

MARION COUNTY HEALTH DEPARTMENT

Private Sewage Disposal System

Plan Review Application

New Replacement Renovation

PERMIT NUMBER _____

1. Owner _____ Address _____
Telephone No. _____

2. Contractor _____ License No. _____
Address _____ Telephone No. _____

NOTE: In general, work not done by homeowner must be done by a licensed contractor.

3. Location – City _____ Street _____
Subdivision _____ Lot # _____ Section _____ Township _____ Range _____

4. **Directions to Site:** Road Name, Highway Number, Secondary Roads, Signs to follow, etc.

5. **Site Information:**
Residential _____, Seasonal _____; Type of building to be served (house, trailer, business, etc.) _____
No. of Bedrooms _____; Basement _____; Garbage Grinder _____; Water Softener _____; Hot Tub _____, #gal. _____
Geothermal Well _____

Non-Residential _____; No. of Employees _____; Design Flow _____; Other Wastewater Generators _____

Water Supply: Private Well _____; Cistern _____; Semi-Private Well _____; Non-Community _____; Municipal _____

Soil Load Rate: _____ gal/ft²/day Limiting Layer (depth): _____ ft.

Soil analysis required for all subsurface seepage systems.

6. **Proposed Private Sewage Disposal System:** Gallons to be Treated Per Day: _____ gpd

Septic Tank Size _____ gallons; IL # _____

Subsurface Seepage Field/Bedroom: _____ ft²

Total Subsurface Seepage Field: _____ ft²; Linear ft. _____; Width _____

Gravelless Seepage Field – 8": _____ Linear ft.; 10": _____ Linear ft.

Buried/Recirculating Sand Filter: _____ ft²; Width: _____ Length: _____

Waste Stabilization Pond (Lagoon): Width: _____ Length: _____ Depth: _____

Aerobic Treatment Plant: _____ GPD: _____ Treatment Capacity: _____

Manufacturer and Model: _____

Location of Audio and Visual Alarms: _____

Chlorination Tank: _____ Gallons

Effluent Discharge to: _____

Pump Chamber Size: _____

Chamber System: Type _____; ft² _____; No. of Lines _____; Length: _____; Width: _____

Effluent Reduction: Gravel () Gravelless () Chamber () Linear ft: _____ Type _____

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 and ground surface elevation of system components and 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.

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1" = _____

8. Checklist

Lot Size: _____
System Dimensions: _____
Materials Labeled: _____
Utilities Shown: _____
Location of Soil Tests: _____
Water Supply Shown: _____
Required Distances Labeled: _____
Depth of Limiting Layer: _____
Geothermal Well: _____

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 Tank: _____
Length of Building Sewer (House to Tank): _____
Extraordinary Conditions Shown: _____

The Installer warrants that the proposed site is adequate to allow the installation of a private sewage disposal system as per the Illinois Private Sewage Disposal System Code. The Installer is responsible for proper and legal installation and the property owner is responsible for any nuisance or health hazards. The Marion County Health Department does not guarantee trouble free operation of the disposal system, only that it complies with the above-mentioned Code.

As per 905.20 of the Illinois Code, the homeowner's signature on the construction permit for any system being installed, repaired, or renovated serves as written acknowledgement that the property owner(s) is aware of and accepts the responsibility to service and maintain the sewage system in accordance with the act and to maintain all maintenance records.

Signing this application gives the Marion County Health Department the right to enter the property to conduct the inspection of this system.

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 Contractor

Date

Signature of Homeowner

Date