

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

LOG/PERMIT NUMBER \_\_\_\_\_ COUNTY Logan  
(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 from Logan County Health Department: Highway Number, Secondary Roads, Signs to follow, Etc.:

\_\_\_\_\_

\_\_\_\_\_

5. Site information Renovation: \_\_\_\_\_ New System: \_\_\_\_\_ Location of System (Residential) > 300 ft. From Public Sewer (Y/N) \_\_\_\_\_  
Residential Dwelling: \_\_\_\_\_ Seasonal: Yes \_\_\_\_\_ No. of Residents: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_ Hot Tub: # Gallons \_\_\_\_\_  
Garbage Grinder: Yes \_\_\_\_\_ No \_\_\_\_\_ Basement: Yes \_\_\_\_\_ No \_\_\_\_\_ Water Softener: Yes \_\_\_\_\_ No \_\_\_\_\_ Discharges to: \_\_\_\_\_  
Non-Residential: \_\_\_\_\_ No. of Employees: \_\_\_\_\_ Location of System (Non-Residential) > 1500 ft. From Public Sewer (Y/N) \_\_\_\_\_  
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 # _____	h. Wisconsin Mound Basal Area _____ Sq. Ft.
b. Subsurface Seepage Field/Bedroom _____ Sq. Ft.	i. Chlorination Tank _____ Gallons (If Required)
Total Subsurface Seepage Field _____ Sq. Ft., Lin. Ft. _____, Width _____	j. Aerobic Treatment Plant: _____
c. Gravel-less Seepage Field: 8": _____ Lin. Ft. _____, 10" _____ Lin. Ft.	Manufacturer & Model: _____
d. Chamber System: Manufacturer: _____	Treatment Capacity: _____ Gallons per day
Sq. Ft. per Lin. Ft., _____ Total Lin. Ft. _____	k. Location of Audio & Visual Alarms _____
e. Seepage Bed _____ Sq. Ft.	_____
f. Waste Stabilization Pond _____ Length _____ Width _____ Depth _____	(Garbage, Basement, Stairwell, Etc.)
g. Buried Sand Filter/Recirculating Sand Filter _____ Sq. Ft.	l. Effluent Discharge to: _____
Width: _____, Length: _____	m. Pump Chamber Size _____

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

**NOTE TO INSTALLER:** The Illinois Private Sewage Disposal Code requires that the area designated for sewage disposal system construction must be protected prior to and during all phases of the construction process. The area must be secured to deter traffic, to prevent compaction of soil, and to prevent the removal or addition of soil. The installer must also provide proper notice to the Logan County Department of Public Health for final inspection prior to backfilling the system.

# PRIVATE SEWAGE DISPOSAL SYSTEM PLAN REVIEW APPLICATION

## 7. Lot diagram and sewage system plan.

In the space to the right or on a separate sheet of paper, 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.

1" = \_\_\_\_\_ ft.

## 8. Checklist/Additional System Specifications (check or provide specifications if not on diagram)

Lot size \_\_\_\_\_  
System Dimensions \_\_\_\_\_  
Materials Labeled \_\_\_\_\_  
Utilities Shown \_\_\_\_\_  
Location of Soil Test Holes \_\_\_\_\_  
Water Supply Shown \_\_\_\_\_  
Required Distances Labeled \_\_\_\_\_  
Depth of Limiting Layer \_\_\_\_\_

N

Seepage Field Specifications/Location: Depth of Trench: \_\_\_\_\_ (in.) Width of Trench: \_\_\_\_\_ (in.) Distance to: Nearest Well \_\_\_\_\_ ft. Waterline \_\_\_\_\_ ft.  
Seepage Field to Property Line \_\_\_\_\_ ft. Septic Tank Location: Distance to: Nearest Well \_\_\_\_\_ ft. Nearest Water Line \_\_\_\_\_ ft. Dwelling \_\_\_\_\_ ft.

Elevations of the System Components (all systems):

Gravel System/Sand filter Seepage Field Components (if applicable)

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): \_\_\_\_\_  
Building Sewer PVC Type/ASTM#: \_\_\_\_\_  
Extraordinary Condition Shown: \_\_\_\_\_

Cover/Separation Material: \_\_\_\_\_  
PVC/Pipe Used (Type/ASTM#): \_\_\_\_\_  
Gravel Size: \_\_\_\_\_ inches  
Gravel Source: \_\_\_\_\_  
Sand Source (sand filter system): \_\_\_\_\_

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. In addition, this signature serves as acknowledgement that the property owner is aware of and accepts the responsibility to service and maintain the sewage disposal system in accordance with the Private Sewage Disposal Licensing Act and this Part. If the owner of this site is a developer or contractor, he or she shall notify the purchaser and the local health authority of the transfer of ownership and responsibility for maintenance.

\_\_\_\_\_  
Signature of Applicant (Owner or Contractor)

\_\_\_\_\_  
Date

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 disposal system as required in Section 905.20 (q) of the Illinois Private Sewage Disposal Code. Records of said maintenance and service must be transferred to the next property owner. I must keep all records of maintenance and service for the life of the system.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

**IMPORTANT NOTICE:** This 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.