

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

<b>Permit Fee \$100.00</b> Missed appointment Fee \$25.00
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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: \_\_\_\_\_

\* - **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 \_\_\_\_\_ ft<sup>2</sup>

Total SSF: \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_ linear ft. trench \_\_\_\_\_ ft. trench width

2. Gravelless Seepage Field: 8" \_\_\_\_\_ linear ft. 10" \_\_\_\_\_ linear ft.

3. Chamber System: Manufacturer: \_\_\_\_\_

ft<sup>2</sup> / linear ft. \_\_\_\_\_ total linear ft. \_\_\_\_\_

4. Seepage Bed: \_\_\_\_\_ ft<sup>2</sup>

5. Drip Irrigation: Design Flow: \_\_\_\_\_ gpd \_\_\_\_\_ linear ft. of emitter pipe: \_\_\_\_\_

6. Low Pressure Piping: Design Flow: \_\_\_\_\_ gpd \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_ linear ft.

7. Buried or Recirc. Sand Filter: \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_ ft. long \_\_\_\_\_ ft. wide

Distribution Lines # \_\_\_\_\_ Spacing \_\_\_\_\_

Collection Lines # \_\_\_\_\_ Spacing \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_ ft. long x \_\_\_\_\_ ft. wide = \_\_\_\_\_ ft<sup>2</sup>

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:

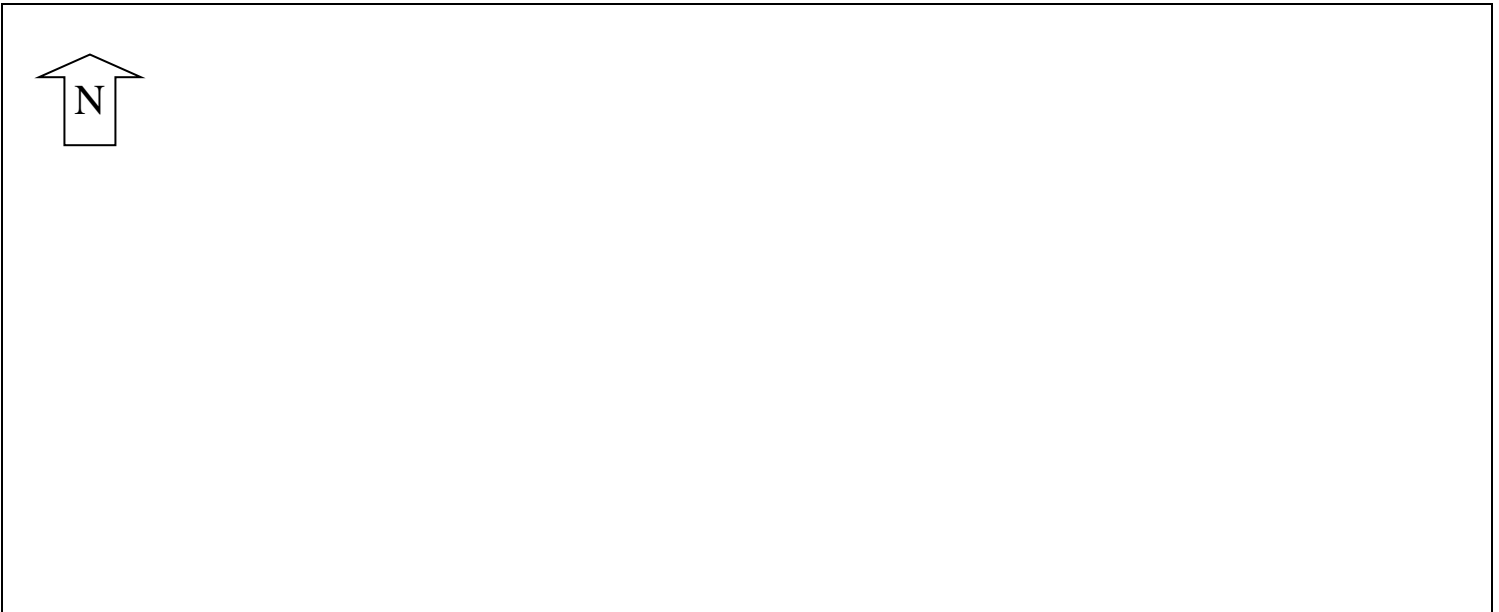
Lot Size/Acreage: \_\_\_\_\_ Residence: \_\_\_\_\_ Location & Type of Proposed System: \_\_\_\_\_ System Dimensions: \_\_\_\_\_

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

Construction Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Approved By: \_\_\_\_\_

By: \_\_\_\_\_

Date App. Received In Office: \_\_\_\_\_

Date: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_