

**Crawford County Health Department
Private Sewage Disposal System
Plan Review Application**

Permit Fee \$100.00 Missed appointment Fee \$25.00
--

Date: _____
Log/Permit No: _____ Township: _____
(office use only) (office use only)

1. Owner: _____ Telephone No: _____
Address: _____

2. Contractor: _____ License No: _____ Telephone No: _____

Note: Work not done by homeowner, (must own & occupy personal single family residence), must be done by a licensed contractor.

3. System Address: _____ City: _____

Subdivision and Lot #: _____ Township name: _____

Township: _____ Range: _____ Section # _____ Quarter: _____ Quarter: _____ Quarter: _____

4. Detailed directions to site: Highway Number, Secondary roads, signs to follow, etc: _____

5. Site Information (Check all that apply): Renovation _____ New System _____ Lot Size: _____

Residential: _____ Seasonal: _____ No. Of Residents _____ No. of bedrooms _____ Garbage Grinder: _____

Water Softener _____ Hot Tub: #Gallons _____

Non-Residential: _____ # of employees _____ Design Flow: _____ Other Wastewater Sources: _____

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

A Soil Test Must be Performed to Determine a Loading Rate. Percolation Results are Not Accepted.

Attach copy of soil data report to application

Soil Classifier Data: Name of Soil Investigator and Telephone #: _____

Depth of limiting layer: _____ Soil Type: _____ Date Conducted: _____

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

A. Septic Tank Capacity: _____ gallons Illinois #: _____

1. Subsurface Seepage Field / Bedroom _____ ft²

Total SSF: _____ ft² _____ linear ft. trench _____ ft. trench width

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 _____ ft. long x _____ ft. wide = _____ ft²

8. Waste Stabilization Pond: _____ ft. long _____ wide _____ ft. deep

E. Other Type of System: _____

B. Aerobic Treatment Plant:

Manufacturer: _____

Model: _____

Treatment Capacity: _____ gpd

Location of Audio-Visual Alarm: _____

C. Effluent Discharge to:

Surface: _____

Effluent Reduction Trench: _____

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 the Illinois Surface Discharge Permit (ILG62). Questions regarding this issue should be addressed to:

**U.S. Environmental Protection Agency
Region 5 Water Division
NPDES Programs Branch
77 West Jackson Boulevard
Chicago, IL 60604
Telephone: 1-800-621-8431**

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:

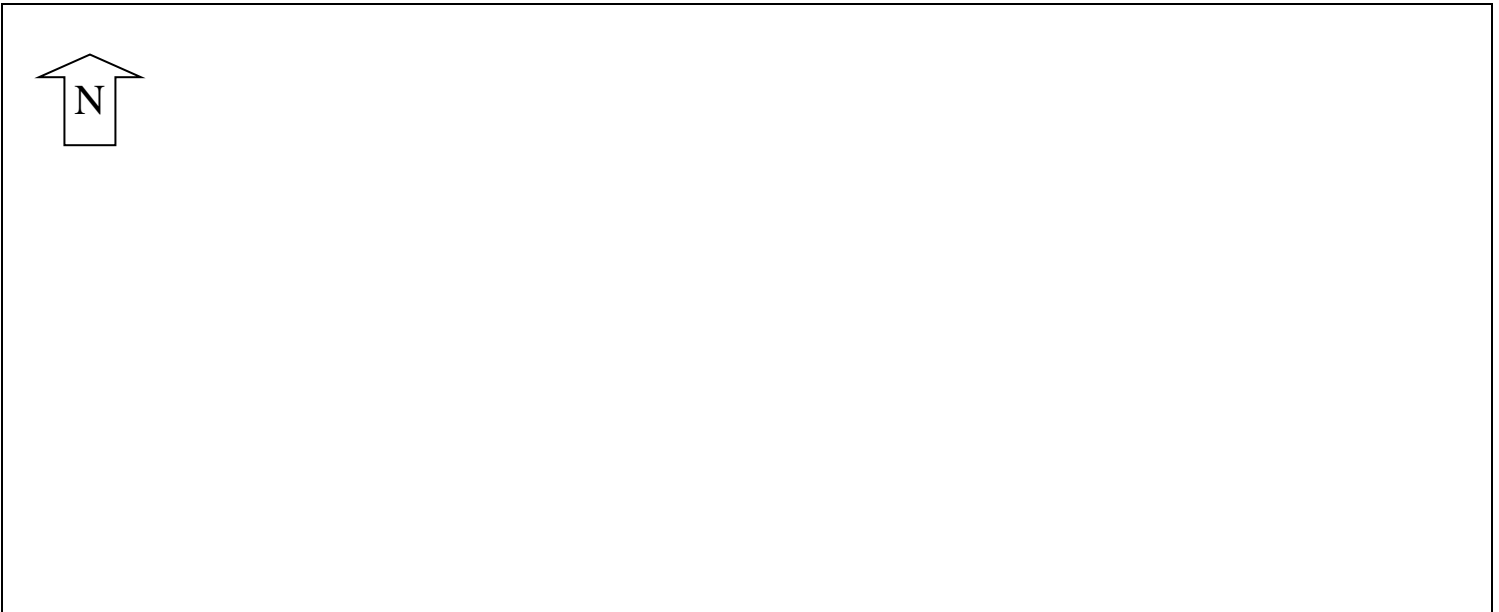
Lot Size/Acreage: _____ Residence: _____ Location & Type of Proposed System: _____ System Dimensions: _____

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: _____



8. Important: The Crawford County Health Department does not guarantee trouble free operation of this sewage treatment and disposal system by the issuance of this permit or final approval of the system installation. The contractor is responsible for installation in compliance with the Illinois State 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, as Contractor, agree to notify the Crawford County Health Department **48 hours before any construction work is to begin** and I further agree that I will call for final inspection and approval of this system before covering. I hereby agree that to the best of my knowledge the preceding information is correct.

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 USEPA coverage for this system under NPDES Permit No. ILG62.

Application Approved: ___ Yes ___ No _____ Date Approved _____

By: _____

Date App. Rcvd In Office: _____

Fee: \$ _____ Check # _____ Cash _____

Construction Approved: _____ Yes _____ No

By: _____

Date: _____