

## Iroquois County Public Health Department Division of Environmental Health

### APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE SYSTEM

Property Parcel #: \_\_\_\_\_ Installer License #: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Installer's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Propose to (construct/repair) \_\_\_\_\_ a private sewage system used for a: \_\_\_\_\_

- A.  **Residence** # of bedrooms \_\_\_\_\_ **Garbage Grinder**  Yes  No **Water Softener**  Yes  No **Hot Tub**  Yes  No  
 B.  **Commercial Building:** Type: \_\_\_\_\_ # of Employees: \_\_\_\_\_ or # of Customers: \_\_\_\_\_  
 C.  **Other:** \_\_\_\_\_

SEWAGE SYSTEM LOCATION

Septic Site Address: \_\_\_\_\_ City: \_\_\_\_\_

SEWAGE SYSTEM INFORMATION

**Design Flow:** \_\_\_\_\_ gallons per day determined by: \_\_\_\_\_ **Soil Evaluation attached:**  Yes  No

**A. Septic Tank:** Size: \_\_\_\_\_ gallons IL#: \_\_\_\_\_  New Home Construction  Existing Home System Repair

**B. Septic System:**

- Gravel Field System: Total Linear Ft.: \_\_\_\_\_ ft. Trench Width: \_\_\_\_\_ in. **Total Square Feet:** \_\_\_\_\_
- Chamber System: Type: \_\_\_\_\_ Sq. ft. per linear ft.: \_\_\_\_\_ Length: \_\_\_\_\_ ft. **Total Square Feet:** \_\_\_\_\_
- Gravel Seepage Bed: Width: \_\_\_\_\_ Length: \_\_\_\_\_ ft. **Total Square Feet:** \_\_\_\_\_
- Gravel Seepage Field: 8" Linear Ft. \_\_\_\_\_ 10" Linear Ft. \_\_\_\_\_ ft.
- Buried Sand Filter/Recirculating Sand Filter: Width: \_\_\_\_\_ ft. Length: \_\_\_\_\_ ft. **Total Square Feet:** \_\_\_\_\_
- Aerobic Treatment Plant: Manufacturer and Model: \_\_\_\_\_ Treatment Capacity: \_\_\_\_\_ gallons per day
- Chlorination Tank: \_\_\_\_\_ gallons
- Surface Effluent Discharge to: \_\_\_\_\_ NPDES Permit #: \_\_\_\_\_
- Pump Chamber Size: \_\_\_\_\_
- Alarm Location: \_\_\_\_\_
- Waste Stabilization Pond: Width: \_\_\_\_\_ ft. Length: \_\_\_\_\_ ft. Depth: \_\_\_\_\_
- Illinois Raised Filter Bed: \_\_\_\_\_ Square Ft.
- Other: \_\_\_\_\_

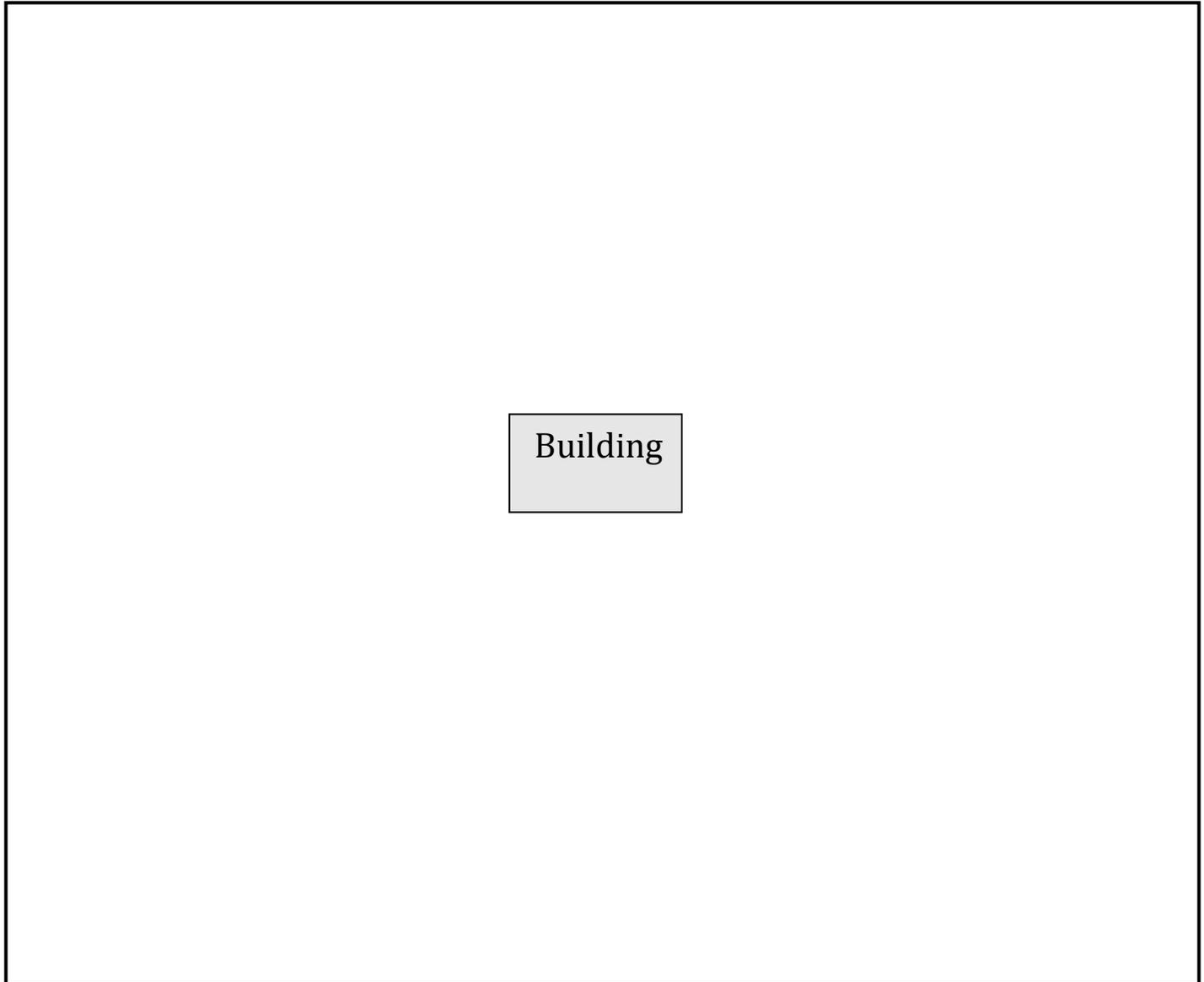
I have received this application, discussed alternatives with my installer, and certify that the attached information is correct. I give permission to the installer to make any necessary changes to the application or at the time of installation to ensure that my system meets the Illinois Private Sewage Disposal Licensing Act and Code (IPSDLA&C). I am aware of and accept the responsibility to service and maintain the private sewage disposal system in accordance with the IPSDLA&C. I will provide documentation to Iroquois County Public Health Department that this system is being properly maintained and that this may include periodic sampling of effluents. I understand that my current disposal system may require modification at my expense to meet any changes in the IPSDLA&C. I understand that if my disposal system fails or causes a nuisance it is my responsibility to promptly correct the problem. I am aware that a representative of the Iroquois County Public Health Department may conduct necessary inspections to ensure my system is installed in accordance with the IPSDLA&C. Iroquois County Public Health Department does not guarantee trouble-free operation of my system by the issuance of my permit or the agency's inspections. I, the property owner, assume all responsibility of maintenance of my system and any nuisance or health hazard that may arise from my system.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_ ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

# Private Sewage Disposal System Lot Diagram and Sewage Disposal System Construction Plan

Draw to scale the proposed construction including the dimensions of the system to be installed showing an exact layout of the system including all distances to water lines, water wells, building, lot lines, any unsealed wells, and other bodies of water.



### LIST ALL PIPES

Pipe Size: \_\_\_\_\_

ASTM: \_\_\_\_\_

Gravel Size: \_\_\_\_\_

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

### WATER SOURCE

EPA water supply

Private Well Pressurized Water Supply

Private Well Suction Water Supply

# Private Sewage Disposal Elevation Form

- A.** The building sewer will fall \_\_\_\_\_ inches between the building and the septic tank/aeration unit.
- B.** Distance from top of the septic tank to the ground surface \_\_\_\_\_ inches
- C.** The sewer line will fall \_\_\_\_\_ inches between the septic tank outlet tile to top of leach field
- D.** Distance from ground surface to the top of the seepage field is \_\_\_\_\_ to \_\_\_\_\_ inches
- E.** Distance from bottom of seepage field to the top of the artificial drain tile is \_\_\_\_\_ inches

