Revised 2016

WAYNE/HAMILTON COUNTY HEALTH DEPARTMENT
405 NORTH BASIN RD., FAIRFIELD, IL. 62837
PRIVATE SEWAGE DISPOSAL SYSTEM
PLAN REVIEW APPLICATION

Ph.1 618 842-5166

WAYNE PERMIT FEE $50.00 **HAMILTON PERMIT FEE $50.00** **DATE:** _____

LOG/PERMIT NUMBER _____ (OFFICE USE ONLY) COUNTY _____ (OFFICE USE ONLY)

OWNER: _____ TELEPHONE NO: _____

ADDRESS: _____

CONTRACTOR: _____ LICENSE NUMBER: _____

ADDRESS: _____ Telephone No. _____

Work not done by homeowner (legal owner on tax record) MUST be completed by licensed contractor.

Location- County: _____ City: _____ Street: _____

Subdivision & Lot # _____ Township Name: _____

Township: _____ Range: _____ Section #: _____ ¼ Section: _____ Local Identification Information: _____

Detailed Directions to Site: Highway Number, Secondary Roads, Signs to follow, etc.: _____

Site Information: Renovation: _____ New System: _____
Residential Dwelling: _____ Seasonal: Yes ( ) Number of Residents: _____ Number of Bedrooms: _____
Garbage Grinder: Yes ( ) Basement: Yes ( ) Water Softener: Yes ( ) Geothermal Well: Yes ( ) Hot Tub: #Gallons: _____
Non-Residential: _____ Number of Employees: _____ Design Flow: _____ Other Wastewater Generators: _____
Water Supply: Private Well: ____, Semi-Private Well: _____, Non-Community: _____, Municipal: _____

Soil Scientist Data: Name: _____ Telephone: _____

Depth of Limiting Layer: _____ Soil Type: _____

Soil data is required only if discharge effluent enters Waters of the United States thus requiring USEPA NPDES permit.

Proposed Private Sewage Disposal System: Gallons To Be Treated Per Day: _____

a. Septic Tank Size _____ Gallons Illinois #: _____
b. Subsurface Seepage Field/Effluent Reduction Trench
_____ Sq. Ft./Bdr Total ___ Sq. Ft., Lin. Ft. _____ Width _____
c. Chamber System: Manufacturer _____
Sq. Ft. per Lin. Ft., _____ Total Lin. Ft. _____
d. Seepage Bed _____ Sq. Ft.
e. Waste Stabilization Pond _____ Length _____ Width _____
Depth _____
f. Buried Sand Filter/Recirculating Sand filter _____ Sq. Ft.
Width: _____ Length: _____

g. Chlorination Tank Gallons (if required) _____
h. Aerobic Treatment Plant: _____
Manufacturer & Model _____
Treatment Capacity: Gallons per day _____
i. Location of Audio & Visual Alarms _____

j. Effluent Discharge To: _____
k. Lift Station: Pump: _____
Pump Chamber Size: _____

Other: _____

1. 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 & ground surface elevations sufficient to determine this elevation of system components & the slope of the ground surface, location of sanitary sewer, if available, within 100 feet of the property, depth of limiting layer and any other extraordinary conditions on the lot.

Checklist:

Lot Size:_____ System Dimensions: _____ Materials Labeled: _____ Water Supply Shown:____

N

Not to Scale

System Details:

Pipe Material: _____ ASTM# _____
Grade: building sewer to discharge :_____
BSF Distribution lines # :_____spacing: _____

Setback Distances: H2O line to building sewer: `_____
Septic tank/ aerator to well/H2O line: _____

BSF Collection lines # _____ spacing _____

The Wayne/Hamilton County Health Department does not guarantee trouble-free operation of this sewage treatment and disposal system by the issuance of this approval. The contractor and property owner are responsible for an installation that is in compliance with the Illinois Private Sewage Disposal Licensing Act and Code. The property owner assumes full responsibility for any nuisance or health hazard that might result from its use.

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**

NPDES permit required yes ☐ no ☐

_____ _____
Signature of Property Owner** **Date**

_____ _____
Application Approved By **Date**

****Signature Acknowledges the Homeowner is Aware and Assumes Responsibility Of; 1) Proper Upkeep & Service of Private Sewage Disposal System so Said System Does Not Become a Nuisance or Cause a Public Health Threat; 2) Keep Current All USEPA & IEPA Permits Required for Installed Private Sewage Disposal System Discharging Wastewater to Waters of the United States and Comply With All Requirements of Said Permits as Outlined by the IDPH Private Sewage Disposal Licensing Act and Code Section 905.115.**

IMPORTANT NOTICE:
State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 84-760. Disclosure of this information is mandatory.