

Permit Fee \$100.00
 Paid by: Cash (Receipt # _____)
 Check (# _____)
 Rec'd by: _____

EFFINGHAM COUNTY HEALTH DEPARTMENT
 901 West Virginia, P.O. Box 685
 Effingham, IL 62401

Permit # _____
 Date _____

APPLICATION FOR PRIVATE SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER

Name _____
 Address _____
 City _____
 Phone _____
 Township _____ Sec. _____
 Subdivision _____ Lot _____
 Directions to Site: (From Effingham) _____

SEWAGE CONTRACTOR

Name _____
 Address _____
 City _____
 Phone _____
 License No. _____
BUILDER (if spec house) _____

Protection of site will be maintained (Sec. 905.20)
 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 _____
 Location of Sample Port _____

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
 Location of Sample Port _____

SUBSURFACE SEEPAGE FIELD

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. _____
 Depth of Limiting Layer: _____ Soil Type: _____
 Soil Scientist Data: Name of Soil Investigator: _____
 (Attach copy of Soil Data Report to Application)
 e. EZ - Flow - _____ sq. ft. _____ Lin. Ft.
 LPP System
 f. Pump tank size (1 1/2 x daily flow) _____

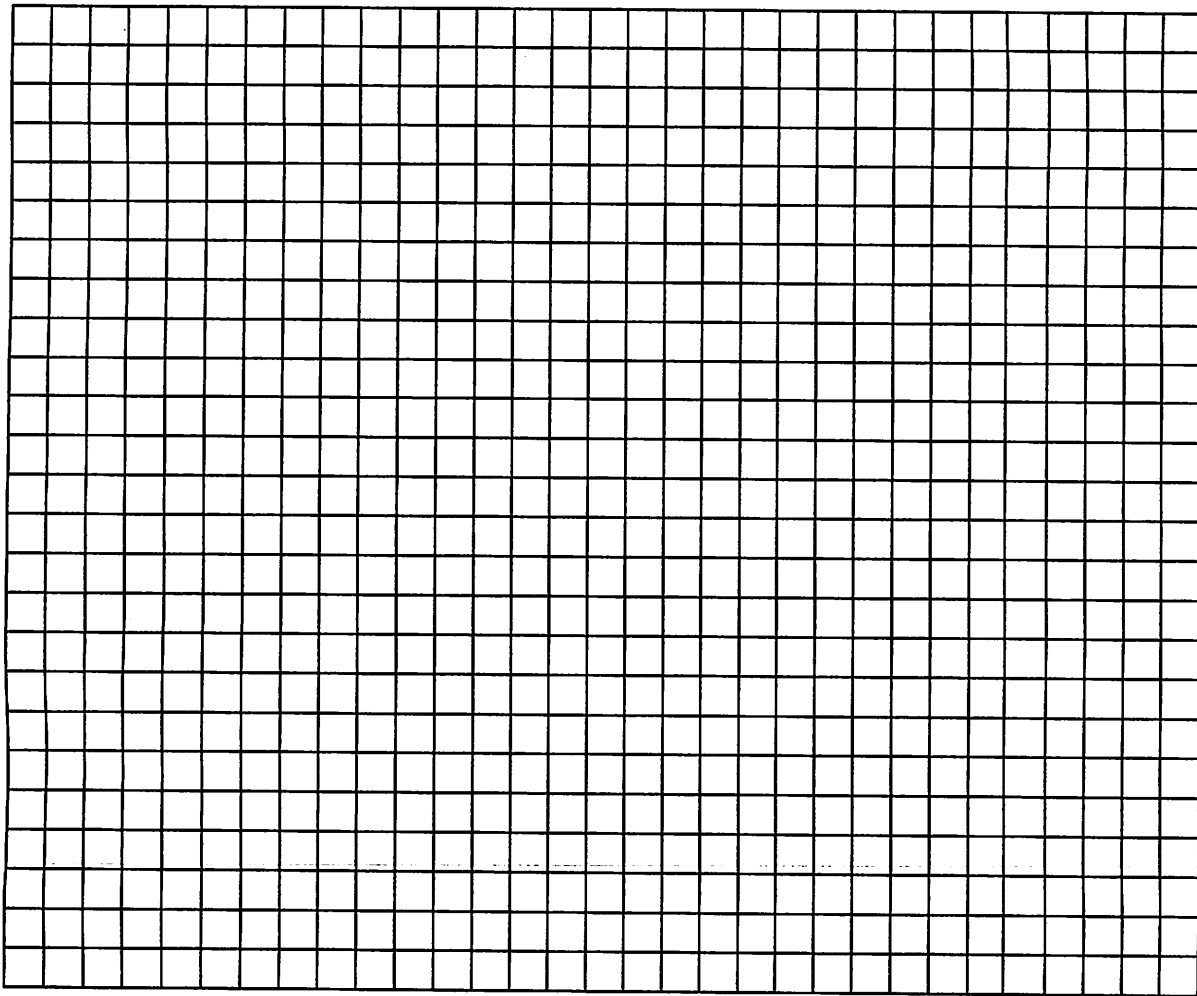
PROPERTY OWNER STATEMENT:

1) I, the undersigned, shall maintain this private sewage disposal system, keep records of maintenance and make such records available to the Effingham County Health Department upon request. I understand these records shall be transferred from owner to owner and kept for the life of the system.

2) I have made the determination that the discharge of this system WILL/WILL NOT (circle one) enter the "Waters of the United States." If I feel the discharge of this system will enter the waters of the U.S., I understand that I am responsible for obtaining an NPDES permit from US EPA.

Signature _____ Date _____

PLAN REVIEW APPLICATION



N ↑

Final discharge greater than 25' from all property lines.

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 noted to determine: elevation of | _____ fall from house to tank |
| <input type="checkbox"/> Location of perc. tests (if required) | <input type="checkbox"/> Location of sanitary sewer, if applicable | _____ fall from _____ |
| <input type="checkbox"/> Required distances labeled | | _____ fall from _____ |
| <input type="checkbox"/> Any ponding or pooling of water in lot | | |

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 and the Effingham County Ordinance. I will be responsible for proper and legal installation of this system. I will be present at the site during construction and installation.

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.