

SEPTIC APPLICATION  
PROCESSING FEE- \$175.00

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: \_\_\_\_\_

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7. Lot diagram and sewage system plan.

Furnish plans or draw to scale the proposed construction indicating all items listed on checklist below.

**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

**ELEVATIONS: House Outlet** \_\_\_\_\_

**Septic Inlet** \_\_\_\_\_ **Septic Outlet** \_\_\_\_\_

**First Trench Outlet** \_\_\_\_\_

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

11. I certify, as the Cass County Health Inspector, that the attached information has been reviewed and approved by Cass County Environmental Health.

\_\_\_\_\_ Date \_\_\_\_\_  
Cass County Health Department