Abandonment of Septic Application and Instructions

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

APPLICATION FOR:
[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [X] Abandonment [ ] Temporary [ ]

APPLICANT: Your Name

AGENT: Agent or Agent

TELEPHONE: Contact Phone

MAILING ADDRESS: Applicant or agent mailing address

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.

PROPERTY INFORMATION

* Lot, block and subdivision or Metes and Bounds if no lot, block and subdivision

LOT:______ BLOCK:______ SUBDIVISION: Subdivision Name or Metes & Bounds PLATTED:______

PROPERTY ID #: Accurate Property ID (Short ID) ZONING:_____ I/M OR EQUIVALENT: [ Y / N ]


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

PROPERTY ADDRESS: Property Address

DIRECTIONS TO PROPERTY: Accurate directions to property

BUILDING INFORMATION

[ ] RESIDENTIAL [ ] COMMERCIAL

Unit No Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design

1

2

3

4

[ ] Floor/Equipment Drains [ ] Other (Specify)

SIGNATURE: Signature and Date Required

See instructions on next page
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[ ] New System  [ ] Existing System  [ ] Holding Tank  [ ] Innovative
[ ] Repair  [ ] Abandonment  [ ] Temporary

APPLICANT: ________________________________

AGENT: ________________________________ TELEPHONE: ________________________________

MAILING ADDRESS: ________________________________

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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

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<tr>
<th>Unit</th>
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<th>Area Sqft</th>
<th>Building Commercial/Institutional System Design</th>
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[ ] Floor/Equipment Drains [ ] Other (Specify) ________________________________

SIGNATURE: ________________________________ DATE: ________________________________

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC
INSTRUCTIONS

FILL IN ALL INFORMATION ON THE APPLICATION: If your information is incomplete or found to be inaccurate you 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://webserver.vcogov.org/index.html.

ATTACH A SITE PLAN: The site plan must show the location of the tank to be abandoned and building location.

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.

The fee for an Abandonment of Septic Permit is $50.00. The permit will be valid for 90 days.

Make Checks Payable to: VOLUSIA COUNTY HEALTH DEPT.

ALL WORK to pumpout, crush and fill the septic tank with sand shall be conducted by a registered septic tank contractor or a state-licensed plumber or by the owner of the owner-occupied single family residence being served by the septic tank.