

Grundy County Health Department
Environmental Health Division
1320 Union Street
Morris, IL 60450

Fax: (815) 941-2389
Office: (815) 941-3115

New System
 New System w/ Mechanical Component
 Replacement of tank or field
 Minor Modification

Permit # _____

PRIVATE SEWAGE DISPOSAL APPLICATION

All fees are non-refundable.

The permitting authority must complete a comprehensive installation inspection and the contractor must schedule an inspection 48 hours prior to installation.

OWNER: _____ OWNER PHONE NUMBER: _____

OWNER EMAIL: _____ OWNER FAX NUMBER: _____

MAILING ADDRESS: _____ OWNER CELL PHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY ADDRESS: _____ TOWNSHIP NAME: _____

CITY: _____ ZIP: _____ PIN # _____ - _____ - _____

COUNTY: **GRUNDY** SUB-DIVISION NAME: _____ LOT # _____

TOWNSHIP # _____ N RANGE # _____ E SECTION # _____

DIRECTIONS TO SITE: _____

PRIVATE SEWAGE DISPOSAL SYSTEM INFORMATION

Type of building: Residence () Other: _____

No. of bedrooms: _____ No. of People: _____ Garbage Grinder: () yes () no

Basement: () yes () no Bi-Level: () yes () no

Water Softener Present: () yes () no If yes, describe where softened water is discharged: _____

LOADING RATE RESULTS: _____ GPD/ft² Conducted by: _____ Date: _____

SYSTEM DESIGN:*

Septic Tank: () Aerobic Unit: () Capacity: _____ gal. Nearest Well: _____ ft.

() Seepage Field () Sand Filter Total Length: _____ ft. Total Width: _____ ft. Total Area: _____ sq.ft.

DISTANCE FROM SEEPAGE FIELD To Nearest Well: _____ ft. To Building: _____ ft. To Lot Line: _____ ft.

SEEPAGE FIELD MATERIAL: Indicate and describe what material is to be used in field (EZ Flow, gravel, etc.) _____

NPDES Permit Required: () yes () no

NPDES Permit Provided: () yes () no

SEWER CONSTRUCTION MATERIALS

Building to Tank Slope _____ (1 1/4" min. to 2 1/2" max. slope in 10') Tank to field slope _____ (min. 7/8" slope required in gravel systems)

Plastic _____ Type _____ (min. Sch. 40) depth of GRAVEL/STONE under tile _____ (min. 6 in.) over tile _____ (min. 2 in.)

Tank to seepage field _____ (min. Sch. 40) depth of compacted straw _____ (min. 6 in.) (min. 2 layers bldg. paper)

Is the finished grade of the seepage area to be lowered? () yes () no Raised? () yes () no How many inches? _____ (in.)

CONTRACTOR INFORMATION

Sewage Disposal Contractor _____ Address _____

City _____ Office # _____ Cell # _____

(Must be a State Licensed Sewage Disposal Contractor or Homeowner) License # _____

Email address _____

Sewage Disposal Contractor Signature _____ Date _____

E-mail _____

It is clearly understood that the owner assumes full responsibility for obtaining the inspection and final approval by the Grundy County Health Department on all portions of the sewage disposal installation prior to covering any portion of the system. In requesting an inspection, call (815) 941 ó 3115 at least 48 hours prior to an inspection, and give the permit number. Environmental Health Personnel may be out of the office during the day so please call to set up an appointment if you wish to see them at the Health Department.

I hereby certify that, to the best of my knowledge, the proceeding information is correct. In addition, the sewage disposal system will be installed strictly as outlined in this permit application and also in conformance with all Grundy County Ordinances and all State of Illinois Laws. I further understand that Grundy County Health Department does not guarantee trouble-free operation of this sewage disposal system by the issuance of a sewage disposal permit or final approval of the sewage installation. The property owner assumes full responsibility for any nuisance or health hazard that might result from the use of this sewage disposal system.

The signature by the property owner on the installation approval submission/construction permit for any private sewage system being installed, repaired, or renovated serves as written acknowledgement that the property owner is aware of and accept the responsibility to service and maintain the private sewage disposal system. The property owner or the private sewage disposal system owner shall maintain all maintenance records on forms provided or approved by the Illinois Department of Public Health (IDPH) and make records available upon request by IDPH or the Local Authority. These records shall be kept for the life of the system and transferred from owner to owner.

The property owner and private sewage disposal system installation contractor shall ensure that the designated area for the subsurface seepage system shall be secured prior to construction or modifications to the site and shall be protected throughout the site development or construction process. The property owner and private sewage disposal system installation contractor shall secure this area to deter any traffic, compaction of the soil, removal or addition of soil, or encroachment on the area of the proposed subsurface seepage system. Temporary fencing, posts and roping or a similar restrictive barrier may be used to restrict access. The area of the proposed private sewage disposal system shall be protected throughout the site development or construction process.

Initials of Owner (Required)

Signature of Owner (Required) _____ Date _____ Application Approval Signature (Health Department Use Only) _____ Date _____

A Grundy County Health Department permit for a sewage disposal system to serve this property is hereby granted. This permit expires one year from the date of issuance.

Final Inspection and Approval of this Sewage Disposal System By: _____ Date _____

* Provide a proposed **to scale** diagram that shows the house, lot lines, future buildings, proposed well site, septic system site, pools, lakes, creeks, ponds, neighboring wells and septic systems, easements, water line locations, drainage / farm tile locations, and any other permanent structures (i.e. driveway, etc.). **Also, a cross section of the sewage system needs to be included.** Please produce a neat, detailed, **to scale** diagram to prevent any confusion when submitting this application.

Electrical components are required to be wired in accordance with The National Electrical Code or relevant local electrical codes of the authority having jurisdiction. Permits shall be obtained as required.

Health Department Comments/Instructions: _____ _____ _____ _____

Receipt # _____ Amount Paid _____ Received by _____