

PERMIT FEE \_\_\_\_\_

**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 \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
Propose to (construct/repair) \_\_\_\_\_ a private sewage system to be used as a:

- A.  **Residence** # of bedrooms \_\_\_\_\_ **Garbage grinder**  Yes  No  
B.  **Commercial Building:** Type? \_\_\_\_\_ # of Employees \_\_\_\_\_ or # of Customers \_\_\_\_\_  
C.  **Other:** \_\_\_\_\_

SEWAGE SYSTEM LOCATION

County \_\_\_\_\_ City \_\_\_\_\_ Address \_\_\_\_\_

SEWAGE SYSTEM INFORMATION

**Design Flow** \_\_\_\_\_ gallons per day determined by \_\_\_\_\_

**Soil Evaluation attached:**  Yes  No

**A. Septic Tank:** Size \_\_\_\_\_ gallon IL# \_\_\_\_\_  New  Existing

- B. Septic System:**
- Gravel Field System: \_\_\_\_\_ ft. of \_\_\_\_\_ inch wide trench **Total Square Feet** \_\_\_\_\_
  - Gravelless Seepage Field: 8" \_\_\_\_\_ linear ft 10" \_\_\_\_\_ linear ft
  - Chamber System: Manufacturer \_\_\_\_\_ Square ft per linear ft \_\_\_\_\_ **Total Linear Feet** \_\_\_\_\_
  - Gravel Seepage Bed: Width \_\_\_\_\_ ft. Length \_\_\_\_\_ ft. **Total Square Feet** \_\_\_\_\_
  - Waste Stabilization Pond: Width \_\_\_\_\_ ft. Length \_\_\_\_\_ ft. Depth \_\_\_\_\_
  - Buried Sand Filter/Recirculating Sand Filter: Width \_\_\_\_\_ ft. Length \_\_\_\_\_ ft. **Total Square Feet** \_\_\_\_\_
  - Illinois Raised Bed: \_\_\_\_\_ Square ft.
  - Chlorination Tank: \_\_\_\_\_ gallons
  - Aerobic Treatment Plant: \_\_\_\_\_  
Manufacturer and Model: \_\_\_\_\_ Treatment Capacity: \_\_\_\_\_ gallons per day
  - Effluent Discharge to: \_\_\_\_\_
  - Pump Chamber Size: \_\_\_\_\_
  - Other: \_\_\_\_\_

I have received this application and 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 to be modified at my expense to meet any changes in the IPSDLA&C. I understand that if my disposal system fails or causes a nuisance I am responsible 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.

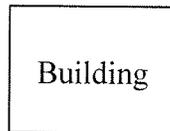
Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
Approved by \_\_\_\_\_ Date \_\_\_\_\_ ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

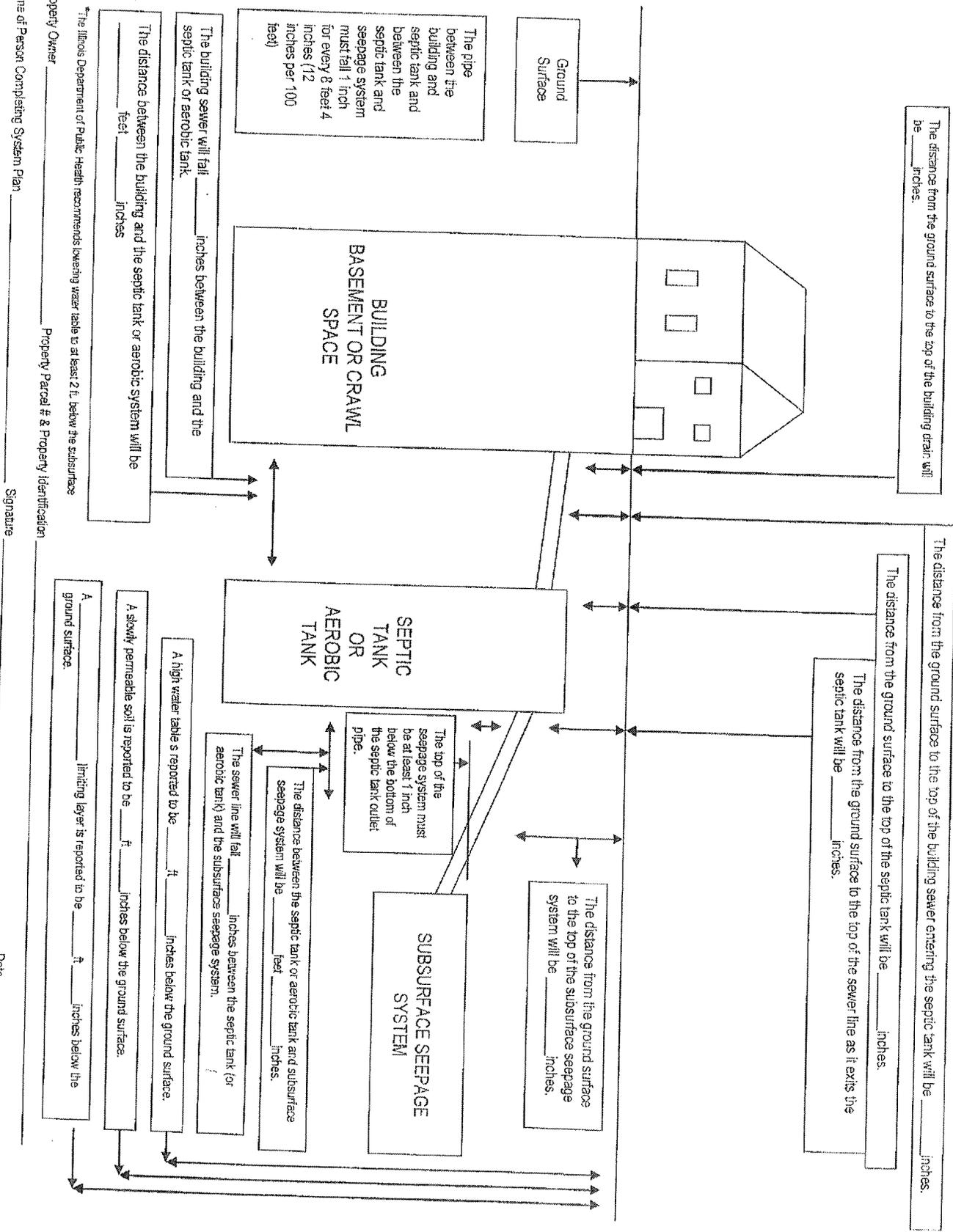
PRIVATE SEWAGE DISPOSAL SYSTEM  
LOT DIAGRAM AND SEWAGE DISPOSAL SYSTEM CONSTRUCTION PLAN

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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 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, building, lot lines, and any unsealed wells.





\*The Illinois Department of Public Health recommends lowering water table to at least 2 ft below the subsurface

Property Owner \_\_\_\_\_ Property Parcel # & Property Identification \_\_\_\_\_

Name of Person Completing System Plan \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_