

TRI-COUNTY SEPTIC SERVICE, INC.

P.O. Box 741172 • Orange City, FL 32774-1172 • (386) 774-2055 • Fax (386) 774-2028
 Email: tricounty98@cfl.rr.com

PROPOSAL

PROPOSAL SUBMITTED TO:		PHONE:	DATE: 7-24-2025
NAME:	JOB NAME: Reiter		
STREET: 22 Poinsettia Dr.	STREET:		
CITY: Deland	CITY:	STATE:	
STATE: FL 32724	RENTAL PROPERTY: YES ___ NO <u>X</u>		

We hereby submit specifications and estimates for:

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit Fee: \$ 500.00
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Septic Tank Pump Out Abandon
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavation of Drainfield or Unsuitable Soil
<input checked="" type="checkbox"/>	<input type="checkbox"/>	225 Square Feet of Drainfield: Bed (Trench)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ATU Gallon Septic Tank Singular Green with 2 yr. MAINTENANCE Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Gallon Lift Station Pump & Alarm
<input type="checkbox"/>	<input type="checkbox"/>	Septic Sand as Needed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other: Electrician For Aerator with Permit (Required)

* Grant Pays \$14,000.00 your Cost \$2,000.00

TOTAL \$16,000.00

Our prices include a discount for cash or check. For payment by credit card add 3%. A late fee of 1 1/2% will be added after 10 days.

Bill does not include: sod, landscaping, tree removal, damage to concrete driveways, sidewalks, sprinkler systems, water lines, or any underground utilities.

** Pending Volusia County Health Department Specifications**

We hereby propose to furnish labor and materials - complete in accordance with the above specifications, for the sum of: Sixteen thousand 09/100 dollars (\$16,000.00) with payment to be made as follows:

* DUE UPON COMPLETION OF JOB! *

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra cost, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. This proposal is subject to acceptance within thirty (30) days, and is void thereafter at the option of the undersigned.

Authorized Signature John Horvath

Acceptance of Proposal

The above prices, specifications and conditions are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Accepted: _____ Signature: _____
 Date: _____ Signature: _____

Part 5 – Property Owner Acknowledgement

Pursuant to subsections 381.0065(8), F.S., and 62-6.003(3), F.A.C., I am the owner of the residence or business listed on the application for a construction permit for the property identified. I hereby acknowledge and provide notice regarding the inspection(s) for the proposed Onsite Sewage Treatment and Disposal System for this property and authorize the Private Provider Inspector(s) in Part 4 of this application to perform the inspection(s):

I have elected to use one or more private providers to perform an Onsite Sewage Treatment and Disposal System inspection that is the subject of the enclosed permit application. I understand that the Department of Environmental Protection may not perform the required Onsite Sewage Treatment and Disposal System inspection to determine compliance with the applicable codes, except to the extent authorized by law. Instead, the inspection will be performed by the licensed or certified private provider identified in the application. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified private provider and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the Department from any claims arising from my use of the licensed or certified private provider identified in the application to perform the Onsite Sewage Treatment and Disposal System inspection that is the subject of the enclosed permit application. Additionally, I understand that in the event the Onsite Sewage Treatment and Disposal System does not comply with applicable rules and law, I will be responsible for remediating the system in accordance with existing law.

_____ X _____ 07/24/2025
(Printed Property Owner Name) (Property Owner Signature) Date

Part 6 – Department Review - TO BE COMPLETED BY THE DEPARTMENT

Submittal Date _____ Amount Paid _____ Receipt No. _____
Application No. _____ Authorization Request [] Initial [] Amend [] Rescind
[] Approved [] Disapproved Disapproval Reason _____

_____ _____ _____ _____
Printed Name Signature Office Date