)	06:00	
	Time of Attack - AM/PM	P.M. <input type="button" value="v"/>	
	Circumstance	Provoked (Playful) <input type="button" value="v"/>	Circumstance Description: <input type="text"/>
	Type of Exposure	Bite <input type="button" value="v"/>	
	Was this a High Risk Exposure	<input type="button" value="v"/>	

Animal Identification	Animal Type	Dog/Canine	▼
	Animal Category		▼
	Altered Status		▼
	Sex		▼
	Age		▼
	Breed		▼
	Color/Description		
	License #		
	Date of License		
	License Issued from		
	Prior Bites		▼
	Where were Prior Bites Recorded		
	When were Prior Bites Recorded		

Animal Vaccination	Vaccinated Against Rabies?		▼
	Name of Veterinarian		
	Vaccination Date		
	Rabies Tag #		
Animal Quarantine	Animal Observation		▼
	Quarantine Date		
	Quarantine Notice Signed?		▼
	Quarantine Isolation		▼
	Place of Quarantine		▼
	Quarantine - Address		
	Quarantine - City		
	Quarantine - State		
	Quarantine - Zip Code		
	Quarantined By		▼
	Quarantine - Observed From		
	Quarantine - Observed To		

Animal Death During Quarantine	Cause of Death	<input type="text" value=""/>	
	Date of Death	<input type="text" value=""/>	
	Symptoms	<input type="text" value=""/>	
Animal Released from Quarantine	Scheduled Date of Animal Release	<input type="text" value=""/>	
	Actual Release	<input type="text" value=""/>	
	Released By	<input type="text" value=""/>	
	Animal Seen by Vet	<input type="text" value=""/>	
Animal Review	Rabies Was	<input type="text" value=""/>	
	Head Exam	<input type="text" value=""/>	
Laboratory Results	Head Received Date	<input type="text" value=""/>	
	Head Received By	<input type="text" value=""/>	
	Result	<input type="text" value=""/>	
Case Closed/Victim Notified	Victim Notified Method	<input type="text" value=""/>	
	Victim Notified By	<input type="text" value=""/>	















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Limited Use Water

The Biological Sample Mass Entry form is used to enter multiple satisfactory bacteriological samples for different facilities.

Limited Use Mass Entry for Bacteriological Samples

This page is used to enter multiple satisfactory bacteriological samples for different facilities.

No.	Permit#	Lab#	Sample Date	Time(HH:MM) and AM or PM	Description	Sample Point	Lab Sample#	Sample Type	Chlorine Residual	Remarks	Copy Row
1		select		: AM	select			select			
2		select		: AM	select			select			
3		select		: AM	select			select			
4		select		: AM	select			select			
5		select		: AM	select			select			
6		select		: AM	select			select			
7		select		: AM	select			select			
8		select		: AM	select			select			
9		select		: AM	select			select			
10		select		: AM	select			select			
11		select		: AM	select			select			
12		select		: AM	select			select			
13		select		: AM	select			select			
14		select		: AM	select			select			
15		select		: AM	select			select			

Business Surveys

Program Details

Name of Facility	Valcoro Group LLC		
Location Address	1435 SW 87 Ave , Miami FL 33174		
Status	Active	Permit #	13-QC-972916
Program Name	OSTDS - Operating	Subtype	Performance Based

MAILING ADDRESS:

*Address Type	Attention					
Mailing	<input type="text"/>					
Street #	Pre Dir.	*Street Name		Suffix	Post Dir.	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Unit Name	Unit #	City	State	*Zip	+4	<input type="button" value="Reset"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	FL	<input type="text"/>	- <input type="text"/>	

LOCATION ADDRESS:

*Address Type	Attention					
Location	<input type="text"/>					
Street #	Pre Dir.	*Street Name		Suffix	Post Dir.	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Unit Name	Unit #	City	State	*Zip	+4	<input type="button" value="Reset"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	FL	<input type="text"/>	- <input type="text"/>	

Current Application Date: 11/02/2012

Category	Type	Detail Info	Additional Info
Business Survey	Business Name	<input type="text"/>	
	Date *	<input type="text"/>	
	Status	<input type="text"/>	

Business	How many employees will use this facility?	<input type="text"/>	
	What time does business open? (HH:MM)	<input type="text"/>	
	AM/PM (Open)	<input type="text"/> ▼	
	What time does business close? (HH:MM)	<input type="text"/>	
	AM/PM (Close)	<input type="text"/> ▼	
	Number of hours open per day	<input type="text"/>	
	Anticipated Flow	<input type="text"/>	
		Gallons/Day	
	Anticipated flow based on	<input type="text"/> ▼	
	Number of Toilets	<input type="text"/>	
	Number of Urinals	<input type="text"/>	
	Number of Hand Washing Sinks	<input type="text"/>	
	Number of Utility Sinks	<input type="text"/>	
	Number of Showers	<input type="text"/>	
	Number of Floor Drains	<input type="text"/>	
	Number of Other Equipment Drains	<input type="text"/>	
	What equipment is discharging to drains?	<input type="text"/>	
	Number of 2-Compartment Sinks	<input type="text"/>	
	Number of 3-Compartment Sinks	<input type="text"/>	
	Number of Laundry Facilities	<input type="text"/>	
	Number of Garbage Grinder/Disposals	<input type="text"/>	
	Commercial Dish Machines (heat sanitizing)	<input type="text"/>	
	Commercial Dish Machines (Chemical Sanitizing)	<input type="text"/>	
	Number of Can Washing Facilities	<input type="text"/>	
	Number of Other Sanitary Facilities	<input type="text"/>	
	Describe Other Facilities	<input type="text"/>	
	Describe the Business Activities	<input type="text"/>	

+	1 - List of Chemicals	Chemical Name	<input type="text"/>
		Quantity Used (Per Month)	<input type="text"/>
		Unit	<input type="text"/>
		Amount On Hand	<input type="text"/>
		Storage Method	<input type="text"/>
		Disposal Method	<input type="text"/>
		SIC Code	<input type="text"/>
+	1 - Waste Haulers	Waste Haulers	<input type="text"/>
		Type Of Waste Removed	<input type="text"/>
	Emergencies	How will spill emergencies be handled?	<input type="text"/>
	Business Survey Attestation	Signature	<input type="text"/>
		Date	<input type="text"/>

[Business Survey](#)

[Save Survey](#)

[Print Business Survey](#)

[Top of Page](#)

Program Application Forms

Body Piercing Salon



DOH use only:	
Check No. _____	Check Amount _____
Date Received _____	Receipt No. _____
License No. _____	Date Issued _____

Application for Body Piercing Salon License

A person operating a body piercing establishment is required to apply for an annual body piercing license and abide by the requirements of Chapter 64E-19, Florida Administrative Code (F.A.C.), and section 381.0075, Florida Statutes. The annual license fee or license renewal fee is \$150.00. When applying for an initial license or reactivation of an expired license at the beginning of the licensing period or for renewal, the full fee shall be paid. All other applicants, whether for initial licensure or reactivation of an expired license, shall pay a prorated fee based on the number of quarters left until September 30. Permits expire September 30 of each year. Fees must be received by the department within 30 days after receipt of written notification from the department that a fee is due. Failure to pay on time will result in the assessment of a late fee of \$100.00. The fee for a temporary establishment license is \$75.00.

Submit the following information on this form to your local county health department.

1. Application for (choose one): _____ New License _____ Renewal (License # _____)
(Applicant must be a legal entity, i.e.: individual, partnership, corporation, association, or public body)
2. Type of Salon _____ Fixed Location _____ Temporary Location (Dates) From _____ To _____
3. Salon Name: _____
4. Salon Address: _____
Street _____
City _____ State _____ Zip Code _____
5. Operator: _____ Telephone: () _____
6. Name of Licensee: _____
7. Mailing Address of Licensee: _____
Street _____
City _____ State _____ Zip Code _____
8. Business Phone: () _____ FAX Number: () _____
9. Name of Property Owner: _____
10. Mailing Address of Property Owner: _____
Street _____
City _____ State _____ Zip Code _____

The undersigned Licensee/Representative hereby agrees to operate the body piercing salon described in this application in accordance with the requirements of Section 381.0075, Florida Statutes, and Chapter 64E-19, F.A.C. The information contained in this application, which serves as a basis for licensure, is true and correct. I understand that any misrepresentation of the facts in this application, or failure to comply with sanitary standards, is grounds for denial, administrative fine or revocation of the body piercing license.

Name of Licensee/ Representative (print or type)

Signature of Licensee/ Representative

Date

Guest Tattoo Artist Registration



DH use only: Check No. _____	Check Amount _____
Date Received _____	Receipt No. _____
Facility Permit No. _____	Date Issued _____
Amended Application Only _____	Date Received _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
Authority 381.00775 Florida Statutes

Application for Guest Tattoo Artist Registration

Instructions: Do not leave any item blank. Enter "NA" for non-applicable items. For initial registration, submit the completed application to the county health department that has jurisdiction for the tattooing program in the county where the applicant practices or intends to practice tattooing. To select the county, type the following link into Internet browser: http://www.myfloridaeh.com/community/biomedical/county_coordinators.htm. This application must be accompanied by the following:

- Fee of \$35.00.
- A copy of a government-issued photo identification confirming at least 18 years of age (submit for initial registration only, not renewal).
- A copy of an active license, registration, or certification in another jurisdiction (submit for initial registration only, not renewal).
- A copy of a certificate of training proving completion of a course on blood-borne pathogens and communicable diseases, as specified in ss. 64E-28.004(1)(b), F.A.C., with having achieved a minimum score of at least 70% on the course examination. (submit for initial registration only, not renewal).

REGISTRATION IS VALID FOR UP TO 14 CONSECUTIVE DAYS.

Specify Dates: From _____ To _____ Type of Registration: ___ Initial ___ Renewal

Name of Applicant: _____

Residential Address of Applicant: _____
Street City State Zip Code

Mailing Address if Different: _____
P.O. Box or Street City State Zip Code

Phone Number: (____) _____ E-mail Address: _____@_____

Provide the following information for each tattoo establishment or temporary establishment where the applicant will be temporarily performing tattooing:

1. _____
Name of Licensed Establishment Department of Health License Number
2. _____
Name of Licensed Establishment Department of Health License Number

The undersigned Applicant hereby agrees to practice tattooing in compliance with ss. 381.00771-381.00791, F.S., and Chapter 64E-28, F.A.C., and exclusively at an establishment licensed under ss. 381.00771-381.00791, F.S., and Chapter 64E-28, F.A.C. The information contained in this application, which serves as a basis for registration, is true and correct. I understand that any misrepresentation of the facts in this application, or failure to comply with sanitary standards, is grounds for denial, administrative fine and/ or revocation of the tattoo registration. Further, I understand that obtaining or attempting to obtain a license or registration by means of fraud, misrepresentation, or concealment is committing a misdemeanor of the second degree punishable as provided in s. 775.082 or s. 775.083.

Name of Applicant (print or type) Date

Signature of Applicant

Migrant Labor Camp or Residential Migrant Housing Permit



APPLICATION FOR A MIGRANT LABOR CAMP OR RESIDENTIAL MIGRANT HOUSING PERMIT

Authority: Chapter 381.008-.00897, F.S., Chapter 64E-14, F.A.C.

Name of Operator: _____ Telephone: _____
Last First

Street Address: _____ City _____ State _____ Zip _____

Mailing Address (if different): _____
Street City State Zip

Doing Business As: _____
Company Name City State Zip

Name of Establishment: _____

Location of Establishment: _____
Address County

Period of Operation (please indicate the specific period of time the housing establishments will be operating) _____ / ____ / ____ to ____ / ____ / ____

Types of Housing Provided – Complete A and B based on the description of housing below:

A. Please indicate whether the housing being permitted is classified as a migrant labor camp or residential migrant housing based on the information given below. Mark "X" in the correct box.

1. If you are a Farm Labor Contractor, farmer, grower, or crew leader furnishing housing to your migrant or seasonal workers as an incidence of employment as living quarters whether or not rent is paid, please mark Migrant Labor Camp as the type of housing establishment being provided.
Migrant Labor Camp:

2. If you are not a Farm Labor Contractor, farmer, grower, or crew leader but you are renting, leasing or the owner of any buildings, structures, mobile homes or other types of housing establishments that is occupied by five or more migrant and seasonal workers, please mark Residential Migrant Housing as the type of housing establishment being provided. **Residential Migrant Housing:**

B. 1. Indicate the type of housing units provided and indicate the number of units for each (Mark "X" in the box(es)):

<input type="checkbox"/> Single family living units _____	<input type="checkbox"/> Duplexes _____
<input type="checkbox"/> Multi-family living units _____	<input type="checkbox"/> Triplexes _____
<input type="checkbox"/> Mobile homes _____	<input type="checkbox"/> HUD Housing _____
<input type="checkbox"/> Quadrplexes _____	<input type="checkbox"/> Apartments _____
<input type="checkbox"/> Rooming Houses _____	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Barracks _____	
<input type="checkbox"/> Dormitories _____	

2. Indicate the type of appliances provided and the number for each (Mark "X" if applicable and indicate the numbers):

Note: These facilities provided below apply to Migrant Labor Camps Only.

<input type="checkbox"/> Central Kitchen for _____ people	<input type="checkbox"/> Showers _____
<input type="checkbox"/> Toilets: _____ Men _____ Women	<input type="checkbox"/> Hand Washing Sinks _____
<input type="checkbox"/> Urinals _____	<input type="checkbox"/> Drinking fountains _____
<input type="checkbox"/> Laundry Facilities _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mess halls _____	

3. The total number of migrant or seasonal farmworkers that will occupy all the Migrant Labor Camps/Residential Migrant Housing: _____

C. This Section Must be Completed for A and B Above

Type of Water Supply Provided: (Mark "X" in the correct box(es))	Type of Sewage Disposal: (Mark "X" the correct box(es))
Municipal <input type="checkbox"/>	Municipal <input type="checkbox"/> Other <input type="checkbox"/> _____
Private Well <input type="checkbox"/>	Septic System <input type="checkbox"/>
Other <input type="checkbox"/> : _____	Package Treatment <input type="checkbox"/>

I agree to operate and maintain the facility described above in compliance with Chapter 64E-14, Florida Administrative Code and any other applicable code.

Signature of Operator/Owner _____ Date of Application _____

Permit Summary: Date Application Received _____ Previous Permit Number _____ Date Permit Issued _____ Class of Water System _____ Water Supply Approval _____ Authorized Capacity _____ Sewage Disposal Approval _____ Water System Upgrade _____	Below for Completion by DOH Officials Recommendation <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval _____ Authorized Signature Date _____ Title	Action <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ Authorized Signature Date _____ Title
--	---	---

DH 4082, 7/07 (Obsoletes previous editions which may not be used)
 Stock Number: 5744-000-4082-3

Tanning Facility



_____ License Number

STATE OF FLORIDA
 DEPARTMENT OF HEALTH
APPLICATION FOR TANNING FACILITY LICENSE
 AUTHORITY: SECTION 381.89, Florida Statutes

INSTRUCTIONS: 1. Provide the information requested below. 2. Sign the application and return it, along with the required fee (do not send cash), to the County Health Department. If the information on this form changes, you must notify the county health department by telephone or in writing. 3. Please complete front and back of application.

Name of Facility _____

Facility Address _____

	Street	City	Zip Code
Owner's Name	Last	First	Middle
Owner's Address	Street	City	Zip Code

Owner's Phone () _____ Facility Phone () _____

Email Address _____

Is this a mobile tanning unit? ___ YES ___ NO Mobile units must meet all requirements of Chapter 64E-17 F.A.C. If yes, please list the geographical areas to be covered within the state. If more space is needed please use a separate sheet of paper and attach to application.

WHAT IS THE TOTAL NUMBER OF TANNING DEVICES IN THE FACILITY? _____

HOW MANY? BEDS _____ **BOOTHS** _____

THE ANNUAL LICENSE FEE FOR THIS TANNING FACILITY IS \$ _____

Please make check or money order payable to the _____ County Health Department. The undersigned owner/owner's representative hereby agrees to operate the tanning facility described in this application in accordance with the requirements of Section 381.89, Florida Statutes. The information contained in this application, which serves as the basis for licensure, is true and correct. I understand that any misrepresentation of the facts in this application or failure to comply with the sanitary standards for tanning facilities is grounds for denial or revocation of the tanning facility license.

 Owner/Owner's Representative Signature

 Date

 Environmental Health Official Signature

 Date License Approved

Biomedical Waste Treatment



DH use only: Check No. _____	Check Amount _____
Date Received _____	Receipt No. _____
Permit No. _____	Date Issued _____

Department of Health

Application for a Biomedical Waste Treatment Permit

Pursuant to Chapter 64E-16, Florida Administrative Code (F.A.C.), the owner(s) or operator(s) of a proposed biomedical waste treatment facility must complete and submit this form along with attachments and fee. The initial permit fee is \$85.00. Permits expire September 30 of each year. The permit fee for renewal applications received by October 1 is \$85.00. The permit fee for renewal applications received after October 1 is \$105.00. State-owned and operated biomedical waste facilities are exempt from the permit fee. Submit the following information on this form to your local Department of Health Biomedical Waste Coordinator.

1. Application For (Choose One): New Renewal
(Applicant must be a legal entity, i.e.: individual, partnership, corporation, association, or public body)

2. Facility Name: _____

3. Facility Address: _____
Street City State Zip Code

4. Contact Person: _____ Telephone: () _____

5. Name of Facility Owner: _____

6. Mailing Address of Facility Owner: _____
Street City State Zip Code

7. Business Phone: () _____

8. 24-Hour Emergency Phone: () _____

9. Name of Property Owner: _____

10. Mailing Address of Property Owner: _____
Street City State Zip Code

11. Type of Treatment: Steam Chemical Microwave Shredding Other

If "Other", explain:

12. Maximum Treatment Capacity: _____ pound/hour _____ tons/day

13. Days of Operation: _____

14. Hours of Operation: _____

OSTDS Construction

Denial letter

Denial Letter

Application Information

Application #	AP932756
Applicant Name	Witson Faustin ()
Agent Name	Witson Faustin ()
Property Address	NE 16950 NE 9 Ave Miami, FL 33162

Select Signatory Name:

Select Denial Reasons

- 64E-6.005(2), F.A.C. Setback from property line
- 64E-6.005(4), F.A.C. Unobstructed land not available
- 64E-6.009(3), F.A.C. Mound criteria cannot be meet
- 64E-6.006(6), F.A.C. System site subject to frequent flooding, Fill is required.
- 64E-6.006(2), F.A.C. Wet season water table at or above grade
- 381.0065(4)(e)5, F.S. Setback from a storm sewer pipe
- 64E-6.002(27), F.A.C. Commercial sewage flow exceeds 5000 gpd
- 381.0065(4)(e)6 or 7, FS Setback from surface water bodies
- 64E-6.005(2), F.A.C. System located under building
- 381.0065(4)(g)2, F.S. Sewage flow for pre-72 lot

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

February 28, 2018

[Redacted]
[Redacted]
[Redacted]

Application Denial and Notice of Right to Administrative Proceedings

Application Document No: [Redacted]

[Redacted]
[Redacted]

Lot: [Redacted] Block: [Redacted] Subdivision: [Redacted]

Dear Applicant:

This will acknowledge receipt of an application and plans for an onsite sewage treatment and disposal system construction permit dated August 14, 2009 for a proposed system to be constructed on the above referenced property.

You are hereby notified that your application is denied because the proposal described does not meet the requirements of section 381.0065, Florida Statutes, or Chapter 64E-6, Florida Administrative Code. Specifically the proposal has the following violations:

<u>Code Citation</u>	<u>Letter Detail</u>	<u>Code Citation Description</u>
381.0065(2)(a)2, F.S.	Your house needs to be connected to the city sewer line.	Sewer availability (flow > 1000 gpd)
64E-6.005(2), F.A.C.		Setback from property line
64E-6.006(6), F.A.C.		System site subject to frequent flooding, Fill is required.
64E-6.009(3), F.A.C.		Mound criteria cannot be met

As an applicant who has been denied a permit, you have the right to request a variance or hearing to appeal the department's action. Requests for a hearing must be made to this office in writing no later than 21 days from the receipt of this letter. Mediation pursuant to S.120.573, Florida Statutes, is not available to resolve this dispute.

Florida Department of Health
in DADE COUNTY
1725 NW 167 St, Opa Locka, FL 33056
PHONE: (305) 623-3500 . FAX: (305) 623-3645

www.FloridasHealth.com
TWITTER:HealthyFLA
FACEBOOK:FLDepartmentofHealth
YOUTUBE: fldoh

Final inspection report



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION INSPECTION AND FINAL APPROVAL

APPLICATION #: AP932946
PERMIT #: 13-SC-999232
DOCUMENT #: F1767931
DATE PAID: 08/17/2009
FEE PAID: 200.00
RECEIPT #: 13-PID-1173780

APPLICANT: Just For Fun Enterprises (Duffys Tavern)
AGENT: Ken W Groce
PROPERTY ADDRESS: 2108 SW 57 Ave Miami, FL 33155
LOT: 16-17 BLOCK: 12
SUBDIVISION: Coral Way Park ID#: 30-4012-011-0830

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH STATUTE OR RULE AND MUST BE CORRECTED.

TANK INSTALLATION		SETBACKS	
[]	[01] TANK SIZE [1] <u>1500.00</u> [2] <u>1500.00</u>	[]	[27] SURFACE WATER _____ FT
[]	[02] TANK MATERIAL <u>Concrete</u>	[]	[28] DITCHES _____ FT
[]	[03] OUTLET DEVICE _____	[]	[29] PRIVATE WELLS _____ FT
[]	[04] MULTI-CHAMBERED [<input type="checkbox"/> Y / <input type="checkbox"/> N]	[]	[30] PUBLIC WELLS _____ FT
[]	[05] OUTLET FILTER <u>Zabel</u>	[]	[31] IRRIGATION WELLS _____ FT
[]	[06] LEGEND 1. <u>13-045-20DC3</u> 2. <u>13-045-20SC3</u>	[]	[32] POTABLE WATER <u>3 sleeve</u> FT
[]	[07] WATERTIGHT _____	[]	[33] BUILDING FOUNDATIONS <u>5 tank</u> FT
[]	[08] LEVEL _____	[]	[34] PROPERTY LINES <u>5</u> FT
[]	[09] DEPTH TO LID _____	[]	[35] OTHER _____ FT
DRAINFIELD INSTALLATION		FILLED / MOUND SYSTEM	
[]	[10] AREA [1] <u>612.5</u> [2] _____ SQFT	[]	[36] DRAINFIELD COVER _____
[]	[11] DISTRIBUTION BOX _____ HEADER <u>X</u>	[]	[37] SHOULDERS _____
[]	[12] NUMBER OF DRAINLINES 1. <u>6.00</u> 2. _____	[]	[38] SLOPES _____
[]	[13] DRAINLINE SEPARATION _____	[]	[39] STABILIZATION _____
[]	[14] DRAINLINE SLOPE _____	ADDITIONAL INFORMATION	
[]	[15] DEPTH OF COVER _____	[]	[40] UNOBSTRUCTED AREA _____
[]	[16] ELEVATION [ABOVE / <input type="checkbox"/> BELOW] BM <u>30.36</u>	[]	[41] STORMWATER RUNOFF _____
[]	[17] SYSTEM LOCATION _____	[]	[42] ALARMS _____
[]	[18] DOSING PUMPS _____ 1.00	[]	[43] MAINTENANCE AGREEMENT _____
[]	[19] AGGREGATE SIZE _____	[]	[44] BUILDING AREA _____
[]	[20] AGGREGATE EXCESSIVE FINES _____	[]	[45] LOCATION CONFORMS WITH SITE PLAN _____
[]	[21] AGGREGATE DEPTH _____	[]	[46] FINAL SITE GRADING _____
FILL / EXCAVATION MATERIAL		[]	[47] CONTRACTOR <u>Guillermo Suarez (A League</u>
[]	[22] FILL AMOUNT _____	[]	[48] OTHER <u>ADS ARC 24</u>
[]	[23] FILL TEXTURE _____	ABANDONMENT	
[]	[24] EXCAVATION DEPTH _____	[]	[49] TANK PUMPED <u>11/12/2009</u>
[]	[25] AREA REPLACED _____	[]	[50] TANK CRUSHED & FILLED <u>11/12/2009</u>
[]	[26] REPLACEMENT MATERIAL _____		

Comments: Comments are on page 2.

CONSTRUCTION [APPROVED / DISAPPROVED]: _____ Dade CHD DATE: 11/04/2009
Ronald E Cave (Department of Health in Dade County)

FINAL SYSTEM [APPROVED / DISAPPROVED]: _____ Dade CHD DATE: 11/12/2009
Ronald E Cave (Department of Health in Dade County)

(Explanation of Violations on following page)

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

OSTDS Operating

Program Details screen

Program Details

Name of Facility _____

Location Address Test , Tallahassee FL 32301

Status Closed **Permit #** 01-QA-944991

Program Name OSTDS - Operating **Subtype** Aerobic

Import from OSTDS Construction Record

AP

Aerobic
 Commercial
 Industrial / Manufacturing
 Performance Based

Current Application Date: 06/10/2008

Category	Type	Detail Info	Additional Info
	Document# AP	<input type="text" value="1"/>	
Operating Application	Application Type *	<input type="text" value="New"/>	
	Current Application Date *	<input type="text" value="06/10/2008"/>	
Existing System Information	Septic Tanks/Aerobic Unit	<input type="text"/>	
	Grease Traps	<input type="text"/>	
	Dosing Tank	<input type="text"/>	
	Drainfield size	<input type="text"/>	
	Drainfield Installed In a	<input type="text" value="Mound System"/>	
	Drainfield Layout	<input type="text" value="Trenches"/>	
	OnSite Well	<input type="text"/>	
	System Setback to wells	<input type="text"/>	
	Lot Size	<input type="text"/>	
	Sq.Ft or Acres	<input type="text" value="Acres"/>	
	Estimated sewage flow into system	<input type="text" value="4950"/>	
	Based On	<input type="text"/>	
	Building type	<input type="text" value="Residential"/>	
	Number of businesses or dwellings	<input type="text" value="1"/>	
	Additional Comments	<input type="text" value="adsfasdf asdf asdf"/>	

Performance Based	CBOD5:	<input type="text" value="0.00"/>	
	CBOD5 Standard	<input type="text" value="Advanced Wastewater"/>	
	TSS:	<input type="text" value="0.00"/>	
	TSS Standard	<input type="text" value="Advanced Wastewater"/>	
	Total Nitrogen:	<input type="text" value="0.00"/>	
	Total Nitrogen Standard	<input type="text" value="Advanced Wastewater"/>	
	Total Phosphorous:	<input type="text" value="0.00"/>	
	Total Phosphorous standard	<input type="text" value="Advanced Wastewater"/>	
	Fecal Coliform:	<input type="text" value="0.000"/>	
	Fecal Coliform Standard	<input type="text" value="Advanced Secondary or Secondary"/>	
Aerobic Treatment Unit	Date of final approval:	<input type="text"/>	
	Aerobic treatment unit still under the warranty?	<input type="text"/>	
	Is there an active maintenance agreement?	<input type="text"/>	
	Service agreement expiration date	<input type="text"/>	

1 - Treatment Unit Manufacturer and Model	Name of System *	<input type="text"/>	
	Above 1500 Gallon Capacity	<input type="text"/>	
Maintenance Company	Company Name *	<input type="text"/>	
Approvals	Conditions of Operation	<input type="text"/>	
Attestation	Signature	<input type="text"/>	
	Date	<input type="text"/>	

Top of Page

Invoices and Receipts

Batch Billing Invoice



Florida Department of Health in Hernando County Notification of Fees Due

For: Tattoos

Notice: This bill is due and payable in full upon receipt and must be received by the local office by the payment due date (03/13/2018).

If not paid by 03/13/2018 then the fee will be: \$275.00

Mail To:

NYLA Hair Studio
10500 Northcliffe Boulevard
Spring Hill, FL 34608

Please verify and update account
information at
www.myfloridaehpermit.com

Permit Number :	Bill ID:	Current Fee:	Past Due:	Balance:
27-44-1657803 NYLA Hair Studio FBC: X 10500 Northcliffe Boulevard, Spring Hill	27-BID-3672721	\$200.00	\$0.00	\$200.00
Total Account Balance Due:				\$200.00

Payment Due Date: 03/13/2018 or Upon Receipt

**Pay fee and print your license online:
www.MyFloridaEHPermit.com**

Billing Questions call DOH-Hernando at: (561) 837-5903
If you do not pay online, complete credit card section at left
or make checks payable to:
FDOH in Hernando County
and mail invoice with payment to:
7551 Forest Oaks Boulevard

Signature _____

Date _____

PERMIT HOLDERS CAN NOW
pay invoices online!

The Florida Department of Health now offers a secure system for permit holders to pay invoices and print permits online!

- No sign-up cost.
- Save time. Paying a bill online is faster than mailing a check or hand delivering payment.
- Our safe and secure system will keep your information protected.
- Pay at your convenience. With our online system, you can pay with your credit card or e-check and don't have to worry about envelopes or stamps.

Pay this invoice online at www.myfloridaehpermit.com

Line Item Receipt



Alachua County Health Department
224 SE 24th St Gainesville, FL 32641

PAYING ON: PERMIT #: 01-60-00004 BILL DOC #: 01-BID-3449885
RECEIVED FROM: Arbor Villas, LLC AMOUNT PAID: \$ 6.08
PAYMENT FORM: ONLINE PAID PAYMENT DATE: 06/14/2017

MAIL TO: **Arbor Villas, LLC**
13400 Progress Blvd
Ste
Alachua, FL 32615

FACILITY NAME : Arbor Apts.

PROPERTY LOCATION:

2411 SW 35 Pl
Gainesville, FL 32608

Lot: _____ Block: _____

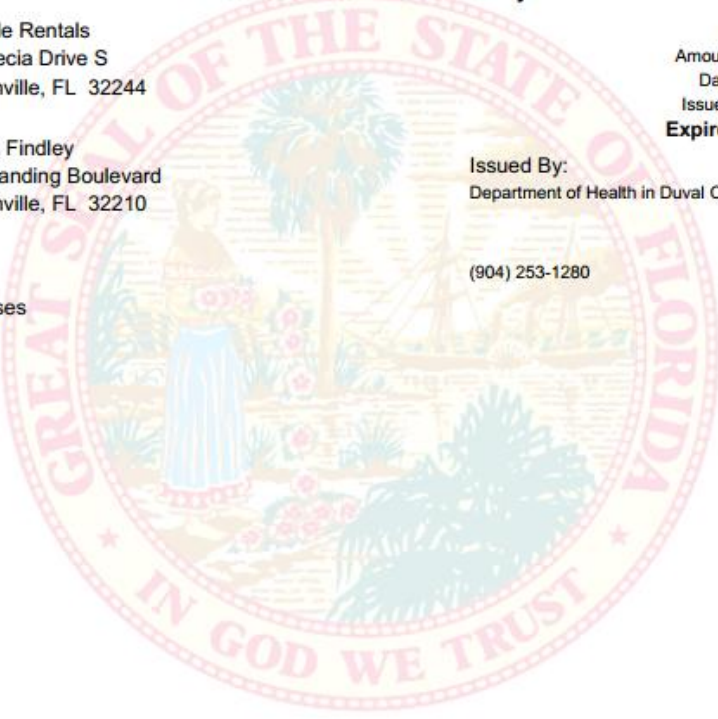


Property ID: _____

<u>EXPLANATION or DESCRIPTION:</u>	<u>QUANTITY</u>	<u>FEE</u>
-1 - Online Billing Convenience Fee	1	\$ 6.08

RECEIVED BY: _____ AUDIT CONTROL NO. 01-PID-3272316

Operating Permits

Limited Use Water

	STATE OF FLORIDA DEPARTMENT OF HEALTH Operating Permit	16-BID-3173915
16-57-00017	Limited Use Water - LU Community	
Issued To: Westside Rentals 7510 Necia Drive S Jacksonville, FL 32244		County: Duval Amount Paid: \$170.00 Date Paid: 08/17/2016 Issued Date: 10/01/2016 Expires On: 09/30/2017
Mail To: Ulysses Findley 1660 Blanding Boulevard Jacksonville, FL 32210	Issued By: Department of Health in Duval County	
Owner: Findley, Ulysses	(904) 253-1280	
		
<small>Original Customer: Westside Rentals (NON-TRANSFERABLE)</small>		<small>DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE</small>
	STATE OF FLORIDA DEPARTMENT OF HEALTH Operating Permit	16-BID-3173915
16-57-00017	Limited Use Water - LU Community	
Issued To: Westside Rentals 7510 Necia Drive S Jacksonville, FL 32244		County: Duval Amount Paid: \$170.00 Date Paid: 08/17/2016 Issued Date: 10/01/2016 Expires On: 09/30/2017
Mail To: Ulysses Findley 1660 Blanding Boulevard Jacksonville, FL 32210	Issued By: Department of Health in Duval County	
Owner: Findley, Ulysses	(904) 253-1280	
		

Migrant Labor Camp



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit

07-52-1488276

7-BID-2274161

Migrant Labor Camp - Migrant Labor Camp

Issued To: Airport Motel (Amin, Harry)
21901 SR 20 E
Blountstown, FL 32424

County: Calhoun
Amount Paid: \$125.00
Date Paid: 08/06/2013
Issued Date: 08/06/2013

Expires On: 09/30/2013

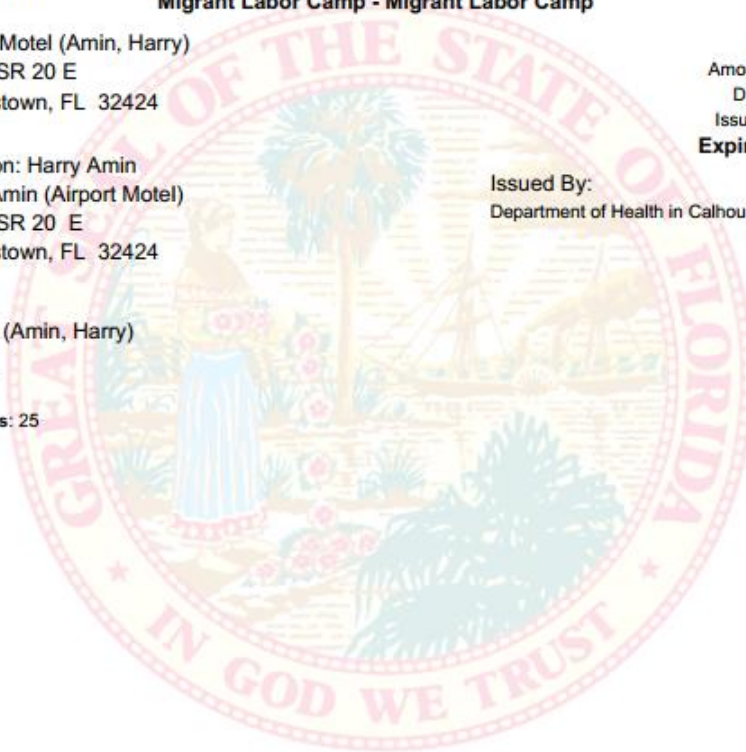
Mail To: Attention: Harry Amin
Harry Amin (Airport Motel)
21901 SR 20 E
Blountstown, FL 32424

Issued By:
Department of Health in Calhoun County

Owner: Airport Motel (Amin, Harry)

Total Housing Units: 7

Total Numer Occupants: 25



Original Customer: Airport Motel (Amin, Harry) (NON-TRANSFERABLE)

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit

07-52-1488276

7-BID-2274161

Migrant Labor Camp - Migrant Labor Camp

Issued To: Airport Motel (Amin, Harry)
21901 SR 20 E
Blountstown, FL 32424

County: Calhoun
Amount Paid: \$125.00
Date Paid: 08/06/2013
Issued Date: 08/06/2013

Expires On: 09/30/2013

Mail To: Attention: Harry Amin
Harry Amin (Airport Motel)
21901 SR 20 E
Blountstown, FL 32424

Issued By:
Department of Health in Calhoun County

Owner: Airport Motel (Amin, Harry)



Swimming Pools



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit

48-60-01032

48-BID-3369903

Swimming Pools - Public Pool > 25000 Gallons

Issued To: Ambassador Hotel
929 W Colonial Drive
Orlando, FL 32804

County: **Orange**
Amount Paid: \$315.00
Date Paid: 05/22/2017
Issued Date: 07/01/2017

Expires On: 06/30/2018

Mail To: Sammy's Investments LLC
929 W Colonial Drive
Orlando, FL 32804

Issued By:
Department of Health in Orange County
1001 Executive Center Drive, Suite 200
Orlando, FL 32803
(407) 858-1497

Owner: Sammy's Investments LLC

Pool Volume (gallons): 52,000 Bathing Load: 32 Flow Rate (gpm): 160 Night Swimming: No

Variance Conditions (if applicable):

Original Customer: Ambassador Hotel (NON-TRANSFERABLE)

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit

48-60-01032

48-BID-3369903

Swimming Pools - Public Pool > 25000 Gallons

Issued To: Ambassador Hotel
929 W Colonial Drive
Orlando, FL 32804

County: **Orange**
Amount Paid: \$315.00
Date Paid: 05/22/2017
Issued Date: 07/01/2017

Expires On: 06/30/2018

Mail To: Sammy's Investments LLC
929 W Colonial Drive
Orlando, FL 32804

Issued By:
Department of Health in Orange County
1001 Executive Center Drive, Suite 200
Orlando, FL 32803
(407) 858-1497

Owner: Sammy's Investments LLC

Programs and Subtypes

Biomedical Waste

- Abortion Clinics
- Blood Banks
- Clinical Laboratory
- Dentist
- Dialysis Clinic
- Funeral Home
- Home Health
- Hospital
- Medical Doctor
- Needle Collection
- Nursing Home
- Osteopath
- Other
- Pharmacy
- Podiatrist
- State Laboratory/Clinic
- Storage
- Surgical Center/Walk-in Clinic
- Tanning Facility
- Tattoo/Body Piercing
- Transporter
- Treatment
- Veterinarian

Body Piercing

- Salon

Food Hygiene

- Adult Day Care
- Afterschool Meal Program
- Assisted Living Facility
- Bar/Lounge
- CCFP-Religious Exempt
- Civic Organization
- Crisis Stabilization Unit
- Detention Facility
- Domestic Violence Shelter
- Fraternal Organization

- Homes for Special Services
- Hospice
- Intermediate Care Facility for the Developmentally Disabled
- Migrant Labor
- Movie Theater
- Prescribed Pediatric Extended Care Center
- Recreational Camp
- Residential Treatment Facility (AHCA)
- School (9 months or less)
- School (more than 9 months)
- Short-term Residential Treatment Center (DCF)
- Transitional Living Facility

Group Care

- Adult Family Care Home
- Assisted Living Facility
- Charter School
- Child Caring Agency
- College/University
- Crisis Stabilization Unit
- Homes for Special Services
- Hospice
- Intermediate Care Facility
- Other Residential Facility
- Private Charter School
- Private College
- Private School
- Private University
- Private Vocational School
- Public Charter School
- Public College
- Public School
- Residential Group Home
- Residential Treatment Facility (AHCA)
- Short-Term Residential Treatment Center (DCF)
- Transitional Living Facility
- Vocational School

Limited Use Water

- LU Commercial
- LU Community
- Multifamily

- Registered LU Commercial

Migrant Labor Camp

- HUD Housing
- MHP/RV/Migrant Housing
- Migrant Labor Camp
- Other
- Residential Migrant Housing
- Temporary Guest Worker Program

Miscellaneous

- Abandonment
- Adult Day Care
- Adult Entertainment
- Air Pollution Sources
- Animal Care Facility
- Bacterial Lab Fee
- CC Center Full Food
- CC Center-Limited/Catered
- Cemetery
- Certified Pool Operator Course
- Child Care
- Child Care – Food Hygiene
- Child Care Center - Provisional
- Child Care Center - With Food
- Child Care Center - Without Food
- Childcare Centers
- Childcare Homes
- Church or Non-profit religious organization
- Community
- Community (10,001 – 50,000 population)
- Community (101 – 350 population)
- Community (25 – 100 population)
- Community (3,301 – 10,000 population)
- Community (351 – 750 population)
- Community (50,000 or more)
- Community (751 – 3,300 population)
- Consecutive Community
- Consecutive Community (10,001 – 50,000 population)
- Consecutive Community (101 – 350 population)
- Consecutive Community (25 – 100 population)
- Consecutive Community (3,301 – 10,000 population)

- Consecutive Community (351 – 750 population)
- Consecutive Community (751 – 3,300 population)
- Doggie Dining
- Domestic Well
- Family Day Care Home
- Foster Homes
- General Environmental Health
- Grease Interceptors
- Hazardous Waste
- Hospital
- Indoor Air
- Industrial Wastewater
- Irrigation Well
- Land Spread
- Large Family Day Care Home
- Lead Program General Public
- Lift Station
- Monitoring Well
- NCN
- Non Applicable
- Non-Emergency Transport Service
- Non-Emergency Transport Vehicle
- Non-Transient Non-Community
- Nursing Home
- Nursing Home Physical Plant
- OSTDS Managed System
- Other Food
- Other Local Non-Residential
- Other Well
- Pre-Demolitions
- Private Water
- Provisional Family Day Care
- Public Sewage
- Public Well
- Residential Food <11 capacity
- Safe Drinking Water Act
- Septic Contractors
- Sewage Hauling
- Sewage Treatment Plants
- Small Quantity Generator Program
- Solid Waste
- Sports Facility

- Subdivision Analysis
- Transient Non-Community
- Waste Haulers
- Water Laboratory
- Well Permitting
- Well Program
- YMCA

Mobile Home Parks

- Lodging Park
- MHP/RV/Migrant Housing
- Mobile Home Park
- Recreational Camp
- Recreational Vehicle Park
- Temporary Event

OSTDS – Operating

- Aerobic
- Commercial
- Industrial or Manufacturing
- Performance Based

Rabies

- Rabies

Swimming Pools

- Exempt Pools < 32 Units
- Exempt Pools > 32 Units
- Exempt Therapy Pool
- Fountains
- Natural Bathing Place
- Other
- Public Pool <= 25000 Gallons
- Public Pool > 25000 Gallons
- River Ride
- Spa-Type Pools
- Special Purpose Pool
- Wading Pool
- Water Activity
- Water Attractions
- Water Slide Plunge Pool
- Zero Depth Entry Pool

Tanning

- Tanning Facility

Tattoos

- Artist
- Fixed Location
- Guest Artist
- Temporary Location