

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

LOG/PERMIT NUMBER _____ COUNTY _____
(Office Use Only) (Office Use Only)

1. Owner: _____ Telephone 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 Information _____

4. Detailed Directions 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 _____ No _____ Basement: Yes _____ No _____ Water Softener: Yes _____ No _____ Hot Tub: #Gallons _____
Non-Residential: _____ No. of Employees: _____ Design Flow: _____ Other Wastewater Generators: _____
Water Supply: Private Well: _____, Semi-Private Well: _____, Non-Community: _____, Municipal: _____
Percolation Tests: Date(s): _____ Conducted by: _____
Hole No. 1: Depth _____, _____ min./6" Hole No. 2: Depth _____, _____ min./6" Hole No. 3: Depth _____, _____ min./6"
Average min./6" Fall: _____ (Rerun or use highest value if difference is greater than 30 minutes)
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: _____

<p>a. Septic Tank Size _____ Gallons, Illinois # _____</p> <p>b. Subsurface Seepage Field/Bedroom _____ Sq. Ft. Total Subsurface Seepage Field _____ Sq. Ft., Lin. Ft. _____, Width _____</p> <p>c. Gravel-less Seepage Field: 8": _____ Lin. Ft. _____, 10" _____ Lin. Ft.</p> <p>d. Chamber System: Manufacturer: _____ Sq. Ft. per Lin. Ft., _____ Total Lin. Ft. _____</p> <p>e. Seepage Bed _____ Sq. Ft.</p> <p>f. Waste Stabilization Pond _____ Length _____ Width _____ Depth _____</p> <p>g. Buried Sand Filter/Recirculating Sand Filter _____ Sq. Ft. Width: _____, Length: _____</p>	<p>h. Wisconsin Mound Basal Area _____ Sq. Ft.</p> <p>i. Chlorinating Tank _____ Gallons (If Required)</p> <p>j. Aerobic Treatment Plant: _____ Manufacturer & Model: _____ Treatment Capacity: _____ Gallons per day</p> <p>k. Location of Audio & Visual Alarms _____</p> <p>l. Effluent Discharge to: _____ (Garage, Basement, Stairwell, Etc.)</p> <p>m. Pump Chamber Size _____</p>
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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, buildings, lot lines, location of percolation holes, 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.

N

+

1" = _____

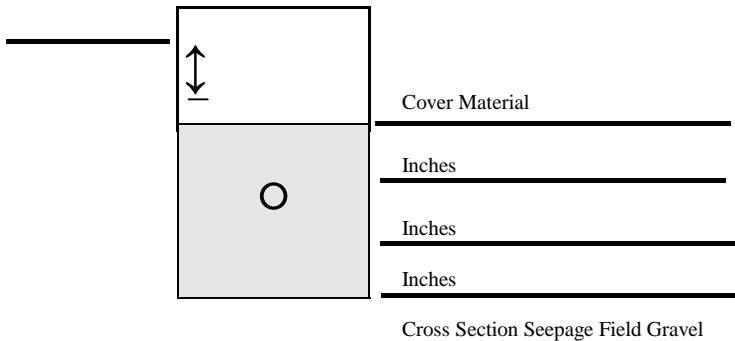
8. Checklist (Fill this out)

- Lot size _____
- System Dimensions _____
- Materials Labeled _____
- Utilities Shown _____
- Location of Perc Tests _____
- Water Supply Shown _____
- Required Distances Labeled _____
- Depth of Limiting Layer _____

Depth of Cover
Inches

Width in Inches _____

Elevations of the System Components



Benchmark & Elevation: _____
 Elevation to Invert of Building Drain: _____
 Elevation to Invert of Tank Outlet: _____
 Lowest Elevation of Ground Surface over Field _____
 Highest Elevation of Ground Surface over Field _____
 Length of Building Sewer (House to Tank) _____
 Extraordinary Condition Shown: _____

9. I certify that 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.

Signature of Applicant (Owner or Contractor)

Date

IMPORTANT NOTICE: This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlines under Public Act 84-670. Disclosure of this information is mandatory.