

Septic System Repair Permit Application and Instructions



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

PERMIT NO. _____
 DATE PAID: _____
 FEE PAID: _____
 RECEIPT #: _____

APPLICATION FOR:

- | | | | |
|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> New System | <input type="checkbox"/> Existing System | <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Innovative |
| <input checked="" type="checkbox"/> Repair | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Temporary | <input type="checkbox"/> _____ |

APPLICANT: Your Name

AGENT: AGENT or Agent TELEPHONE: Contact Phone
 FAX # _____

MAILING ADDRESS: Applicant or agent mailing address

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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.

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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: _____

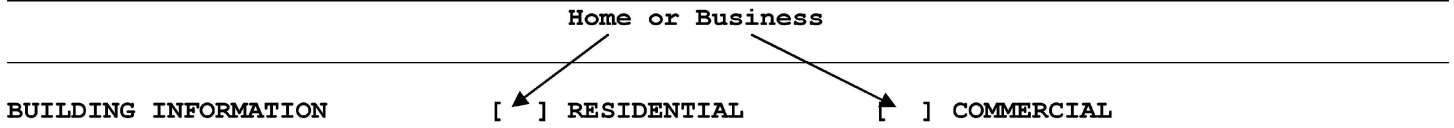
PROPERTY ID #: Accurate Property ID (Short ID) ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .25 ACRES *WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD
**Indicate Well or public water*

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



Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>SFR or Business</u>	<u>3</u>	<u>2000</u>	<u>Number of people in home or employees if business</u>
2		(residential)		
3				
4				

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 your 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 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:

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.

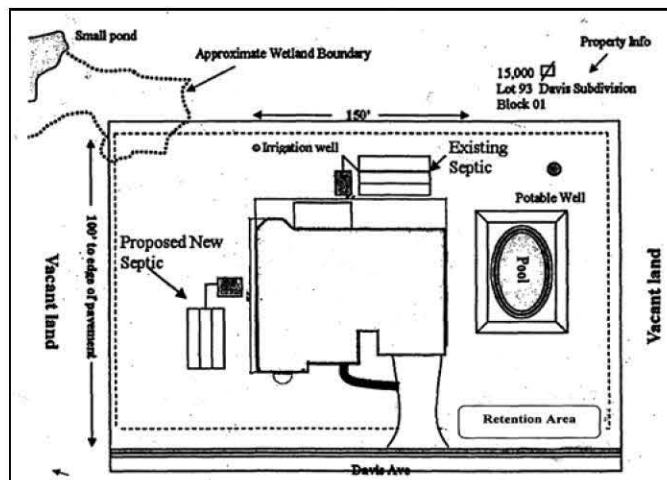
ATTACH AN AGENT AUTHORIZATION FORM if you are an agent for the applicant and you are not a registered septic contractor, licensed plumber or licensed builder.

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 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.





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 SYSTEM
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PERMIT NO. _____
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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

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

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: _____ DATE: _____



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

PERMIT # _____

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

[] 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: _____
 [] 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 TYPE OF WASTE [] DOMESTIC [] COMMERCIAL
 [] GPD ESTIMATED SEWAGE FLOW BASED ON [] METERED WATER [] TABLE 1, 64E-6, FAC
 SITE [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING
 CONDITIONS: [] SLOPING PROPERTY [] _____
 NATURE OF FAILURE: [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE
 [] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE [] _____
 FAILURE SYMPTOM: [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD
 [] PLUMBING BACKUP [] _____

REMARKS/ADDITIONAL CRITERIA _____

SUBMITTED BY: _____ TITLE/LICENSE _____ DATE: _____