Septic System Repair Permit Application and Instructions

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

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

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

1 SFR or Business 3 2000 Number of people in home or employees if business

Example-blank form attached

[ ] 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.vmov.com/index.html](http://webserver.vmov.com/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 A SITE PLAN: The site plan must show lot dimensions, the location of the existing septic system, the location of the proposed drain field, 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 THE EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION FORM #DH 4015 PG 4 with the following information:

- 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.

ATTACH WATER USE RECORDS for the most recent 12 months, for a residence on a municipal water supply only. This information may be obtained from monthly utility bills or from the utility company.

The fee for a Septic System Repair Permit is $300.00. The permit will be valid for 90 days.

Make Checks Payable to: VOLUSIA COUNTY HEALTH DEPT.

FOLLOWING SEPTIC SYSTEM REPAIR, there may be additional inspections needed to final 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 reinspecon. 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.
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  [ ] Abandonment  [ ] Temporary

APPLICANT:______________________________________________________

AGENT:__________________________________________________________ TELEPHONE:__________________________

MAILING ADDRESS:_________________________________________________

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

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

SIGNATURE: __________________________________ DATE: ________________________

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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 UNOBSTRUCTED 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

<table>
<thead>
<tr>
<th>SITE 1</th>
<th>SITE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUNSELL #/COLOR</td>
<td>TEXTURE</td>
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<td>TO</td>
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<td>USDA SOIL SERIES:</td>
<td>USDA SOIL SERIES:</td>
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</tbody>
</table>

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: ____________________________
STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

APPLICANT: 

CONTRACTOR / AGENT: 

LOT: BLOCK: SUBDIV: ID#: 

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

EXISTING TANK INFORMATION

<table>
<thead>
<tr>
<th></th>
<th>GALLONS SEPTIC TANK/GPD ATU LEGEND:</th>
<th>MATERIAL:</th>
<th>BAFFLED: [Y / N]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GALLONS SEPTIC TANK/GPD ATU LEGEND:</td>
<td>MATERIAL:</td>
<td>BAFFLED: [Y / N]</td>
</tr>
<tr>
<td></td>
<td>GALLONS GREASE INTERCEPTOR LEGEND:</td>
<td>MATERIAL:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GALLONS DOSING TANK LEGEND:</td>
<td>MATERIAL:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES</th>
<th>DIMENSIONS: X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SQUARE FEET SYSTEM NO. OF TRENCHES</td>
<td>DIMENSIONS: X</td>
</tr>
</tbody>
</table>

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 TYPE OF WASTE [ ] DOMESTIC [ ] COMMERCIAL
[ ] 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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