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

APPLICANT:  Your Name
AGENT:  or Agent
TELEPHONE:  Contact Phone
FAX #
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:  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

BUILDING INFORMATION  [ ] RESIDENTIAL  [ ] COMMERCIAL
No. of Establishment  No. of Bedrooms  Building Area Sqft  Commercial/Institutional System Design
1  SFR or Business  3  2000  Number of people in home
2  (residential)  or employees if business
3
4

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

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, 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.
APPLICATION FOR:  
[ ] New System  [ ] Existing System  [ ] Holding Tank  [ ] Innovative  
[ ] Repair  [ ] Abandonment  [ ] Temporary  [ ] ____________

APPLICANT: ____________________________
AGENT: ____________________________ TELEPHONE: ____________________________
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: _____  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

<table>
<thead>
<tr>
<th>Unit No</th>
<th>Establishment</th>
<th>No. of Bedrooms</th>
<th>Building Area Sqft</th>
<th>Table 1, Chapter 64E-6, FAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[ ] Floor/Equipment Drains  [ ] Other (Specify) ____________________________
SIGNATURE: ____________________________ DATE: ____________________________

DH 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC
APPLICANT: ____________________________ AGENT: ______________________________

LOT: _______ BLOCK: _______ SUBDIVISION: ______________________________

PROPERTY ID #: ________________________________ [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: [ ] YES [ ] NO  NET USABLE AREA AVAILABLE: _______ ACRES

TOTAL ESTIMATED SEWAGE FLOW: _____ GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE 2]

AUTHORIZED SEWAGE FLOW: _____ GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]

UNOBSTRUCTED AREA AVAILABLE: _______ SQFT UNOBSERVED AREA REQUIRED: _______ SQFT

BENCHMARK/REFERENCE POINT LOCATION:

ELEVATION OF PROPOSED SYSTEM SITE IS _____ [INCHES/FT] [ABOVE/Below] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES

SURFACE WATER: _______ FT DITCHES/SWALES: _______ FT NORMALLY WET? [ ] YES [ ] NO

WELLS: PUBLIC: _______ FT LIMITED USE: _______ FT PRIVATE: _______ FT NON-POTABLE: _______ FT

BUILDING FOUNDATIONS: _______ FT PROPERTY LINES: _______ FT POTABLE WATER LINES: _______ FT

SITE SUBJECT TO FREQUENT FLOODING: [ ] YES [ ] NO 10 YEAR FLOODING? [ ] YES [ ] NO

10 YEAR FLOOD ELEVATION FOR SITE: _______ FT MSL/NGVD SITE ELEVATION: _______ FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

<table>
<thead>
<tr>
<th>MUNSELL #/COLOR</th>
<th>TEXTURE</th>
<th>DEPTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO</td>
<td>TO</td>
<td>TO</td>
</tr>
<tr>
<td>TO</td>
<td>TO</td>
<td>TO</td>
</tr>
<tr>
<td>TO</td>
<td>TO</td>
<td>TO</td>
</tr>
<tr>
<td>TO</td>
<td>TO</td>
<td>TO</td>
</tr>
</tbody>
</table>

USDA SOIL SERIES: __________________

SOIL PROFILE INFORMATION SITE 2

<table>
<thead>
<tr>
<th>MUNSELL #/COLOR</th>
<th>TEXTURE</th>
<th>DEPTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO</td>
<td>TO</td>
<td>TO</td>
</tr>
<tr>
<td>TO</td>
<td>TO</td>
<td>TO</td>
</tr>
<tr>
<td>TO</td>
<td>TO</td>
<td>TO</td>
</tr>
<tr>
<td>TO</td>
<td>TO</td>
<td>TO</td>
</tr>
</tbody>
</table>

USDA SOIL SERIES: __________________

OBSERVED WATER TABLE: _____ INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]

ESTIMATED WET SEASON WATER TABLE ELEVATION: _____ INCHES [ABOVE / BELOW] EXISTING GRADE

HIGH WATER TABLE VEGETATION: [ ] YES [ ] NO  MOTTLING: [ ] YES [ ] NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: __________ DEPTH OF EXCAVATION: _____ INCHES

DRAINFIELD CONFIGURATION: [ ] TRENCH [ ] BED [ ] OTHER (SPECIFY)

REMARKS/ADDITIONAL CRITERIA:

__________________________

SITE EVALUATED BY: ____________________________ DATE: ____________