

Abandonment of Septic 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:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: **Your Name**

AGENT: 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 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**

Home or Business

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	Example-blank form attached			
2				
3				
4				

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

SIGNATURE: **Signature and Date Required** DATE: _____

See instructions on next page





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BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

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1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Floor/Equipment Drains Other (Specify) _____

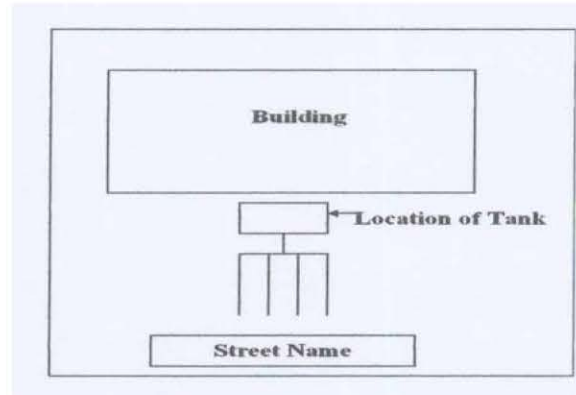
SIGNATURE: _____ DATE: _____

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>.

ATTACH A SITE PLAN: The site plan must show the location of the tank to be abandoned and building location.



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 Abandonment of Septic Permit is **\$50.00**. The permit will be valid for 90 days.

Make Checks Payable to: VOLUSIA COUNTY HEALTH DEPT.

ALL WORK to pumpout, crush and fill the septic tank with sand shall be conducted by a registered septic tank contractor or a state-licensed plumber or by the owner of the owner-occupied single family residence being served by the septic tank.
