

INSTRUCTIONS

FILL IN ALL INFORMATION ON THE APPLICATION: If your information is incomplete or found to be inaccurate your application will not be processed.

PROPERTY INFORMATION: Lot, block, subdivision or metes and bounds description, property ID number and property size in acres or square footage may be found on your deed, survey, tax bill or from the Volusia County Property Appraiser's office, 386-736-5901 or <http://webservice.vcgov.org/index.html>. Information concerning your recorded subdivision date may be obtained from the Clerk of the Court, 386-736-5912 or your unrecorded subdivision date may be obtained from Vol. County Gov., Development Engineering, 386-736-5926.

BUILDING INFORMATION: Include each living unit and/or building that is served by the subject septic system, number of bedrooms existing and proposed (if applicable), building area existing and proposed (walled in area excluding garage) as measured from exterior walls, number of persons and business activity (if applicable).

ATTACH AN AGENT AUTHORIZATION FORM if you are an agent for the applicant and you are not a registered septic contractor, licensed plumber or licensed builder.

ATTACH A SITE PLAN: The site plan **MUST BE DRAWN TO SCALE**, and show lot dimensions, the location of the proposed septic system, all buildings, driveways, sidewalks, surface water bodies, storm-water drainage features, potable and non-potable wells. Surface water bodies, storm-water drainage features, potable and non-potable wells on neighboring properties must also be shown. If neighboring properties are vacant, write "vacant land" where applicable. The site plan must be signed by the applicant or authorized agent.

The site must be prepared and accessible for evaluation. Lot boundaries must be clearly marked. The proposed septic area must also be accessible and clearly marked. If the lot is not located on a paved road, mark a tree, fence post, utility pole or other permanent feature close to the proposed septic system so that we may use it for placement of our benchmark.

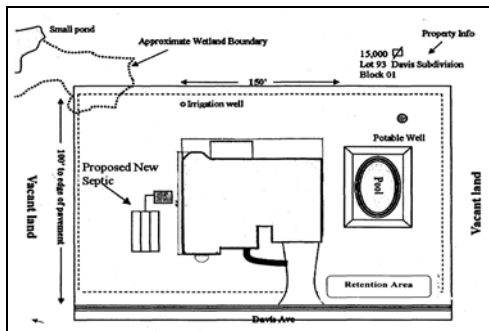
ATTACH A FLOOR PLAN: The floor plan (interior layout) must clearly show all proposed room configuration, within the home or building. The floor plan must be drawn to scale.

The fee for the new construction permit is **\$415.00**. Make Checks Payable to: **VOLUSIA COUNTY HEALTH DEPT.**

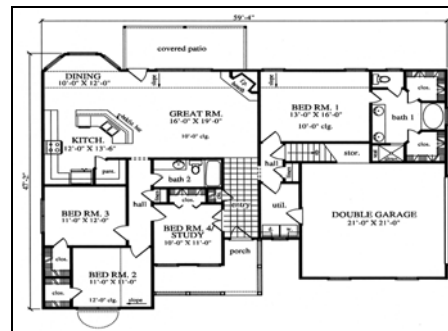
After issuance the permit will be valid for 18 months.

FOLLOWING INSTALLATION OF SEPTIC SYSTEM, there may be additional inspections needed to final the septic system. These inspections may include but are not limited too: Plumbing to septic tank not connected, waterline not installed or left uncovered for inspection, final cover or lot grading, alarm installation for dosing tank or mound stabilization. Per Florida Administrative Code, if an inspector must return to verify compliance, a \$50.00 fee must be paid prior to each reinspection. Please consult your septic system contractor concerning timing of the construction inspection to avoid or reduce the number of reinspections you may need to gain final approval of the installation.

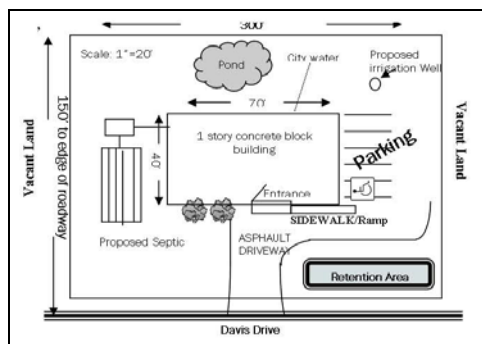
**Residential
Site Plan**



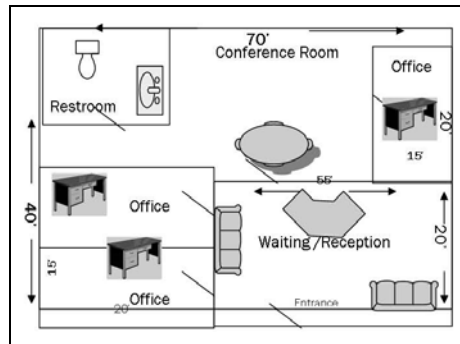
**Residential
Floor Plan**



**Commercial
Site Plan**



**Commercial
Floor Plan**





STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 ONSITE SEWAGE TREATMENT AND DISPOSAL
 SYSTEM
 APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. _____
 DATE PAID: _____
 FEE PAID: _____
 RECEIPT #: _____

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: _____

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: _____

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TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

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PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: _____

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: _____ DATE: _____



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

PERMIT NO. _____
 DATE PAID: _____
 FEE PAID: _____
 RECEIPT #: _____

APPLICANT: _____

AGENT: _____

PROPERTY ADDRESS: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PROPERTY ID #: _____

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

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|-----------------------------------|--|-------------------------------|--|
| TANK INSTALLATION | | SETBACKS | |
| [] | [01] TANK SIZE [1] _____ [2] _____ | [] | [27] SURFACE WATER _____ FT |
| [] | [02] TANK MATERIAL _____ | [] | [28] DITCHES _____ FT |
| [] | [03] OUTLET DEVICE _____ | [] | [29] PRIVATE WELLS _____ FT |
| [] | [04] MULTI CHAMBERED [Y / N] _____ | [] | [30] PUBLIC WELLS _____ FT |
| [] | [05] OUTLET FILTER _____ | [] | [31] IRRIGATION WELLS _____ FT |
| [] | [06] LEGEND _____ | [] | [32] POTABLE WATER LINES _____ FT |
| [] | [07] WATERTIGHT _____ | [] | [33] BUILDING FOUNDATION _____ FT |
| [] | [08] LEVEL _____ | [] | [34] PROPERTY LINES _____ FT |
| [] | [09] DEPTH TO LID _____ | [] | [35] OTHER _____ FT |
| | | | |
| DRAINFIELD INSTALLATION | | FILLED / MOUND SYSTEM | |
| [] | [10] AREA [1] _____ [2] _____ SQFT | [] | [36] DRAINFIELD COVER |
| [] | [11] DISTRIBUTION BOX _____ HEADER _____ | [] | [37] SHOULDERS |
| [] | [12] NUMBER OF DRAINLINES _____ | [] | [38] SLOPES |
| [] | [13] DRAINLINE SEPARATION _____ | [] | [39] STABILIZATION _____ |
| [] | [14] DRAINLINE SLOPE _____ | ADDITIONAL INFORMATION | |
| [] | [15] DEPTH OF COVER _____ | [] | [40] UNOBSTRUCTED AREA |
| [] | [16] ELEVATION [ABOVE/BELOW] BM _____ | [] | [41] STORMWATER RUNOFF |
| [] | [17] SYSTEM LOCATION _____ | [] | [42] ALARMS |
| [] | [18] DOSING PUMPS _____ | [] | [43] MAINTENANCE AGREEMENT |
| [] | [19] AGGREGATE SIZE _____ | [] | [44] BUILDING AREA |
| [] | [20] AGGREGATE EXCESSIVE FINES _____ | [] | [45] LOCATION CONFORMS WITH SIZE PLAN |
| [] | [21] AGGREGATE DEPTH _____ | [] | [46] FINAL SIZE GRADING |
| FILL / EXCAVATION MATERIAL | | [] | [47] CONTRACTOR _____ |
| [] | [22] FILL AMOUNT _____ | [] | [48] OTHER _____ |
| [] | [23] FILL TEXTURE _____ | ABANDONMENT | |
| [] | [24] EXCAVATION DEPTH _____ | [] | [49] TANK PUMPED ___/___/___ |
| [] | [25] AREA REPLACED _____ | [] | [50] TANK CRUSHED & FILLED ___/___/___ |
| [] | [26] REPLACEMENT MATERIAL _____ | | |

EXPLANATION OF VIOLATIONS / REMARKS:

[] _____

[] _____

[] _____

[] _____

CONSTRUCTION [APPROVED/DISAPPROVED]: _____ CHD DATE: _____

FINAL SYSTEM [APPROVED/DISAPPROVED]: _____ CHD DATE: _____