

CRAWFORD COUNTY HEALTH DEPT.
202 N. BLINE BLVD.
ROBINSON, IL 62454

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

Date: _____

OG/ PERMIT NUMBER _____ COUNTY _____
(Office Use Only) (Office Use Only)

Owner: _____ Telephone No.: _____
Address: _____

Contractor: _____ License Number: _____ Telephone No. _____

NOTE: Work not done by homeowner (must own & occupy personal single family residence) must be done by a 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 _____ No. Of Residents: _____ No. Of Bedrooms: _____
Garbage Grinder: Yes _____ Basement: Yes _____ Water Softener: Yes _____ Hot Tub: #Gallons: _____
Non-Residential: _____ No. Of Employees: _____ Design Flow: _____ Other Wastewater Generators: _____
Water Supply: Private Well; _____, Semi-Private Well; _____, Non-Community; _____, Municipal; _____
Percolation Tests: Date(s): _____ Conducted By: _____
Hole No. 1: Depth; _____, _____ min./6" Hole No. 2: Depth; _____, _____ min./6" Hole No. 3: Depth; _____, _____ 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; _____
(Attach copy of Soil Data Report to application)

Proposed Private Sewage Disposal System: Gallons To Be Treated Per Day: _____
a. Septic Tank Size _____ Gallons, Illinois #: _____ h. Wisconsin Mound Basal Area _____ Sq. Ft.
b. Subsurface Seepage Field/Bedroom _____ Sq. Ft. l. Chlorination Tank _____ (Gallons (if required))
Total Subsurface Seepage Field _____ Sq. Ft., Lin.Ft. _____, Width _____ j. Aerobic Treatment Plant: _____
c. Gravel-less Seepage Field: 8": _____ Lin. Ft. 10" _____ Lin. Ft. Manufacturer & Model: _____
d. Chamber System: Manufacturer: _____ Treatment Capacity: _____ Gallons per day
Sq. Ft. per Lin. Ft., _____ Total Lin. Ft. _____ k. Location of Audio & Visual Alarm: _____
e. Seepage Bed _____ Sq. Ft.
f. Waste Stabilization Pond _____ Length _____ Width _____ Depth _____ (Garage, Basement, Stairwell, Etc.)
g. Buried Sand Filter/Recirculating Sand filter _____ Sq. Ft. l. Effluent Discharge to: _____
Width: _____, Length: _____ m. Pump Chamber Size _____

Other: _____