

Douglas County Health Department Private Sewage Disposal System Plan Review Application

Permit Fee	
Conventional	\$100.00
Aeration	\$125.00
Sand Filter	\$125.00

Date: _____

Log/Permit No: _____ Township: _____
(office use only) (office use only)

1. Owner: _____ Telephone No: _____
 Address: _____

2. Contractor: _____ License No: _____ Telephone No: _____
 Note: Work not done by homeowner (must own & occupy personal single family residence) must be done by a licensed contractor.

3. Address: _____ City: _____
 Subdivision and Lot #: _____ Township name: _____
 Township: _____ Range: _____ Section #: _____ Quarter: _____ Quarter: _____

4. Detailed directions to site: Highway No., Secondary roads, signs to follow, etc:

5. Site Information (Check all that apply)

- Renovation New System New Construction Existing Construction
- Residential Dwelling: _____ Seasonal: Yes _____ No _____ No. Of Residents _____ No. of bedrooms _____
- Garbage Grinder: Yes _____ No _____ Water Softener: Yes _____ No _____
- Hot Tub: #Gallons _____
- Non-Residential: _____ # of employees _____
- Water Supply: Private Well: _____ Semi-private well: _____ Non-community: _____ Municipal: _____

A Soil Test Must be Performed to Deterine a Loading Rate. Percolation Results are Not Accepted.

Soil Classifier Data: Name of Soil Investigator and Telephone # : _____

Depth of limiting layer: _____ Soil Type: _____

Attach copy of soil data report to application

6. Proposed Private Sewage Disposal System

- a. Septic Tank Size: _____ Gallons
 Illinois No: _____
- b. Subsurface Seepage Field/bedroom: _____ Sq. ft.
 Total Subsurface Seepage Field: _____ Sq. ft. _____ Lin. 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
 # Distribution lines: _____ # of collection lines: _____
- h. Wisconsin Mound Basal Area: _____ Sq. ft.
- i. Chlorination Tank: _____ Gallons
- j. Aerobic Treatment Plant: _____ Manufacturer & Model: _____
 Treatment Capacity: _____ Gallons per day
- k. Location of audio and visual alarms: _____
- l. Effluent discharge to: _____
- m. lift station: _____ pump chamber size: _____

Other: _____

**Private Sewage Disposal System
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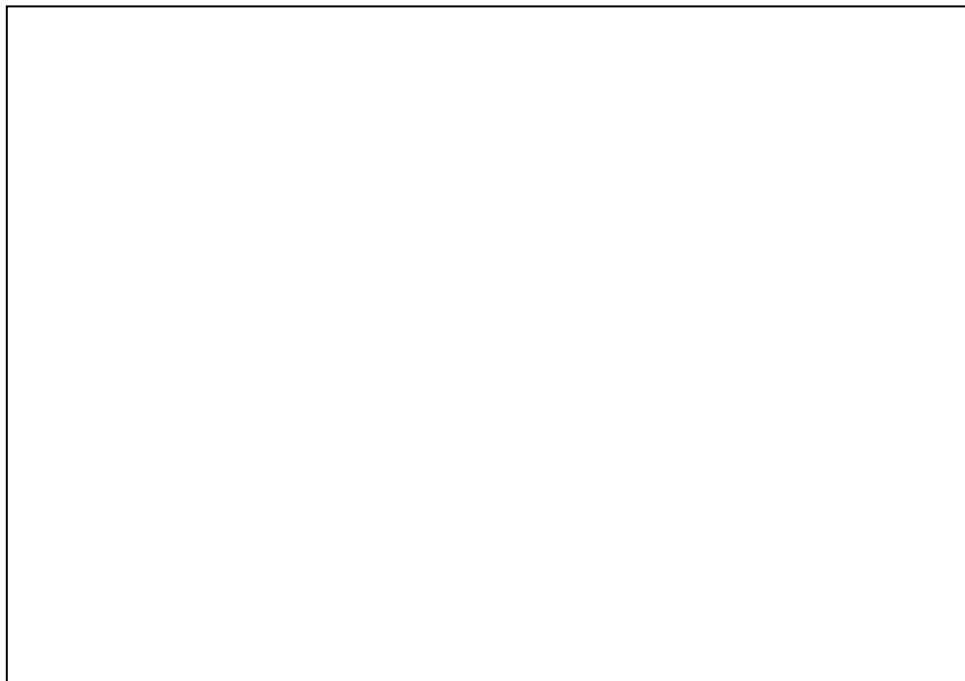
Lot Diagram and Sewage System Plan:

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, distance to water lines, water wells (including wells on neighboring property if they are near the property line), potable water storage tanks, buildings, lot lines, location of percolation holes, site elevations & ground surface elevations sufficient to determine the elevation of system components & the slope of the ground surface, location of sanitary sewer, if available, within 200 feet of the property, depth of limiting layer and any other extraordinary conditions on the lot.

N
+ 1"= _____

Checklist

- Lot Size _____
- System Dim. _____
- Materials Labeled _____
- Utilities Shown _____
- Location of Perc. Test _____
- Water Supply Shown _____
- Required Distances Labeled _____
- Depth of Limiting Layer _____
(i.e., seasonal high water table,
rock formation)



Distances:

- Well to _____
- Tank: _____
- Seepage field: _____
- Sand Filter: _____
- Effluent Discharge: _____
- Waterline to _____
- Tank: _____
- Seepage field: _____
- Sand filter _____
- Effluent discharge: _____

Elevations of the System Components:

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

Important: The Douglas County Health Department does not guarantee trouble free operation of this sewage treatment and disposal system by the issuance of this permit or final approval of the system installation. The contractor is responsible for installation in compliance with the Illinois State Private Sewage Disposal Licensing Act and Code and the Douglas County Private Sewage Disposal Ordinance. The property owner assumes full responsibility for any nuisance or health hazard that might result from its use.

I as Contractor agree to notify the Douglas County Health Department 48 hours before any construction work is to begin and I further agree that I will call for final inspection and approval of this system before covering. I hereby agree that to the best of my knowledge the preceding information is correct. In addition, the sewage disposal system will be installed strictly as outlined in this permit in conformance with the Douglas County Sewage Disposal Ordinance.

Signature of contractor
Application Approval:
Approved: ___ Yes ___ No
By: _____
Date: _____
Fee: \$ _____ Check # _____ Cash _____

Date

Signature of Homeowner
Construction Approval
Approved: ___ Yes ___ No
By: _____
Date: _____

Date