

CLAY COUNTY HEALTH DEPARTMENT, PH. 618 662-4406
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PRIVATE SEWAGE DISPOSAL SYSTEM
PLAN REVIEW APPLICATION

PERMIT FEE \$50.00

DATE: _____

LOG/PERMIT NUMBER _____ COUNTY _____
(OFFICE USE ONLY) (OFFICE USE ONLY)

OWNER: _____ TELEPHONE NO: _____
ADDRESS: _____

CONTRACTOR: _____ LICENSE NUMBER: _____
ADDRESS: _____ Telephone No. _____

NOTE: Work not done by homeowner (must own & occupy personal single family residence) MUST be done by a licensed contractor.

Location- County: _____ City: _____ Street: _____

Subdivision & Lot # _____ Township Name: _____

Township: _____ Range: _____ Section #: _____ ¼ Section: _____ Local Identification Info: _____

Detailed Directions to Site: Highway Number, Secondary Roads, Signs to follow, etc.: _____

Site Information: Renovation: _____ New System: _____

Residential Dwelling: _____ Seasonal: Yes _____ Number of Residents: _____ Number of Bedrooms: _____

Garbage Grinder: Yes _____ Basement: Yes _____ Water Softener: Yes _____ Hot Tub: #Gallons: _____

Non-Residential: _____ Number of Employees: _____ Design Flow: _____ Other Wastewater Generators: _____

Water Supply: Private Well: _____, Semi-Private Well: _____, Non-Community: _____, Municipal: _____

Percolation Tests: Date(s): _____ Conducted By: _____

Hole No. 1: Depth: _____ min./6" Hole No 2: Depth _____ min./6" Hole No 3: Depth _____ min/6"

Average min./6" Fall: _____ (Rerun or use highest value if difference is greater than 30 minutes)

Depth of Limiting Layer: _____ Soil Type: _____

Soil Scientist Data: Name of Soil Investigator: _____

(Attach copy of Soil Data Report to application)

Proposed Private Sewage Disposal System: Gallons To Be Treated Per Day: _____

a. Septic Tank Size _____ Gallons, Illinois #: _____ h. Wisconsin Mound Basal Area _____ Sq. Ft.

b. Subsurface Seepage Field/Bedroom _____ Sq. Ft. i Chlorination Tank _____ Gallons (if required)

Total Subsurface Seepage Field _____ Sq. Ft., Lin. Ft. _____ Width _____ j. Aerobic Treatment Plant: _____

c. Gravel-less Seepage Field: 8": _____ Lin. Ft. 10" _____ Lin. Ft. Manufacturer & Model: _____

d. Chamber System: Manufacturer _____ Treatment Capacity: _____ Gallons per day

Sq. Ft. per Lin. Ft., _____ Total Lin. Ft. _____ k. Location of Audio & Visual Alarms _____

e. Seepage Bed _____ Sq. Ft.

f. Waste Stabilization Pond _____ Length _____ Width _____ Depth _____ (Garage, Basement, Stairwell, Etc.)

g. Buried Sand Filter/Recirculating Sand filter _____ Sq. Ft. l. Effluent Discharge to: _____

Width: _____, Length: _____ m. Pump Chamber Size _____

Other: _____

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7. 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, distances 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 this elevation of system components & the slope of the ground surface, location of sanitary sewer, if available, within 100 feet of the property, depth of limiting layer and any other extraordinary conditions on the lot.

Checklist:

Lot Size: _____ System Dimensions: _____ Materials Labeled: _____ Water Supply Shown: _____

System Details:

Pipe Material: _____ ASTM# _____ Setback Distances: H2O line to building sewer: _____

Grade: building sewer to discharge: _____ Septic tank/ aerator to well/H2O line: _____

Discharge leaving property: yes () no () BSF Distribution lines #: _____ spacing: _____

BSF Collection lines # _____ spacing _____

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

I certify that the attached information is complete and correct and that, if approved, the work will conform with the current Private Sewage Disposal Licensing Act and Code.

Signature of Applicant (Owner or Contractor) Date

Application Approved By Date

IMPORTANT NOTICE:

State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 84-760. Disclosure of this information is mandatory.