

MOULTRIE COUNTY HEALTH DEPARTMENT
2 W. ADAMS
SULLIVAN, IL 61951
Phone 217-728-4114 Fax # 217-728-2650

Private Sewage Disposal System Permit Application

Date _____ [] New System [] Renovation Permit Number _____

1. Owner: _____ Telephone No. _____

Current Address: _____

2. Contractor: _____ License No _____

Address _____ Phone No. _____

Work not done by homeowner, must be done by a licensed contractor. Homeowner must own and occupy the single-family residence being served.

3. Location of System: County _____ City _____ Street _____

Subdivision & Lot # _____ Township Name _____

Township _____ Range _____ Section _____

4. Detailed Directions to Site: Highway Numbers, Secondary Roads, Signs to Follow, Etc.

5. Site Information: **Building Permit (Required)** _____ Yes _____ No

Residential _____

No. of Bedrooms _____

Garbage Grinder Yes _____ No _____

Hot Tub Yes ___ No ___

Basement Yes ___ No ___

Non-Residential _____

No. of Employees: _____ **Design Flow:** _____ **Other Wastewater Generated:** _____

Water Supply: **Private Well:** _____ **Semi-Private Well:** _____ **Non-community:** _____ **Municipal:** _____

6. **Percolation Tests:** Date(s) _____ Conducted by _____

Hole#1 _____ min./6" Hole#2 _____ min./6" Hole#3 _____ 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: _____

If Applicable

(Attach copy of Soil Data Report to application)

7. **Proposed Private Sewage Disposal System:** Gallons to be Treated Per Day: _____
Septic Tank Size _____ Gallons Illinois Approval Number# _____

System Type:

a. Gravel _____

Subsurface Seepage Field/Bedroom= _____ Square Ft. Total Subsurface Seepage Field= _____ Square Ft.

b. Gravelless _____

Gravelless Seepage Field= Lineal Ft. 8" _____, Lineal Ft. 10" _____

c. Buried Sandfilter/ Recirculating Sandfilter width _____ x length _____ = _____ Square Ft.

d. Chamber _____ Chamber Manufacturer _____ Lineal Ft. _____

e. Aerobic Treatment _____ Manufacturer & Model _____

Treatment Capacity = _____ gallons per day. Location of audio and visual alarms _____

Effluent Discharge to _____

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 Applicant (Owner or Contractor) **Date**

Fee Paid [\$100.00] _____
Date

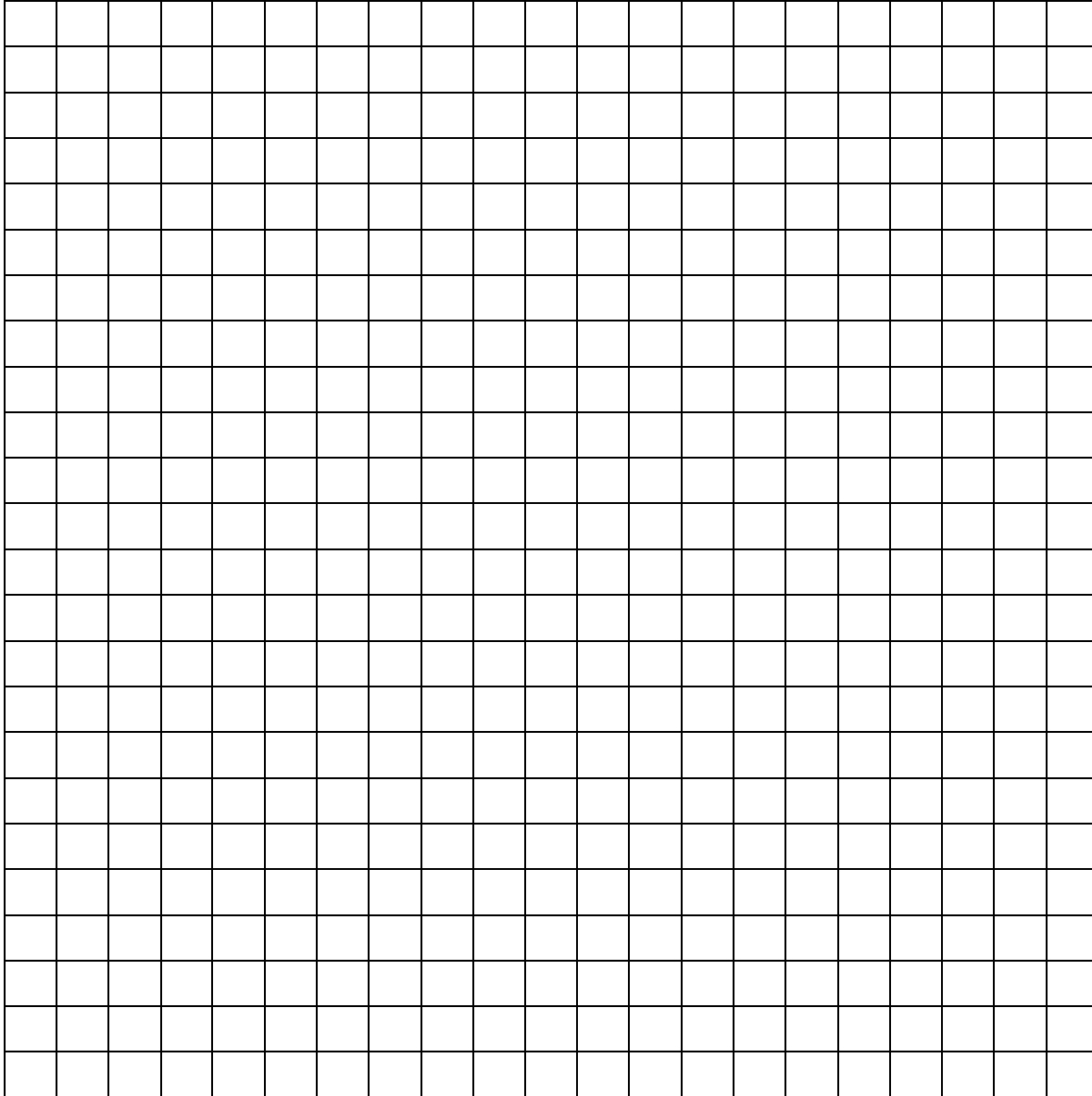
Approved By _____ Date _____

Inspected By _____ Date _____

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 well on neighboring property if they are near the property line), buildings, lot lines, location of percolation holes, site elevations & ground surface elevations.

N ↑ 1 Square = _____



Checklist: (Permits will NOT be approved without the following information)

- 1. Lot size ___
- 2. System Dimensions ___
- 3. Materials Labeled ___
- 4. Utilities Shown ___
- 5. Location of Perc. Test ___
- 6. Water Supply Shown ___
- 7. Required Distances Labeled ___
- 8. Discharge point labeled ___