

COLES COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
PRIVATE SEWAGE DISPOSAL SYSTEM
PLAN REVIEW APPLICATION
PERMIT FEE: \$50.00 SINGLE FAMILY RESIDENCE/ \$100.00 ALL OTHERS

DATE: _____

LOG/PERMIT NUMBER _____ 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 & Lot #: _____ Township Name: _____
Township: _____ Range: _____ Section #: _____ Quarter: _____ Quarter: _____ Quarter: _____

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

5. **Site Information:** Renovation: _____ New System: _____ Lot Size: _____
Residential Dwelling: _____, Seasonal: Yes _____, No _____, # of Residents _____, # of Bedrooms: _____
Garbage Grinder: Yes _____, No _____, Water Softener: Yes _____, No _____, Hot Tub: # Gallons: _____
Non-Residential: _____, # of Employees: _____, Design Flow: _____, Other Wastewater Generators: _____
Water Supply: Private Well; _____, Semi-Private Well; _____, Non-Community; _____, Municipal; _____
Percolation Test: Date(s): _____ Conducted By: _____
Hole #1: Depth; _____, _____ min./6", Hole #2: Depth; _____, _____ min./6", Hole #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)

6. **Proposed Private Sewage Disposal System:** Maximum 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 Distributor: _____
c. Gravel-less Seepage Field: 8": _____ Lin. Ft. 10" _____ Lin.Ft.	Manufacturer & Model: _____
d. Chamber/Gravelless 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. Lift Station: _____
# of Distribution lines _____ #of Collection lines _____	n. 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 dimensions 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 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 other extraordinary conditions on the lot.

N
+
1" = _____

Distances:

- Well to Tank: _____
- Seepage Field: _____
- Sand Filter: _____
- Effluent Discharge: _____
- Waterline to Tank: _____
- Seepage Field: _____
- Sand Filter: _____
- Effluent Discharge: _____
- Property Line To: _____
- _____
- _____
- _____

8. Checklist:

- Lot Size: _____
- System Dimensions: _____
- Materials Labeled: _____
- Utilities Shown: _____
- Location of Perc Tests: _____
- Water Supply Shown: _____
- Required Distances Labeled: _____
- Depth of Limiting Layer: _____
- Extraordinary Condition Shown: _____

Elevations of the System Components:

- Benchmark & Elevation: _____
- Elevation to Invert of Building Drain: _____
- Elevation to Invert 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): _____

Important: The Coles 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 Private Sewage Disposal Licensing Act and Code and the Coles 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 the Contractor, agree to notify the Coles County Health Department the day 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 Coles County Sewage Disposal Ordinance.

Signature of Contractor _____ Date _____ Signature of Homeowner* _____ Date _____

*Signature by Homeowner represents consent to inspections by Authorized Health Department Personnel for the purpose of checking for Private Sewage Ordinance compliance and/or violations to it.

This County Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in Coles County Private Sewage Disposal System Ordinance. Disclosure of this information is mandatory.

Application Approval:
Approved: Yes No

Construction Approval
Approved: Yes No

By: _____

By: _____

Date: _____

Date: _____

Fee: \$ _____ Check # _____ Cash