

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PRIVATE SEWAGE DISPOSAL SYSTEM
PLAN REVIEW APPLICATION**

\$100.00 Permit Fee

Date _____

Permit Number _____

County McDonough

Owner: _____ Telephone No.: _____

Address _____

Contractor: _____ License Number: _____ Telephone No. _____

NOTE: Work not done by the homeowner (must own & occupy personal single family residence) must be done by a licensed contractor.

Location-County _____ City: _____ Street: _____

Subdivision & Lot #: _____ Township Name: _____

Township: _____ Range: _____ Section: _____ ¼ Section: _____ Local ID Info: _____

Type of Installation: ___New ___Repair Distance to Municipal Sewer _____ ft.

Water Supply: Private Well: _____, Semi-Private Well: _____, Non-Community: _____, Municipal: _____

Residential Dwelling: _____, Seasonal: Yes ___ No. of Residents: _____ No. of Bedrooms: _____

Garbage Grinder: Yes ___ Basement: Yes ___ Water Softener: Yes ___ Hot Tub: # of Gallons: _____

Non-Residential: _____ No. of Employees: _____ Design Flow: _____ Other Wastewater Generators: _____

Soil Information: Loading Rates (attach report) Boring#1 _____ Boring#2 _____ Boring #3 _____

Depth to Seasonal High Water Table (SHWT): _____ inches Depth to Other Limiting Layers: _____ inches

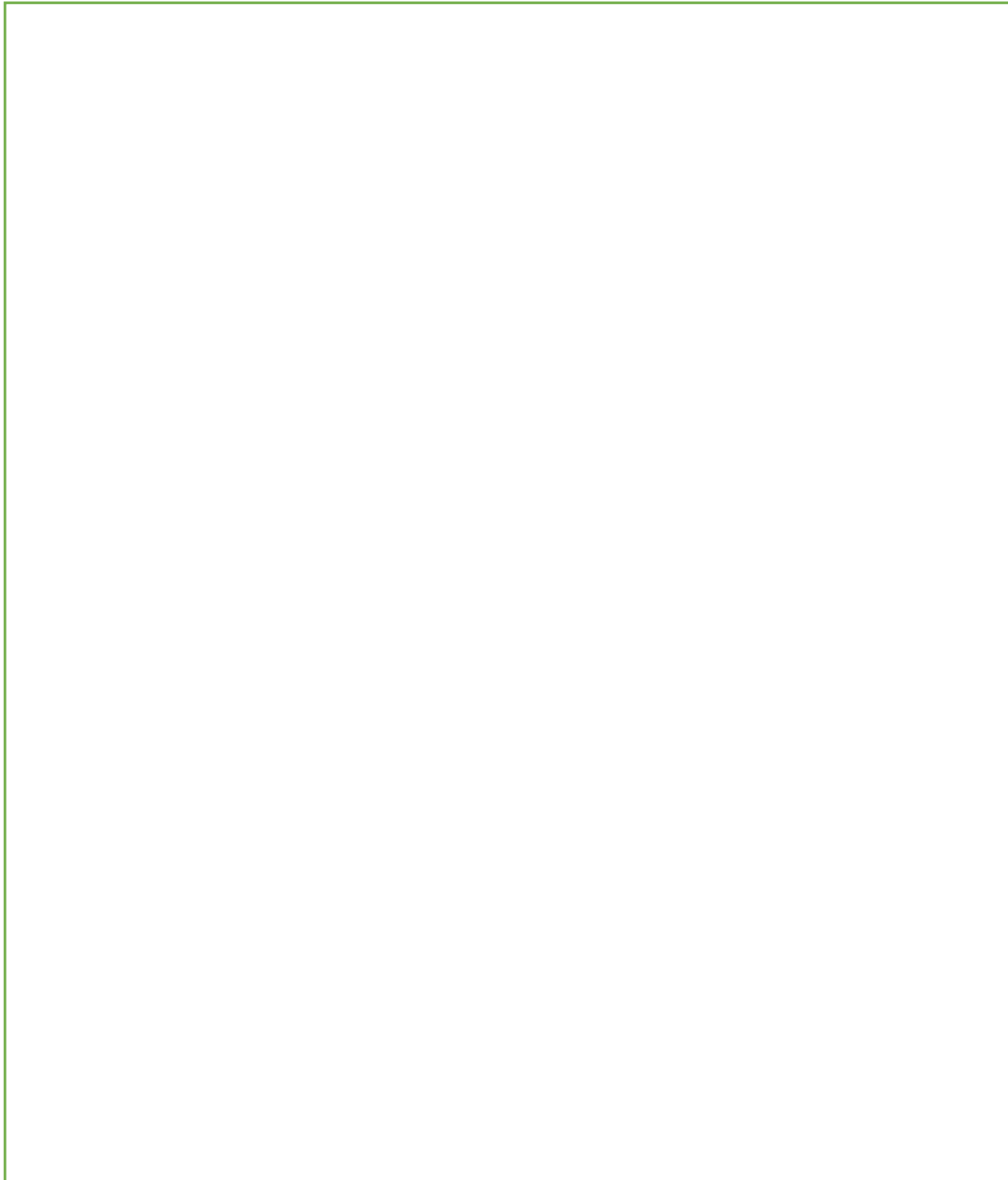
**Design Group II-VI (3 foot separation from SHWT)
Design Group VII-XII (2 foot separation from SHWT)**

Depth of Curtin Drain or Interceptor: _____ inches
(10 foot horizontal setback from the seepage field)

I certify that the attached information for this property is complete and correct and that installation of said facilities will conform to the Illinois Department of Public Health Private Sewage Licensing Act and Code. I ACCEPT THE RESPONSIBILITY OF NOTIFYING THE HEALTH DEPARTMENT TO MAKE A FINAL INSPECTION OF THE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PRIOR TO BACKFILLING SAID INSTALLATION.

CONTRACTOR'S SIGNATURE: _____ DATE: _____

Furnish plans or draw to scale the proposed construction indicating lot size with dimensions showing the system, the type and dimensions of the system to be installed showing type of pipe material, utilities, distances to water lines, water wells (existing or proposed, including wells on neighboring property if they are near the property line), water storage tanks, lot lines, location of soil borings, site elevations and ground surface elevations sufficient to determine the elevation of system components and the slope of the ground surface, location of any sanitary sewer within 300 feet of the property, and any other extraordinary conditions on the lot.



Proposed Private Sewage Disposal System

Primary Treatment: Gallons To Be Treated Per Day: _____

Septic Tank Size: _____ Gallons, Illinois #: _____ Manufacturer: _____

Aerobic Treatment Plant Capacity: _____ gpd Manufacturer: _____

Subsurface Treatment:

Subsurface Disposal: _____ sqft Depth of Field: _____ inches

Gravel System Rock Source: _____

Gravel-less System Size: _____ Manufacturer: _____

Chamber System Size: _____ Manufacturer: _____

EZ Flow Size: _____

Low Pressure Pipe Drip Irrigation: _____

Other: _____

At Grade/Above Grade Treatment:

Illinois Raised Filter Beds: _____ sqft Peat Filter: _____

Other: _____

Pump Chamber _____ gpd # of Pumps _____ Number of doses/day _____

Effluent Filter Manufacturer _____ Alarm Location _____

Sand filter Size _____ sq ft Sand Source _____

Chlorine Contact Chamber Size _____ gallons Manufacturer _____

Evaporation Bed Size _____ sq ft

Surface Discharge Note: You must attach Documentation that no other option is available in order to Discharge.

Surface Discharge Location _____ Distance to property line _____

IS AN NPDES PERMIT REQUIRED? YES _____ (Attach Copy of Notice of Intent) or NO _____

I certify that the attached information for this property is complete and correct. I also understand that as the property owner I am responsible and accept responsibility for service and maintenance of this sewage disposal system. Records of said maintenance and service must be transferred to next property owner. I must keep all records of maintenance and service for the life of the system.

OWNER'S SIGNATURE: _____ DATE: _____