

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 used for a:

- A. **Residence** # of bedrooms _____ **Garbage Grinder** Yes No **Water Softener** Yes No **Hot Tub** Yes No
 B. **Commercial Building:** Type? _____ # of Employees _____ or # of Customers _____
 C. **Other:** _____

SEWAGE SYSTEM LOCATION

Address: _____ Town _____

SEWAGE SYSTEM INFORMATION

Design Flow _____ gallons per day determined by _____ **Soil Evaluation attached:** Yes No

- A. **Septic Tank:** Size _____ gallons IL# _____ New Existing
 B. **Septic System:**

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

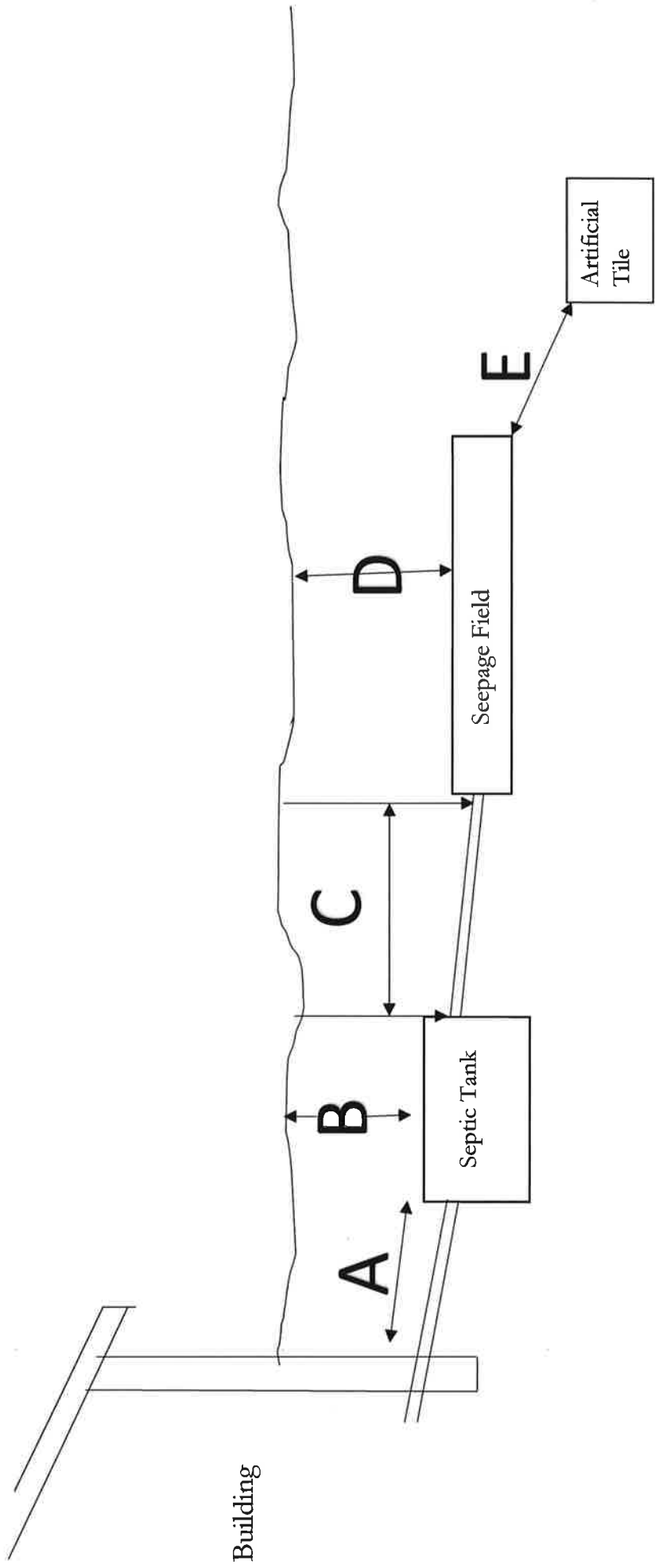
I have received this application, discussed alternatives with my installer, and certify that the attached information is correct. I give permission to the installer to make any necessary changes to the application or at the time of installation to ensure that my system meets the Illinois Private Sewage 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 Elevation Form

- A.** The building sewer will fall _____ inches between the building and the septic tank/aeration unit.
- B.** Distance from top of the septic tank to the ground surface _____ inches
- C.** The sewer line will fall _____ inches between the septic tank outlet tile to top of leach field
- D.** Distance from of ground surface to the top of the seepage field is _____ to _____ inches
- E.** Distance from bottom of seepage field to the top of the artificial drain tile is _____ inches



Private Sewage Disposal System Lot Diagram and Sewage Disposal System Construction Plan

Draw to scale the proposed construction including the dimensions of the system to be installed showing an exact layout of the system including all distances to water lines, water wells, building, lot lines, any unsealed wells, and other bodies of water.

Building

Property Line

Property Line

LIST ALL PIPES

Pipe Size: _____

ASTM: _____

Gravel Size: _____

Other: _____

WATER SOURCE

EPA water supply

Private Well Pressurized Water Supply

Private Well Suction Water Supply