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

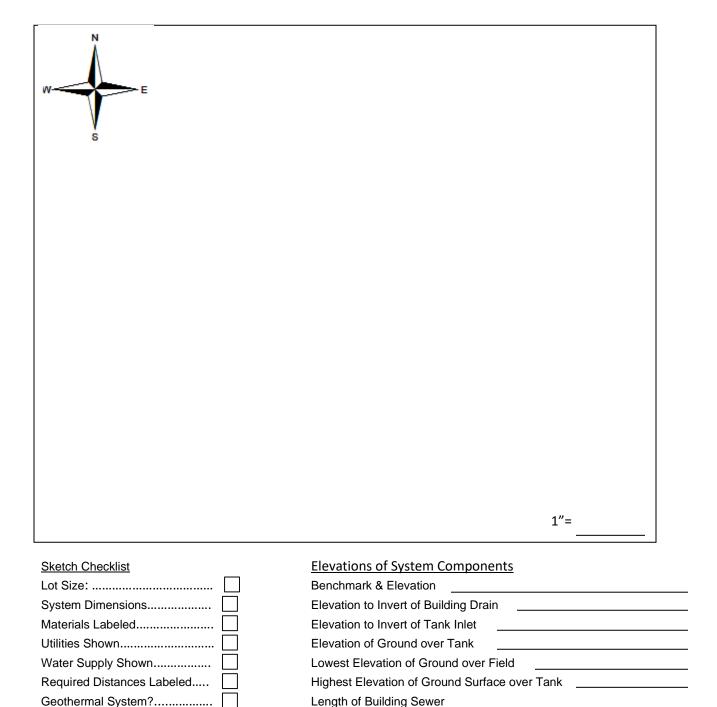
 \$250 Permit Fee for Homeowner \$150 Permit Fee for Contractor 		Date:		
Permit Number:	County:	<u>McDonough</u>		
Owner:	Telephone N	lo.:		
Address:				
Contractor: Licens	se Number:	Teleph	one No.:	
NOTE : Work not done by the homeowner (n licensed contractor.	nust own & occupy	personal single family res	idence) must be done by a	
Location-County: Cit	y:	Street:		
Subdivision & Lot #:	Township Na	ime:		
Township: Range: Section	n: ¼ Sectio	on: Local ID Info:		
Type of Installation:NewRepair Water Supply: Private Well Semi-F		nce to Municipal Sewer: _		
Residential Dwelling: Seasonal D		-	-	
Garbage Grinder: Basement:				
Non-Residential: No. of Employees				
Soil Information: Loading Rates (attach re				
Depth to Seasonal High Water Table (SHW)		es Depth to Other Limit	ing Layers: inches	
Design Group II-VI (3 foot separation Design Group VII-XII(2 foot separation				
Depth of Curtin Drain or Interceptor: (10 foot horizontal setback from the seepage	e field)	inches		
I certify that the attached information for facilities will conform to the Illinois Depar ACCEPT THE RESPONSIBILITY OF NOTII	tment of Public H	ealth Private Sewage Li	censing Act and Code. I	

CONTRACTOR'S SIGNATURE:_____ DATE: _____

OF THE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PRIOR TO BACKFILLING SAID INSTALLATION.

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.



Proposed Private Sewage Disposal System

		-	:	
-			Manufacturer:	
Aerobic Treatment Plan	t Capacity:	gpd	Manufacturer:	
Subsurface Treatment	:			
Subsurface Disposal:		Depth	of Field:inches	
Gravel System Rock So	urce:			
Gravel-less System Size):		Manufacturer:	
Chamber System Size:			Manufacturer:	
EZ Flow Size:				
Low Pressure Pipe Drip	Irrigation:			
Other:				
At Grade/Above Grade	Treatment			
		41		
Illinois Raised Filter Bed		sq n	Peat Filter:	
Other:				
Pump Chamber:	gpd # of	Pumps:	Number of doses/day:	
Curtain Drain Anticipate	d Depth:			
Effluent Filter Manufactu	ırer:		Alarm Location:	
Sand filter Size:	sq ft	Sand Source	ce:	
Chlorine Contact Chaml	oer Size:	_gallons Mar	nufacturer:	
Evaporation Bed Size: _		sq ft		
Surface Discharge Loca	tion:		_ Distance to property line:	
IS AN NPDES PERMIT	REQUIRED? YES:		or NO:	
I	, have bee	n informed of	the requirements of the NPDES permit program. I have arging system WILL NOT enter water of the United States.	
			ging system will NOT enter water of the United States.	
owner I am responsible a	nd accept responsit rvice must be transf	bility for service	mplete and correct. I also understand that as the property e and maintenance of this sewage disposal system. Records o roperty owner. I must keep all records of maintenance and	F
	_		DATE:	