

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

3/19/2025

Marion County Administrator
601 SE 25th Avenue
Ocala, FL 34471

Dear County Administrator Bouyounes:

The Florida Legislature transferred the Onsite Sewage Program from the Department of Health (DOH) to the Department of Environmental Protection (DEP) via a type two transfer as a part of the [Clean Waterways Act \(CWA\)](#) in 2020. Florida law requires that any program transferred by a type two transfer have all its records, personnel, property, and funding, except those transferred elsewhere or abolished, transferred to the department to which it is transferred, unless otherwise provided by law. Additionally, Chapter 2024-180 further establishes terms of the onsite sewage program transfer. The bill amended Section 381.0061, F.S. to state DEP shall coordinate with the DOH to identify equipment and vehicles that were previously used to carry out the program in each county and that are no longer needed for such purpose. The Department of Health shall transfer the agreed-upon equipment and vehicles to DEP, to the extent that each county agrees to relinquish ownership of such equipment and vehicles to the Department of Health.

County Health Departments (CHD) have continued to perform local onsite sewage responsibilities since the passage of the CWA through an interagency agreement. During FY24/25 the next phase of the transfer will occur as local responsibilities begin to transfer from CHDs to DEP. DEP is expected to assume onsite sewage responsibilities for Marion County on July 1, 2025. To ensure DEP has the equipment necessary to operate the program and to adhere to legislative intent of the CWA, I am requesting that the county-owned property utilized by the CHD to operate the onsite sewage program be relinquished by the county and transferred to DEP.

The specific property requested for transfer includes:

Description	Property Number
2007 Chevy Silverado VIN: 1GCEC19X97Z595844	H50
2016 Chevy Silverado VIN: 1GCVKNEH5GZ258659	H63
2016 Chevy Silverado VIN: 1GCVKNEH7GZ254774	H62
2015 Chevy Colorado VIN: 1GCHSAEA9F1205033	P233
2015 Chevy Colorado VIN: 1GCHSAEA8F1203466	P249

If the county concurs with this request, to execute the transfer, please provide the following:

- A memo (on BOCC letterhead) identifying a detailed listing of the property to be transferred, a statement authorizing the transfer effective June 30, 2025, and a brief explanation identifying the purpose or reason for the transfer.



- Supporting documentation evidencing ownership of the property being transferred (ex: for fleet, the original signed titles of the vehicle must be provided). Vehicles can be titled over to:
Department of Environmental Protection
3900 Commonwealth Blvd.
Tallahassee, FL 32399

Please contact Sherry Duncan at 352-644-2626 for any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Lander', written in a cursive style.

Mark Lander
CHD Administrator



GREGORY C. HARRELL
CLERK OF COURT AND COMPTROLLER MARION COUNTY, FLORIDA
 P.O. BOX 1030 OCALA, FLORIDA 34478-1030
 TELEPHONE (352) 671-5520 WWW.MARIONCOUNTYCLERK.ORG
ACQUISITION - DISPOSITION FORM



TO: Finance

From: Health Department

Date:

ASSET IS RETIRED ADD BACK TO INVENTORY:

Asset#	Location	Serial Number
040798	FLEET	1GCEC19X97Z595844

Description	Year Aquired
H-50 2007 CHEVY SILVERADO	2007

Acquisition:

Asset/Vehicle Number Being Replaced:
(If Applicable)

Please attach a copy of the invoice for acquisitions

Disposal:

Disposal Reason:

Disposal Method:

Disposal Location:

Transfer:

Department Receiving Transfer: Other/Not Listed

Authorized Signature:

[Handwritten Signature]

Secondary Signature:

(If Applicable)

Fleet Signature:

(If Applicable)

BCC Chairman Signature: _____

Forward copy of approved form to: Clerk of Court and Comptroller-Finance Department. Please include a copy of the loss report for all risk claims.

Use SEE ATTACHED in the Asset# column for disposal lists.



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ACQUISITION - DISPOSITION FORM



TO: Finance

From: Health Department

Date: 03/12/2025

ASSET IS RETIRED ADD BACK TO INVENTORY:

Asset#	Location	Serial Number
048553	FLEET	1GCVKNEH7GZ254774
Description		Year Aquired
H62 2016 CHEVY SILVERADO		2016

Acquisition:

Asset/Vehicle Number Being Replaced:
(If Applicable)

Please attach a copy of the invoice for acquisitions

Disposal:

Disposal Reason:

Disposal Method:

Disposal Location:

Transfer:

Department Receiving Transfer: Other/Not Listed

Authorized Signature: _____

Secondary Signature: _____

(If Applicable) _____

Fleet Signature: _____

(If Applicable) _____

BCC Chairman Signature: _____

Forward copy of approved form to: Clerk of Court and Comptroller-Finance Department. Please include a copy of the loss report for all risk claims.

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ACQUISITION - DISPOSITION FORM



TO: Finance

From: Health Department

Date: 03/12/2025

ASSET IS RETIRED ADD BACK TO INVENTORY:

Asset#	Location	Serial Number
047781	FLEET	1GCHSAEA9F1205033
Description		Year Aquired
P233 2015 CHEVY COLORADO		2015

Acquisition:

Asset/Vehicle Number Being Replaced:
(If Applicable)

Please attach a copy of the invoice for acquisitions

Disposal:

Disposal Reason:

Disposal Method:

Disposal Location:

Transfer:

Department Receiving Transfer: Other/Not Listed

Authorized Signature: _____

[Handwritten Signature]

Secondary Signature: _____

(If Applicable) _____

Fleet Signature: _____

(If Applicable) _____

BCC Chairman Signature: _____

Forward copy of approved form to: Clerk of Court and Comptroller-Finance Department. Please include a copy of the loss report for all risk claims.

Use SEE ATTACHED in the Asset# column for disposal lists.

