

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PRIVATE SEWAGE DISPOSAL SYSTEM
PLAN REVIEW APPLICATION

Date: _____

PLAN APPROVAL NUMBER: _____ COUNTY: _____
(Office Use Only) (Office Use Only)

1. Owner: _____ Telephone: _____ - home _____ - cell _____
System Address: _____ Mailing Address _____
2. Contractor: _____ Telephone: _____ - office _____ - cell _____
License Number: 049-_____ Address: _____

NOTE: Work not done by homeowner (must own & occupy residence) must be done by a licensed contractor.

3. County: _____ City: _____ Street: _____
Subdivision / Lot #: _____ Township Name: _____
4. Detailed Directions: Highway Number, County Road(s), Signs, etc.: _____

5. Site Information: **Check all that apply.** New System: _____ Renovation: _____

Residential: _____ Seasonal _____ No. of Bedrooms: _____ No. of Residents: _____
Garbage Grinder: _____ Basement: _____ Water Softener: _____ Hot Tub: _____

Non-residential: _____ No. of Employees _____ Design Flow: _____ Other Wastewater Sources: _____

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

Soil Investigation: Date Conducted: _____ Conducted By: _____
(if applicable) Depth of Limiting Layer: _____ Soil Type: _____
Maximum Depth of Trench/Bed due to Limiting Layer: _____ inches Artificial Drain required? _____

6. Proposed Private Sewage Disposal System: Gallons to be Treated per Day: _____

- | | |
|--|---|
| <ol style="list-style-type: none"> A. Septic Tank Capacity: _____ gallons Illinois #: _____ 1. Subsurface Seepage Field: _____ ft² / Bedroom Total SSF area: _____ ft²
trench depth: _____ ft. trench length: _____ ft. trench width: _____ ft. 2. Gravelless Seepage Field: 8" _____ linear ft. 10" _____ linear ft. 3. Chamber System: Manufacturer: _____
ft² / linear ft. _____ total linear ft. _____ 4. Seepage Bed: _____ ft² 5. Drip Irrigation: Design Flow: _____ gpd linear ft. of emitter pipe: _____ 6. Low Pressure Piping: Design Flow: _____ gpd _____ ft² linear ft. 7. Buried or Recirc. Sand Filter: _____ ft² _____ ft. long _____ ft. wide 8. Waste Stabilization Pond: _____ ft. long _____ wide _____ ft. deep | <ol style="list-style-type: none"> B. Aerobic Treatment Plant: Manufacturer: _____ Model: _____ Treatment Capacity: _____ gpd Location of Audio-Visual Alarm: _____ |
| <ol style="list-style-type: none"> E. Other Type of System _____ | <ol style="list-style-type: none"> C. Effluent Discharge to: Surface: _____ *Effluent Reduction Trench? _____
_____ ft. long x _____ ft. wide = _____ ft² *soil study required D. Chlorination Tank: _____ Gallons Location: _____ |

The United States Environmental Protection Agency (USEPA) has decreed that for any "eligible new and replacement surface discharging wastewater treatment systems..." which may discharge into the Waters of the United States, the owner(s) of such systems must obtain coverage under a National Pollutant Discharge Elimination System (NPDES) Permit. Questions regarding this issue should be addressed to:

**Illinois Environmental Protection Agency
Division of Water Pollution Control – Permit Section
1021 N. Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276
Telephone: 1-217-782-0610**

7. Lot Diagram & Private Sewage Disposal System Plan:

Check all of the following which are applicable and include on the site sketch below showing the proposed construction:

Lot Size/Acreage: _____ Structures: _____ Location & Type of Proposed System: _____ System Dimensions: _____

Piping Material: _____ Utilities: _____ Water Wells (including wells on neighboring property if near the property line): _____

Water Lines: _____ Potable Water Storage Tanks: _____ Other Buildings: _____ Lot Lines: _____

Site Elevations & Surface Elevations Sufficient to Determine Elevation of System Components & Slope of Ground: _____

Location of Sanitary Sewer, if Any, within 300 Feet of Property: _____ Depth of Limiting Layer: _____ Soil Borings _____



8. _____
Signature of Contractor (required) * Date

*My signature above certifies 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.

9. _____
Signature of Property Owner (required) ** Date

** My signature above certifies that:

A. I am aware of and assume responsibility for proper upkeep and service of this private sewage disposal system in accordance with the Private Sewage Disposal Licensing Act (225 ILCS 225) and Section 905.20 q) of the Code (77 Ill. Adm. Code 905) **and** compliance with any USEPA & IEPA permits required for this system and compliance with all requirements of said permits as outlined in Section 905.115 of the Code.

B. I am aware of the requirements of the NPDES permit program and am familiar with the definition of "Waters of the United States (WOTUS)."

C. I have made the determination that the discharge of this system **WILL / WILL NOT** (circle appropriate response) enter the WOTUS. If the discharge of this system **will** enter the WOTUS, I also certify that I have obtained from the ILEPA coverage for this system under an NPDES Permit.