

Septic Installed by Contractor \$125.00  
Septic Installed by Homeowner \$175.00  
Repair of Septic System \$75.00

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

LOG/PERMIT NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_  
(Office Use Only) (Office Use Only)

1. Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

2. Contractor: \_\_\_\_\_ License No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

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

3. Location-County: \_\_\_\_\_ City: \_\_\_\_\_ Street: \_\_\_\_\_

Subdivision & Lot #: \_\_\_\_\_ Township Name: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section \_\_\_\_\_ 1/4 Section: \_\_\_\_\_ Local Identification Info: \_\_\_\_\_

4. Detailed Direction to Site: Highway Number, Secondary Roads, Signs to follow etc.: \_\_\_\_\_

5. Site Information Renovation: \_\_\_\_\_ New System: \_\_\_\_\_

Residential Dwelling: \_\_\_\_\_, Seasonal: Yes \_\_\_\_\_ No. of Residents: \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

Garbage Grinder: Yes: \_\_\_\_\_ Basement: Yes: \_\_\_\_\_ Water Softener: Yes \_\_\_\_\_ Hot Tub: #Gallons \_\_\_\_\_

Non-Residential: \_\_\_\_\_ No. of Employees: \_\_\_\_\_ Design Flow: \_\_\_\_\_ Other wastewater generators: \_\_\_\_\_

Water Supply: Private Well: \_\_\_\_\_ Semi Private Well: \_\_\_\_\_ Non Community: \_\_\_\_\_ Municipal: \_\_\_\_\_

Depth of Limiting Layer: \_\_\_\_\_ Soil Type: \_\_\_\_\_

Soil Scientist Data: Name of Soil Investigator: \_\_\_\_\_

**Attach copy of Soil Data Report to application**

6. Proposed Private Sewage Disposal System: Gallons To Be Treated Per Day: \_\_\_\_\_

a. Septic Tank Size \_\_\_\_\_ Gallons Illinois # \_\_\_\_\_

b. Subsurface Seepage Field/Bedroom \_\_\_\_\_ Sq Ft.

Total Subsurface Seepage Field \_\_\_\_\_ Sq. Ft., Line. Ft. \_\_\_\_\_, Width \_\_\_\_\_

c. Gravel-less Seepage Field: 8": \_\_\_\_\_ Lin. Ft. 10": \_\_\_\_\_ Lin. Ft.

d. Chamber System: Manufacturer: \_\_\_\_\_

Sq. Ft. per Lin. Ft. \_\_\_\_\_ Total Lin. Ft. \_\_\_\_\_

e. Seepage Bed \_\_\_\_\_ Sq. Ft.

f. Waste Stabilization Pond \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

g. Buried Sand Filter/Recirculating Sand Filter \_\_\_\_\_ Sq. Ft.

Width: \_\_\_\_\_ Length: \_\_\_\_\_

h. Wisconsin Mound Basal Area \_\_\_\_\_ Sq Ft.

i. Chlorinating Tank \_\_\_\_\_ Gallons (if required)

j. Aerobic Treatment Plant: \_\_\_\_\_

Manufacturer & Model: \_\_\_\_\_

Treatment Capacity: \_\_\_\_\_ GPD

k. Location of Audio/Visual Alarms: \_\_\_\_\_

l. Effluent Discharge to: \_\_\_\_\_

**NPDES Permit is required for surface discharge.**

**Mailing receipt and NOI must be attached.**

m. Pump Chamber Size: \_\_\_\_\_

Other: \_\_\_\_\_

**PRIVATE SEWAGE DISPOSAL SYSTEM  
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7. Lot diagram and sewage system plan.

Furnish plans or draw to scale the proposed construction indicating lot size with dimension showing the system, type of system to be constructed, the dimensions of the system to be installed showing type of material, utilities, distances to water lines, water wells, potable water storage tanks, location of perc holes, buildings, lot lines, proposed elevation of the system components, slope, depth of limiting layer, and any other extraordinary conditions on the lot.

**Locate any wells on lot**  
**Locate any wells on neighboring lots**

8. Checklist

- Lot size \_\_\_\_\_
- Location of perc test \_\_\_\_\_
- System Dimensions \_\_\_\_\_
- Materials Labeled \_\_\_\_\_
- Utilities Shown \_\_\_\_\_
- Water Supply Shown \_\_\_\_\_
- Required Distances Labeled \_\_\_\_\_
- Depth of Limiting Layer \_\_\_\_\_
  
- Depth of Cover \_\_\_\_\_ Inches
- Width \_\_\_\_\_ Inches

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9. I certify the attached information is completed and correct and that, if approved, the work will conform with the current Private Sewage Disposal Licensing Act and Code.

\_\_\_\_\_ Date \_\_\_\_\_  
Contractor

10. I certify, as property owner, that the attached information for this property is complete and correct. In addition, I understand that I am responsible for and accept responsibility for service and maintenance of this sewage system as required in Section 905.20 (q) of the Illinois Private Sewage Disposal Code. I must keep all records of maintenance and service for the life of the system. Records of said maintenance and service must be transferred to the next property owner.

\_\_\_\_\_ Date \_\_\_\_\_  
Homeowner