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

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

APPLICANT: Your Name
AGENT: Agent  or Agent

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 ]

Indicate Well or public water*

PROPERTY SIZE: .25 ACRES  *WATER SUPPLY: [ ] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

Example-blank form attached

BUILDING INFORMATION

[ ] RESIDENTIAL  [ X ] COMMERCIAL

<table>
<thead>
<tr>
<th>Unit</th>
<th>Type of Establishment</th>
<th>No. of Bedrooms</th>
<th>Building Area Sqft</th>
<th>Commercial/Institutional System Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
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<td>Table 1, Chapter 64E-6, FAC</td>
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</tr>
</tbody>
</table>

*No bedrooms unless there is a residence attached to business

SIGNATURE: Signature and Date Required

DATE:

See instructions on next page
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.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.

ATTACH A SITE PLAN: The site plan and all features shown on it MUST BE DRAWN TO SCALE, and must show lot dimensions, the location of the existing septic system on the lot, the existing and proposed building location, 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 existing septic system area must be accessible and must be clearly marked.

ATTACH A FLOOR PLAN. The floor plan must clearly show all existing and proposed outside wall dimensions, the existing and proposed room configuration within the home or building and any other features that will be added or changed. The floor plan must be to scale.

ATTACH THE EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION FORM #DH 4015 PG 4 with the following information: NOTE: If the existing septic system has been inspected and approved within the last three (3) years you may qualify for a reduced fee of $35.00 and form #DH 4015 may not be required.

Must be filled out by a licensed septic or plumbing contractor:
- Inside tank dimensions (length, width & liquid depth), gallons pumped and tank material.
- Written statement on form from the septic or plumbing contractor that the tank is structurally sound
- Whether tank has a proper outlet device or no outlet device.

From the customer:
- The year of original septic system construction. Give as much of the rest of the information as you can.

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 Existing Septic System Approval application is $110.00.

Please make checks payable to: Volusia County Health Dept.
APPLICATION FOR CONSTRUCTION PERMIT

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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: _________________________________________________________

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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
EXISTING TANK INFORMATION

| Gallons Septic Tank/GPD ATU Legend: | Material: | Baffled: [Y / N] |
| Gallons Septic Tank/GPD ATU Legend: | Material: | Baffled: [Y / N] |
| Gallons Grease Interceptor Legend: | Material: | Baffles: [Y / N] |
| Gallons Dosing Tank Legend: | Material: | # Pumps: |

I certify that the listed tanks were pumped on / by , have the volumes specified as determined by [dimensions / filling / legend], are free of observable defects or leaks, and have a [solids deflection device / outlet filter device] installed.

SIGNATURE OF LICENSED CONTRACTOR

BUSINESS NAME

DATE

EXISTING DRAINFIELD INFORMATION

| Square Feet Primary Drainfield System | No. of Trenches | Dimensions: X |
| Square Feet System | No. of Trenches | Dimensions: X |

Type of System: [ ] Standard [ ] Filled [ ] Mound [ ]
Configuration: [ ] Trench [ ] Bed [ ]
Design: [ ] Header [ ] D-Box [ ] Gravity System [ ] Dosed System
Elevation of Bottom of Drainfield in relation to existing grade _______ inches [above / below]

SYSTEM FAILURE AND REPAIR INFORMATION

[ ] System Installation Date
[ ] GPD Estimated Sewage Flow Based On [ ] Metered Water [ ] Table 1, 64E-6, FAC

Site Conditions: [ ] Drainage Structures [ ] Pool [ ] Patio / Deck [ ] Parking
Nature of Failure: [ ] Hydraulic Overload [ ] Soils [ ] Maintenance [ ] System Damage
Failure: [ ] Drainage / Run Off [ ] Roots [ ] Water Table [ ]
Symptom: [ ] Sewage on Ground [ ] Tank [ ] D Box/Header [ ] Drainfield

REMARKS/ADDITIONAL CRITERIA

SUBMITTED BY: ___________________________ TITLE/LICENSE _____________ DATE: _____________

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Incorporated 64E-6.001, FAC
HEALTH DEPARTMENT NOTICE!

INFORMATION FOR APPROVAL OF EXISTING SEPTIC SYSTEM FOR A CHANGE OF BUSINESS, TENNANT OR OWNERSHIP

Florida Statute 381.0065 requires that all businesses that use a septic tank system for sewage disposal obtain approval from the local health department any time that there is a change in the business owner, business type or a tenant. Septic tank systems are specifically sized based on the type of business that is connected to the system. Changes in business operations can increase the sewage flow, or change the sewage characteristics and that may cause premature septic system failure resulting in a sanitary nuisance and expensive repairs. The approval process for a new business or tenants is listed below.

1. Complete an application for an Existing Septic system approval. You will need to know the Parcel I.D. Number, size of the property, property legal description, property owner and address, zoning, source of drinking water and list the type of business(s) at the location. Also note on the application what the previous use or operation was for the building or suite in a multi-tenant building.

2. Submit with the application, a site plan drawn to scale of the property. The site plan must show where the septic system is located, any wells on the property and all buildings, parking areas, ditches, ponds or other surface water.

3. The septic tank must be pumped out and the pumper must complete form 4015 which is in the application package.

4. Pay the necessary approval fee. Any building that has been vacant for more than one year is required to have the septic system brought into compliance with the current code. Any system not meeting specific code setbacks, systems that have been paved over or under parking areas, systems in failure or systems that have been repaired without a permit, will not be approved and must be corrected prior to approval.

PLEASE DO NOT START RENOVATION OR REMODELING OF YOUR BUSINESS UNTIL WE HAVE APPROVED THE SEPTIC SYSTEM FOR USE!! THE APPROVAL OF THE SEPTIC SYSTEM DOES NOT GUARANTEE FUNCTION FOR ANY SPECIFIC PERIOD OF TIME AND ALL OTHER STATE, COUNTY AND/OR CITY BUILDING AND CODE REQUIREMENTS MUST BE IN COMPLIANCE.