

Existing System Inspection for Residential: Additions or Enclosures to Structure



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

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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]

*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

Example-blank form attached

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 | <u>Existing Residence Information</u> <u>SFR</u> | <u>3</u> | <u>2000</u> | _____ |
| 2 | <u>Type of enclosure or addition*</u> <u>(Ex: Family room or bedroom)</u> | _____ | <u>400</u> | _____ |
| 3 | <u>* If bedroom add number to existing</u> <u>Total</u> | _____ | <u>2400</u> | _____ |
| 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 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.

ATTACH A SITE PLAN: The site plan and all features shown on it **MUST BE DRAWN TO SCALE**, and must show lot dimensions, the location of the existing septic system on the lot, 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 A FLOOR PLAN. The floor plan must clearly show all existing and proposed outside wall dimensions, the existing and proposed room configuration within the home or building and any other features that will be added or changed. The floor plan must be to scale.

ATTACH THE EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION FORM #DH 4015 PG 4 with the following information: *NOTE: If the existing septic system has been inspected and approved within the last three (3) years you may qualify for a reduced fee of \$35.00 and form #DH 4015 may not be required.*

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.

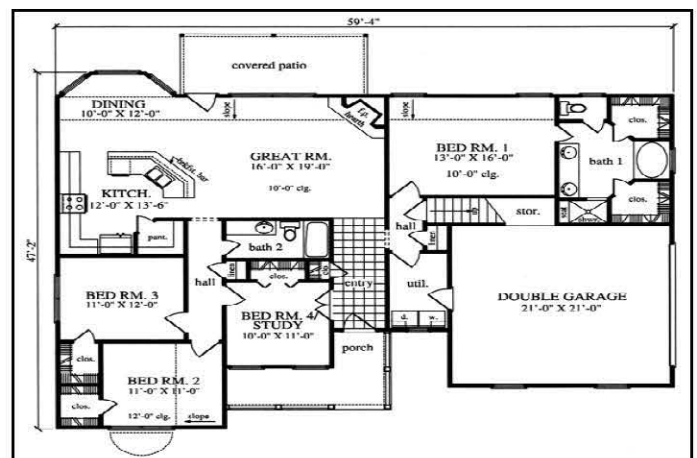
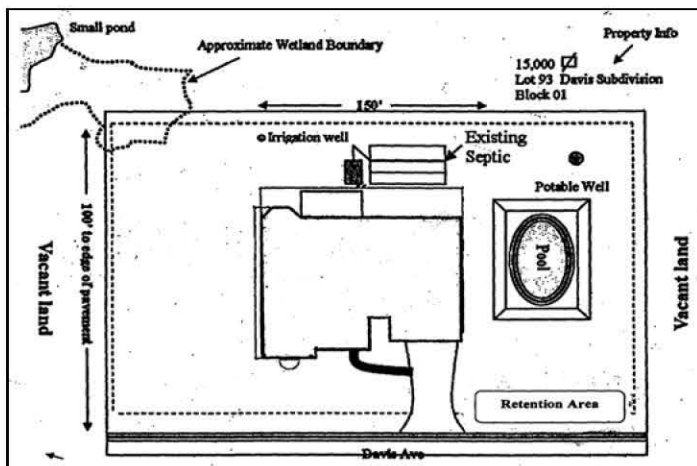
From the **customer:**

- 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.

The fee for an Existing Septic System Approval application is **\$110.00.**

Please make checks payable to: **Volusia County Health Dept.**





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 SYSTEM
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APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
 [] Repair [] Abandonment [] Temporary [] _____

APPLICANT: _____

AGENT: _____ TELEPHONE: _____

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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
 SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT #. _____

APPLICANT: _____ AGENT: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____

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

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTEMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINNEERS 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-TABLE2]
 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 SITE 1

| MUNSELL #/COLOR | TEXTURE | DEPTH |
|-----------------|---------|-------|
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |

USDA SOIL SERIES: _____

SOIL PROFILE INFORMATION SITE 2

| MUNSELL #/COLOR | TEXTURE | DEPTH |
|-----------------|---------|-------|
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |
| _____ | _____ | TO |

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: _____



STATE OF FLORIDA
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 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: _____

HEALTH DEPARTMENT NOTICE!

INFORMATION FOR APPROVAL OF EXISTING SEPTIC SYSTEM FOR A CHANGE OF BUSINESS, TENNANT OR OWNERSHIP

Florida Statute 381.0065 requires that all businesses that use a septic tank system for sewage disposal obtain approval from the local health department any time that there is a change in the business owner, business type or a tenant. Septic tank systems are specifically sized based on the type of business that is connected to the system. Changes in business operations can increase the sewage flow, or change the sewage characteristics and that may cause premature septic system failure resulting in a sanitary nuisance and expensive repairs. The approval process for a new business or tenants is listed below.

1. Complete an application for an Existing Septic system approval. You will need to know the Parcel I.D. Number, size of the property, property legal description, property owner and address, zoning, source of drinking water and list the type of business(s) at the location. Also note on the application what the previous use or operation was for the building or suite in a multi-tenant building.
2. Submit with the application, a site plan drawn to scale of the property. The site plan must show where the septic system is located, any wells on the property and all buildings, parking areas, ditches, ponds or other surface water.
3. The septic tank must be pumped out and the pumper must complete form 4015 which is in the application package.
4. Pay the necessary approval fee. Any building that has been vacant for more than one year is required to have the septic system brought into compliance with the current code. Any system not meeting specific code setbacks, systems that have been paved over or under parking areas, systems in failure or systems that have been repaired without a permit, will not be approved and must be corrected prior to approval.

**PLEASE DO NOT START RENOVATION OR REMODELING OF YOUR
BUSINESS UNTIL WE HAVE APPROVED THE SEPTIC SYSTEM FOR USE!!**
THE APPROVAL OF THE SEPTIC SYSTEM DOES NOT GUARANTEE
FUNCTION FOR ANY SPECIFIC PERIOD OF TIME AND ALL OTHER STATE,
COUNTY AND/OR CITY BUILDING AND CODE REQUIREMENTS MUST BE IN
COMPLIANCE.