| New Septic System Construction Permit Application and Instru   |   |
|--|---|
|  | T NO.   |
| ONSITE SEWAGE TREATMENT AND DIPOSAL SYSTEM FEE PA  | PAID:   |
| \ • \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  | PT #:   |
|  |   |
| APPLICATION FOR:  [X] New System [] Existing System [] Holding Tank []  [] Repair [] Abandonment [] Temporary []   | Innovative A  |
| APPLICANT: Your Name   | ¥   |
|  |   |
| AGENT: AGENT or AgentTELEPHONE:C   | Contact Phone `   |
| MAILING ADDRESS: Applicant or agent mailing address  |   |
|  |   |
| TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUSBY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAPLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PRESENTED INFORMATION *Lot, block and subdivision or Metes and Bounds if no lot, block | T BE CONSTRUCTED  S. IT IS THE  S CREATED OR  OVISIONS. |
| *LOT: BLOCK: SUBDIVISION: Subdivision Name or Metes & Bound  | ds platted:   |
| PROPERTY ID #: Accurate Property ID (Short ID) ZONING: I/M OR EQUIVE   | ALENT: [Y/N]  |
| *Indicate Well or public well property size: .25 ACRES *WATER SUPPLY: [ ] PRIVATE PUBLIC [ ]<=20000  | ater  |
| IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO  | GPD [ ]>2000GPD   |
|  | GPD [ ]>2000GPD SEWER:FT E                              |
| PROPERTY ADDRESS: Property Address   | SEWER:FT  |
|  | SEWER: FT   |
| PROPERTY ADDRESS: Property Address   | SEWER:FT  |
| PROPERTY ADDRESS: Property Address   | SEWER:FT  |
| PROPERTY ADDRESS: Property Address  DIRECTIONS TO PROPERTY: Accurate directions to property  | SEWER:FT  |
| PROPERTY ADDRESS: Property Address  DIRECTIONS TO PROPERTY: Accurate directions to property  Home or Business  BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL  Unit Type of No.of Building Commercial/Institution No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6,   | nal System Design                                       |
| PROPERTY ADDRESS: Property Address  DIRECTIONS TO PROPERTY: Accurate directions to property  Home or Business  BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL  Unit Type of No.of Building Commercial/Institution No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6,   | nal System Design FAC                                   |
| PROPERTY ADDRESS: Property Address  DIRECTIONS TO PROPERTY: Accurate directions to property  Home or Business  BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL  Unit Type of No.of Building Commercial/Institution No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6,  SFR or Business 3 2000 Number of people in home  | nal System Design FAC                                   |

See instructions on next page

[ ] Other (Specify)

Floor/Equipment Drains

SIGNATURE: Signature and Date required



#### 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 <a href="http://webserver.vcgov.org/index.htm">http://webserver.vcgov.org/index.htm</a>. Information concerning your recorded subdivision date may be obtained from Vol. County Gov., Development Engineering, 386-736-5926.

<u>BUILDING INFORMATION</u>: 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).

<u>ATTACH AN AGENT AUTHORIZATION FORM</u> 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.

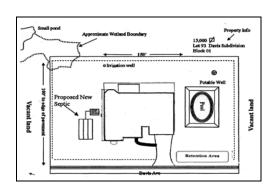
ATTACH A FLOOR PLAN. The floor plan (interior layout) must clearly show all proposed room configuration, within the home or building. The floor plan must be drawn to scale.

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.

<u>FOLLOWING INSTALLATION OF SEPTIC SYSTEM</u>, 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.

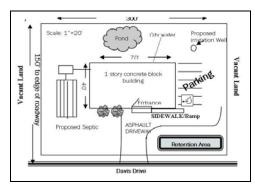
## Residential Site Plan

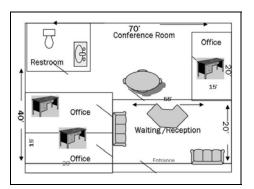


GREAT RM.

Residential Floor Plan

# Commercial Site Plan





Commercial Floor Plan



# STATE OF FLORIDA

| PERMIT NO. |  |
|------------|--|
| DATE PAID: |  |
| FEE PAID:  |  |
| RECEIPT #: |  |
|            |  |

| THE STATE OF                     | WE IN                                       | ONSITE<br>SYSTEM                                      | SEWA                                 | OF HEALTH<br>GE TREATMEI<br>FOR CONSTI                        |  |                            | SAL   | FEE P                   | AID                        | D:<br>:<br>:<br>#:     |   |
|----------------------------------|---|---|--------------------------------------|---|--|----------------------------|---|-------------------------|----------------------------|------------------------|---|
| [ ]                              |   | tem   |                                      |   |  |                            | Holding Tank<br>Temporary                                       |                         |                            | Innovative             | _ |
|                                  |   |   |                                      |   |  |                            |   | er repuio               | NIE .                      |                        | _ |
|                                  |   |   |                                      |   |  |                            |   | SLEPHO                  | NE:                        |                        | _ |
| TO BE BY A D APPLIC PLATT ====== | COMPLET<br>PERSON L<br>CANT'S R<br>ED (MM/D | ED BY AF<br>ICENSED<br>ESPONSIE<br>D/YY) IF<br>====== | PPLICAN<br>PURSUA<br>BILITY<br>REQUE | T OR APPLICA<br>INT TO 489.10<br>TO PROVIDE D<br>STING CONSID | NT'S AUTHO<br>5(3)(m) OR<br>OCUMENTATI<br>ERATION OF | RIZE<br>489<br>ON O<br>STA | D AGENT. SYS<br>.552, FLORIDA<br>F THE DATE TH<br>TUTORY GRANDF | TEMS I<br>STAT<br>E LOT | MUST<br>UTES<br>WAS<br>PRO |                        | D |
| LOT:                             |   | BLOCK:  |                                      | SUBDIVISION   | ·  |                            |   |                         | P                          | LATTED:                |   |
| PROPE                            | RTY ID #                                    | :   |                                      |   | ZONII  | NG:                        | I/M (   | OR EQU                  | IVA                        | LENT: [ Y / N ]        | i |
| IS SE                            | WER AVAI                                    | LABLE AS  | S PER 3                              | 81.0065, FS?  | [ Y / N ]  |                            |   | ANCE I                  |                            | GPD [ ]>2000GP: EWER:F |   |
|                                  |   |   |                                      |   |  |                            |   |                         |                            |                        |   |
| BUILD:<br>Unit<br>No<br>1        | ING INFO Type of Establi                    |   |                                      | [ ] RESI: No. of Bedrooms                                     | _  |                            | [ ] COMMERC   | ituti                   |                            | l System Design<br>FAC |   |
| 2                                |   |   |                                      |   |  |                            |   |                         |                            |                        |   |
| 3                                |   |   |                                      |   |  |                            |   |                         |                            |                        | _ |
| 4                                |   |   |                                      |   |  | _                          |   |                         |                            |                        | _ |
| [ ]                              | Floor/E                                     | quipment  | Drain                                | s [ ] Otl   | ner (Speci   | Ey)                        |   |                         |                            |                        | _ |
| G T CONTO                        | mine.                                       |   |                                      |   |  |                            |   | D3.000                  |                            |                        |   |



### STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM SITE EVALUATION AND SYSTEM SPECIFICATIONS

| PERMIT | #. |  |
|--------|----|--|
|        |    |  |

| APPLICANT:  |  |  | AGENT:  |  |  |
|---|--|--|---|--|--|
| LOT: BLOCK  | <b>:</b>   | SUBDIVISION:   |   |  |  |
| PROPERTY ID #:  |  |  | [Section/Township/P   | arcel No. or Ta  | x ID Number]   |
|   |  |  | EMPLOYEE,OR OTHER QUEAL EACH PAGE OF SUBM                     |  |  |
| TOTAL ESTIMATED SEW AUTHORIZED SEWAGE F UNOBSTRUCTED AREA F BENCHMARK/REFERENCE ELEVATION OF PROPOS THE MINIMUM SETBACK SURFACE WATER: WELLS: PUBLIC: BUILDING FOUNDATION SITE SUBJECT TO FRE | AGE FLOW: LOW: VAILABLE: POINT LOCATION ED SYSTEM SITE WHICH CAN BE FT FT LIMITE IS: | GALL GALL SQFT  ON: IS [INC MAINTAINED FRO DITCHES/SWALE D USE: FT PROPERTY  G: [] YES [ | ] NO NET USABLE ARE ONS PER DAY [RESIDEN ONS PER DAY [1500 GH | NCES-TABLE 1/OTE PD/ACRE OR 2500 A REQUIRED:    BENCHMARK/REF   TO THE FOLLOW:   MALLY WET? [ ]   FT NON-POTA   DTABLE WATER LIP | HER-TABLE2] GPD/ACRE] SQFT  ERENCE POINT ING FEATURES YES [ ] NO BLE:FT NES:FT |
| SOIL PROFILE INFO   | RMATION SITE 1   |  | SOIL PROFILE INFO   | RMATION SITE 2   |  |
| MUNSELL #/COLOR   |  | DEPTH  | MUNSELL #/COLOR   |  | DEPTH  |
|   |  | TO   |   |  | TO   |
|   |  | TO   |   |  | TO   |
|   |  | TO   |   |  | TO   |
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|   |  | TO   |   |  | TO   |
| USDA SOIL SERIES  |  |  | USDA SOIL SERIES  | 3 <b>:</b>   |  |
| ESTIMATED WET SEASO<br>HIGH WATER TABLE VE  | ON WATER TABLE GETATION: [ ]   | ELEVATION:YES [ ] NO   | BELOW] EXISTING GRADE INCHES [ABC MOTTLING: [ ] YES           | OVE / BELOW] E.<br>E [ ] NO DEPTI  | XISTING GRADE  |
| SOIL TEXTURE/LOADIN DRAINFIELD CONFIGUR REMARKS/ADDITIONAL  | IG RATE FOR SYSTATION: [ ] TRE   | STEM SIZING:<br>ENCH [ ] BEI   | DEPTH O   | F EXCAVATION:  | INCHES   |
|   |  |  |   |  |  |