

# Douglas County Health Department Private Sewage Disposal System Plan Review Application

Permit Fee	
Conventional	\$100.00
Aeration	\$125.00
Sand Filter	\$125.00

Date: \_\_\_\_\_

Log/Permit No: \_\_\_\_\_ 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 and Lot #: \_\_\_\_\_ Township name: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section # \_\_\_\_\_ Quarter: \_\_\_\_\_ Quarter: \_\_\_\_\_ Quarter: \_\_\_\_\_

4. Detailed directions to site: Highway No., Secondary roads, signs to follow, etc:

**5. Site Information** (Check all that apply)

Renovation     New System     New Construction     Existing Construction

Residential Dwelling: \_\_\_\_\_ Seasonal: Yes \_\_\_\_\_ No \_\_\_\_\_ No. Of Residents \_\_\_\_\_ No. of bedrooms \_\_\_\_\_

Garbage Grinder: Yes \_\_\_\_\_ No \_\_\_\_\_ Water Softener: Yes \_\_\_\_\_ No \_\_\_\_\_

Hot Tub: #Gallons \_\_\_\_\_

Non-Residential: \_\_\_\_\_ # of employees \_\_\_\_\_

Water Supply: Private Well: \_\_\_\_\_ Semi-private well: \_\_\_\_\_ Non-community: \_\_\_\_\_ Municipal: \_\_\_\_\_

**A Soil Test Must be Performed to Deterine a Loading Rate. Percolation Results are Not Accepted.**

Soil Classifier Data: Name of Soil Investigator and Telephone # : \_\_\_\_\_

Depth of limiting layer: \_\_\_\_\_ Soil Type: \_\_\_\_\_

Attach copy of soil data report to application

**6. Proposed Private Sewage Disposal System**

a. Septic Tank Size: \_\_\_\_\_ Gallons

Illinois No: \_\_\_\_\_

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: \_\_\_\_\_

e. Seepage Bed: \_\_\_\_\_ Sq. ft.

f. Waste Stabilization Pond: \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Depth

g. Buried Sand Filter/Recirculating Sand Filter: \_\_\_\_\_ Sq. ft. \_\_\_\_\_ Width \_\_\_\_\_ Length

# Distribution lines: \_\_\_\_\_ # of collection lines: \_\_\_\_\_

h. Wisconsin Mound Basal Area: \_\_\_\_\_ Sq. ft.

i. Chlorination Tank: \_\_\_\_\_ Gallons

j. Aerobic Treatment Plant: \_\_\_\_\_ Manufacturer & Model: \_\_\_\_\_

Treatment Capacity: \_\_\_\_\_ Gallons per day

k. Location of audio and visual alarms: \_\_\_\_\_

l. Effluent discharge to: \_\_\_\_\_

m. lift station: \_\_\_\_\_ pump chamber size: \_\_\_\_\_

Other: \_\_\_\_\_

**Private Sewage Disposal System  
Plan Review Application  
Page 2**

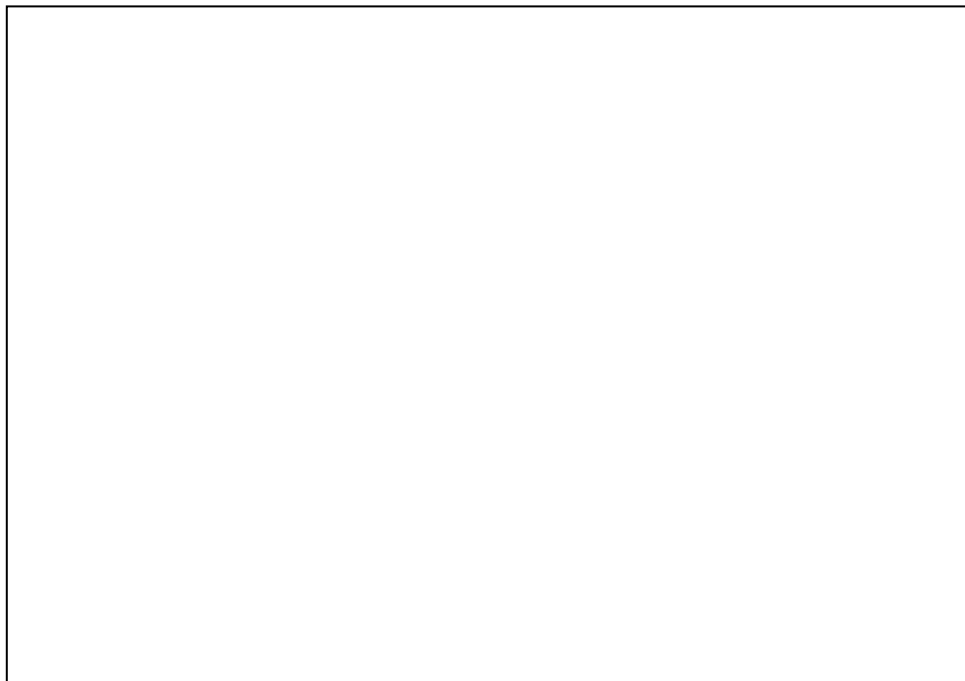
**Lot Diagram and Sewage System Plan:**

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, distance 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 any other extraordinary conditions on the lot.

N  
+ 1"= \_\_\_\_\_

**Checklist**

- Lot Size \_\_\_\_\_
- System Dim. \_\_\_\_\_
- Materials Labeled \_\_\_\_\_
- Utilities Shown \_\_\_\_\_
- Location of Perc. Test \_\_\_\_\_
- Water Supply Shown \_\_\_\_\_
- Required Distances Labeled \_\_\_\_\_
- Depth of Limiting Layer \_\_\_\_\_  
(i.e., seasonal high water table,  
rock formation)



**Distances:**

- Well to \_\_\_\_\_
- Tank: \_\_\_\_\_
- Seepage field: \_\_\_\_\_
- Sand Filter: \_\_\_\_\_
- Effluent Discharge: \_\_\_\_\_
- Waterline to \_\_\_\_\_
- Tank: \_\_\_\_\_
- Seepage field: \_\_\_\_\_
- Sand filter \_\_\_\_\_
- Effluent discharge: \_\_\_\_\_

**Elevations of the System Components:**

- Benchmark & Elevation: \_\_\_\_\_
- Elevation to Invert of Building Drain: \_\_\_\_\_
- Elevation to Invert of 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): \_\_\_\_\_
- Extraordinary Condition Shown: \_\_\_\_\_

Important: The Douglas 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 State Private Sewage Disposal Licensing Act and Code and the Douglas 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 Contractor agree to notify the Douglas County Health Department 48 hours 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 Douglas County Sewage Disposal Ordinance.

\_\_\_\_\_  
Signature of contractor  
Application Approval:  
Approved: \_\_\_ Yes \_\_\_ No  
By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Fee: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner  
Construction Approval  
Approved: \_\_\_ Yes \_\_\_ No  
By: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date