

COLES COUNTY HEALTH DEPARTMENT

DIVISION OF ENVIRONMENTAL HEALTH

PRIVATE SEWAGE DISPOSAL SYSTEM

PLAN REVIEW APPLICATION

PERMIT FEE: \$100 SINGLE FAMILY RESIDENCE W/O SURFACE DISCHARGE/ \$200.00 SINGLE FAMILY RESIDENCE WITH SURFACE DISCHARGE SYSTEM, \$200 FOR ALL OTHERS W/O SURFACE DISCHARGE, \$300 FOR ALL OTHERS WITH SURFACE DISCHARGE, \$25 LATE FEE FOR LESS THAN 7 DAYS PRIOR TO CONSTRUCTION, NON-REFUNDABLE

DATE: _____

Log/Permit Number _____
(Office Use Only)

Township _____
(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 #: _____ | g. Wisconsin Mound Basal Area _____ Sq. Ft. |
| b. Subsurface Seepage Field/Effluent Receiving Trench
_____ Sq. Ft./Bedroom | h. Chlorination Tank _____ Gallons (If required) |
| Total Subsurface Seepage Field _____ Sq. Ft., Lin.Ft. _____ Width _____ | i. Aerobic Treatment Plant Distributor: _____
Manufacturer & Model: _____ |
| c. Chamber System: Manufacturer: _____
Sq. Ft. per Lin. Ft., _____ Total Lin. Ft. _____ | Treatment Capacity: _____ Gallons per day |
| d. Seepage Bed _____ Sq. Ft | j. Location of Audio & Visual Alarms: _____
_____ (Garage, Basement, Stairwell, Etc.) |
| e. Waste Stabilization Pond Length: _____ Width: _____ Depth: _____ | k. Evaporation Bed Size: _____ |
| f. Buried Sand Filter/Recirculating Sand Filter _____ Sq. Ft.
Width: _____ Length: _____ | l. Effluent Discharge to: _____ |
| # of Distribution lines: _____ # of Collection lines: _____ | m. Lift Station: Pump: _____
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: _____ | Elevations of the System Components: |
| System Dimensions: _____ | Benchmark & Elevation: _____ |
| Materials Labeled: _____ | Elevation to Invert of Building Drain: _____ |
| Utilities Shown: _____ | Elevation to Invert Tank Inlet: _____ |
| Location of Perc Tests: _____ | Elevation of Ground Surface over Tank: _____ |
| Water Supply Shown: _____ | Lowest Elevation of Ground Surface over Field: _____ |
| Required Distances Labeled: _____ | Highest Elevation of Ground Surface over Field: _____ |
| Depth of Limiting Layer: _____ | Length of Building Sewer (House to Tank): _____ |
| Extraordinary Condition Shown: _____ | |

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
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*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

<p>Application Approval:</p> <p>Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>By: _____</p> <p>Date: _____</p> <p>Fee: _____ Check# _____ Cash</p>	<p>Construction Approval</p> <p>Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>By: _____</p> <p>Date: _____</p>
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