

Grundy County Health Department Division of Environmental Health

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE SYSTEM

Property Parcel #: _____ Installer License #: _____
 Owner Name: _____ Installer's Name: _____
 Mailing Address: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Phone #: _____

Propose to (construct/repair) _____ a private sewage system used for a: _____

- A. **Residence** # of bedrooms _____ **Garbage Grinder** Yes No **Water Softener** Yes No **Hot Tub** Yes No
 B. **Commercial Building:** Type: _____ # of Employees: _____ or # of Customers: _____
 C. **Other:** _____

SEWAGE SYSTEM LOCATION

Septic Site Address: _____ City: _____

SEWAGE SYSTEM INFORMATION

- Design Flow:** _____ gallons per day determined by: _____ **Soil Evaluation attached:** Yes No
 Depth to limiting layer _____ in. **Depth to seasonal high ground water** _____ in.
A. Septic Tank: Size: _____ gallons IL#: _____ New Home Construction Existing Home System Repair
B. Septic System:
 Gravel Field System: Total Linear Ft.: _____ ft. Trench Width: _____ in. **Total Square Feet:** _____
 Chamber System: Type: _____ Sq. ft. per linear ft.: _____ Length: _____ ft. **Total Square Feet:** _____
 Gravel Seepage Bed: Width: _____ Length: _____ ft. **Total Square Feet:** _____
 Gravel Seepage Field: 8" Linear Ft. _____ 10" Linear Ft. _____ ft.
 Buried Sand Filter/Recirculating Sand Filter: Width: _____ ft. Length: _____ ft. **Total Square Feet:** _____
 Aerobic Treatment Plant: Manufacturer and Model: _____ Treatment Capacity: _____ gallons per day
 Chlorination Tank: _____ gallons
 Surface Effluent Discharge to: _____ NPDES Permit #: _____
 Pump Chamber Size: _____
 Alarm Location: _____
 Waste Stabilization Pond: Width: _____ ft. Length: _____ ft. Depth: _____
 Illinois Raised Filter Bed: _____ Square Ft.
 Other (Add attached specific system documentation) _____

I have received this application, discussed alternatives with my installer, and certify that the attached information is correct. I give permission to the installer to make any necessary changes to the application or at the time of installation to ensure that my system meets the Illinois Private Sewage Disposal Licensing Act and Code (IPSDLA&C). I am aware of and accept the responsibility to service and maintain the private sewage disposal system in accordance with the IPSDLA&C. I will provide documentation to Grundy County Public Health Department that this system is being properly maintained and that this may include periodic sampling of effluents. I understand that my current disposal system may require modification at my expense to meet any changes in the IPSDLA&C. I understand that if my disposal system fails or causes a nuisance it is my responsibility to promptly correct the problem. I am aware that a representative of the Grundy County Health Department may conduct necessary inspections to ensure my system is installed in accordance with the IPSDLA&C. Grundy County Health Department does not guarantee trouble-free operation of my system by the issuance of my permit or the agency's inspections. I, the property owner, assume all responsibility of maintenance of my system and any nuisance or health hazard that may arise from my system.

Owner Signature _____ Date _____

Approved by _____ Date _____ Permit# 063 - _____ - _____

Private Sewage Disposal System Lot Diagram and Sewage Disposal System Construction Plan

Draw to scale the proposed construction including the dimensions of the system to be installed showing an exact layout of the system including all distances to water lines, water wells, building, lot lines, any unsealed wells, slope, soil analysis borings, distances between components and other bodies of water.



LIST ALL PIPES

Pipe Size: _____

ASTM: _____

Gravel Size: _____

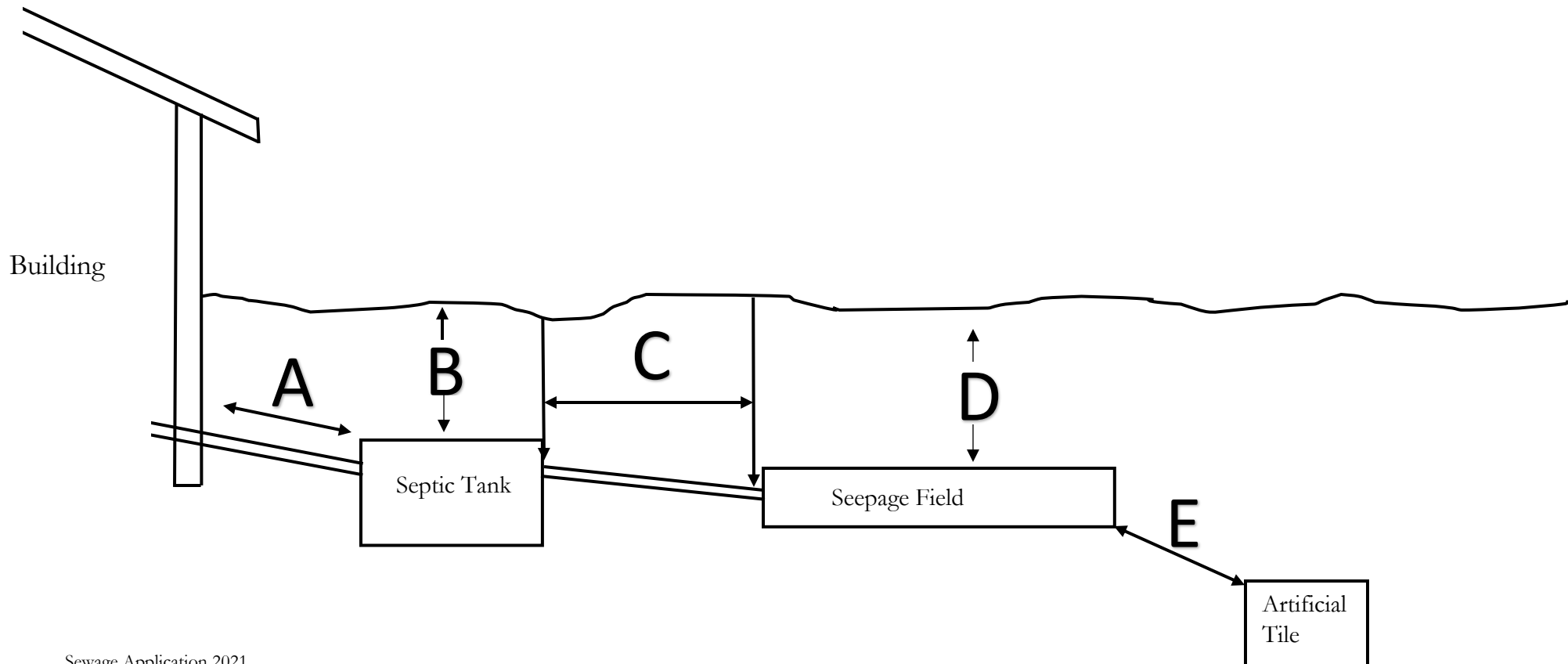
Other: _____

WATER SOURCE

- EPA water supply
- Private Well Pressurized Water Supply
- Private Well Suction Water Supply

Private Sewage Disposal Elevation Form


- A.** The building sewer will fall _____ inches between the building and the septic tank/aeration unit.
- B.** Distance from top of the septic tank to the ground surface _____ inches
- C.** The sewer line will fall _____ inches between the septic tank outlet tile to top of leach field
- D.** Distance from ground surface to the top of the seepage field is _____ to _____ inches
- E.** Distance from bottom of seepage field to the top of the artificial drain tile is _____ inches



Private Sewage Disposal Elevation Form

PAD/Coco/ Other nontraditional system

Show cross sectional view, with all layers of base and cover, including material types and depths.



Description _____
