

EFFINGHAM COUNTY HEALTH DEPARTMENT

901 West Virginia, P.O. Box 685
Effingham, IL 62401

Permit Fee \$50.00
Paid by: [] Cash (Receipt # _____)
[] Check (# _____)
Rec'd by: _____

Permit # _____
Date _____

APPLICATION FOR PRIVATE SEWAGE DISPOSAL SYSTEM

HOMEOWNER

SEWAGE CONTRACTOR

Name _____
Address _____
City _____
Phone _____
Township _____ Sec _____
Subdivision _____ Lot _____

Name _____
Address _____
City _____
Phone _____
License No. _____
FAX: _____

BUILDER (if spec house) _____

Directions to Site: (From Effingham) _____

SITE INFORMATION

[] Size of Lot (Dimensions _____ x _____) or Acreage _____
[] Residence OR [] Mobile Home OR [] Commercial
_____ New or _____ Existing
_____ Permanent or _____ Seasonal, Weekend or Part-time
of Bedrooms _____
[] Garbage Grinder [] Hot Tub
[] Basement [] Water Softener
WATER SUPPLY: [] Private Well [] Municipal [] Distance from system _____

[] AEROBIC TREATMENT PLANT
Manufacturer _____ Serial # _____
Model # _____ Size of Unit _____ Gal.
Distributor _____
Location of Alarm _____

Point of Discharge
[] Stream, river, lake or pond
(Surface Acres of lake or pond _____)
[] Common Collector (Draw diagram on back)
[] Ground surface @ one per acre (WHERE THE EFFLUENT DOES NOT POND OR CREATE A NUISANCE CONDITION.)

Name of Service Provider: _____
Address: _____

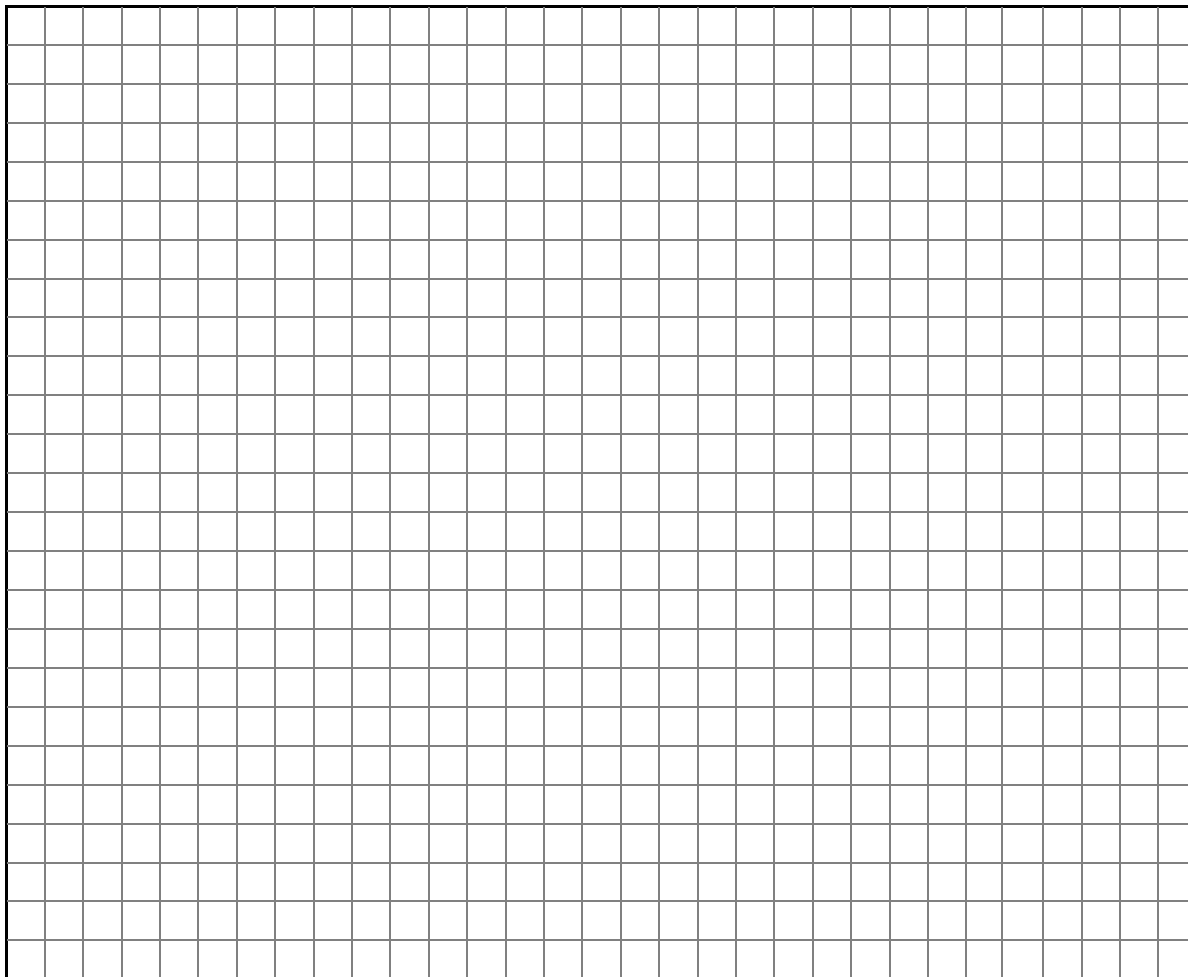
[] BURIED SANDFILTER
Septic Tank _____ gallon
Filter length _____ x width _____ = _____ sq. ft.
Distribution lines # _____ Pipe _____
Collection lines # _____ Pipe _____
Building Sewer Pipe _____

Filter Media: [] Sand [] Other _____
Lift Pump: [] Yes [] No Alarm location _____
Chlorine Contact Chamber _____ gallon
Point of Discharge
[] Stream, river, lake or pond
(surface acres of lake or pond _____)
[] Common Collector (Draw diagram on back)
[] Ground surface @ one per acre (WHERE THE EFFLUENT DOES NOT POND OR CREATE A NUISANCE CONDITION.)

[] SUBSURFACE SEEPAGE FIELD
(Attach Percolation Sheet)
a. Septic tank capacity _____ gallons Illinois #: _____
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. _____

Percolation Test: Date: (Attach Copy of Percolation Test) _____
Depth of Limiting Layer: _____ Soil Type: _____
Soil Scientist Data: Name of Soil Investigator: _____
(Attach copy of Soil Data Report to Application)

PLAN REVIEW APPLICATION



N ↑

SCALE 1" = _____

CHECKLIST MUST BE FILLED OUT AND SHOWN ON ABOVE GRID

- | | | |
|---|--|-------------------------------|
| <input type="checkbox"/> Lot Dimensions Shown | <input type="checkbox"/> Ditches, culverts | |
| <input type="checkbox"/> Materials labeled (Including Pipe) | <input type="checkbox"/> Hills, draws, etc. marked | |
| <input type="checkbox"/> Utilities labeled | <input type="checkbox"/> Property line labeled | |
| <input type="checkbox"/> Water supply shown | <input type="checkbox"/> Site and ground surface elevations | _____ fall from house to tank |
| <input type="checkbox"/> Location of perc. tests (if required) | noted to determine: elevation of | _____ fall from _____ |
| <input type="checkbox"/> Required distances labeled | system components and slope | _____ fall from _____ |
| <input type="checkbox"/> Any ponding or pooling of water in lot | <input type="checkbox"/> Location of sanitary sewer, if applicable | |

I, hereby, warrant that the proposed site is adequate to allow the installation of a private sewage disposal system in accordance with the Illinois Private Sewage Disposal System Code. I will be responsible for proper and legal installation of this system.

Signature of Contractor/Representative/Owner

Date

Inspector's Comments: _____

 Date: _____ Inspector: _____

- System appears to be installed per contractor's drawing
- System installed per Attachment I.