

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: _____ Quarter: _____
 Parcel Number: _____

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: _____ No. Of Residents _____ No. of bedrooms _____
 Garbage Grinder: _____ Water Softener: _____
 Hot Tub: #Gallons _____
 Non-Residential: _____ # of employees _____
 Water Supply: Private Well: _____ Semi-private well: _____ Non-community: _____ Municipal: _____

A Soil Test Must be Performed to Determine 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: _____ Gallons per day Manufacturer & Model: _____
 Treatment Capacity: _____
- k. Location of audio and visual alarms: _____
- l. Effluent discharge to: _____
- m. lift station: _____ pump chamber size: _____

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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.

Checklist

Lot Size

N

+

1"=

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:

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:

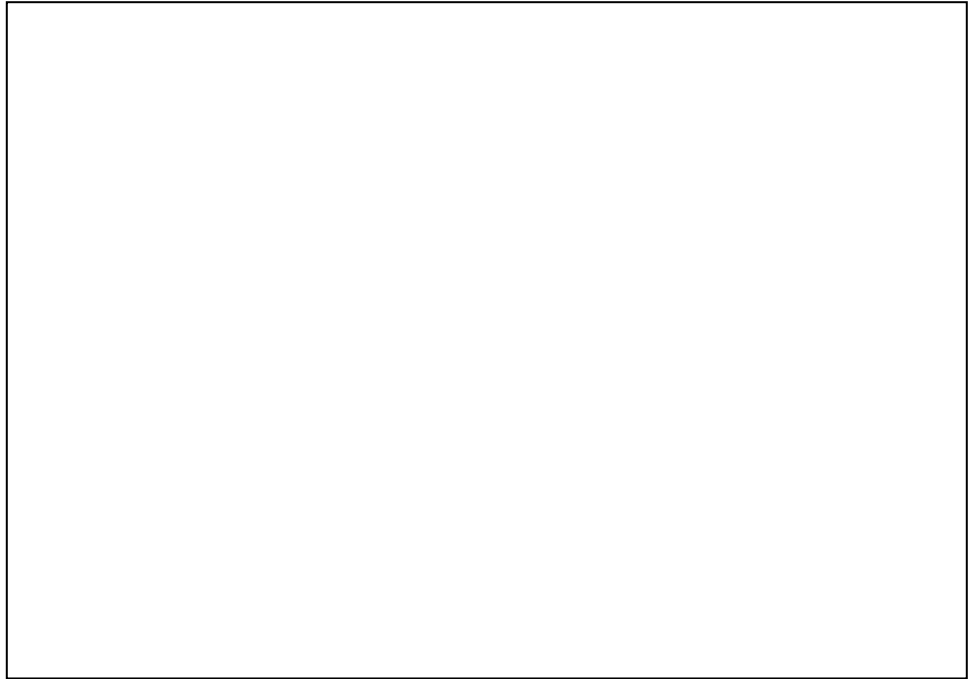
Highest Elevation of Ground Surface over Field:

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.



Please check at least one of the following:

All components will be installed as drawn in the site diagram box.

All components will be installed per attached drawing.

Signature of contractor

Date

Signature of Homeowner

Date

Application Approval:

Approved: ___ Yes ___ No

By: _____

Date: _____

Fee: \$ _____ Check # _____ Cash _____

Construction Approval

Approved: ___ Yes ___ No

By: _____

Date: _____