

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

- \$250 Permit Fee for Homeowner
- \$150 Permit Fee for Contractor

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: _____ 1/4 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 Dwelling: ___ 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 200 feet of the property, and any other extraordinary conditions on the lot.

Sketch Checklist

- Lot Size:
- System Dimensions.....
- Materials Labeled.....
- Utilities Shown.....
- Water Supply Shown.....
- Required Distances Labeled.....
- Geothermal System?.....

Elevations of System Components

- Benchmark & Elevation _____
- Elevation to Invert of Building Drain _____
- Elevation to Invert of Tank Inlet _____
- Elevation of Ground over Tank _____
- Lowest Elevation of Ground over Field _____
- Highest Elevation of Ground Surface over Tank _____
- Length of Building Sewer _____

Primary Treatment: Gallons To Be Treated Per Day: _____

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

Aerobic Treatment Plant Capacity: _____ gpd Manufacturer: _____

Subsurface Treatment:

Subsurface Disposal: _____ sq ft 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: _____ sq ft Peat Filter: _____

Other: _____

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

Curtain Drain Anticipated Depth: _____

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 Location: _____ Distance to property line: _____

IS AN NPDES PERMIT REQUIRED? YES: _____ or NO: _____

I _____, have been informed of the requirements of the NPDES permit program. I have made the determination that the pollutants from the discharging system **WILL NOT** enter water of the United States. I understand all regulations pertaining to a surface discharging system and that I assume responsibility for that system.

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: _____