

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

Septic Installed by Contractor- \$125
Septic Installed by Homeowner- \$150
Repair of System- \$75.00

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: _____

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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

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