

ADAMS COUNTY HEALTH DEPARTMENT

330 Vermont Street • Quincy, Illinois • 62301

Environmental@adamscountyil.gov

217-222-8440

**Office Use Only**

Permit Number: _____

Date: _____

Payment Type:

 Check Cash Credit Card**Fee: \$200**

Received By: _____

APPLICATION FOR PERMIT TO CONSTRUCT A PRIVATE SEWAGE DISPOSAL SYSTEM

Application for:

 New Construction Replacement/Alteration**APPLICANT INFORMATION**

(PRINT CLEARLY)

Owner's Name: _____ Phone #: _____

Mailing Address: _____ City/State/Zip _____

Owner's Email: _____

Contractor's Name: _____ Phone #: _____ IL License # _____

Contractor's Email: _____

SITE INFORMATION

Site Address: _____ City/State/Zip: _____

Subdivision (if applicable): _____ Lot #: _____ Lot Size(acres): _____

Directions to Site: _____

Type of Dwelling: Single Family Multi Family Total # of Bedrooms: _____**Type of Use:** Permanent Seasonal/Part-Time use Non-Residential System: Office Building School Camp Restaurant Church Other (Describe): _____

Number of Employees: _____ Design flow: _____ Gallons/Day

Additional Information used to size non-residential system: _____

Additional Info: Garbage Grinder? Yes NoBasement Plumbing Fixtures? Yes NoPublic Sewer Available? Yes No (If yes, distance from property line: _____ feet)Water Supply: Public Water Existing or Proposed Well Other: _____Other: Closed-Loop (Geothermal) Wells (include adjacent properties) Well on adjacent property Flood Plain**SOIL INFORMATION****Soil Evaluation Results:**

(Attach copy of report)

Hole/Pit #	1	2	3	4
Loading Rate				
Depth to Limiting Layer				

Name of Soil Investigator: _____

Other Soil Information: _____

PRIMARY TREATMENT

Septic Tank info: New Existing
Capacity: _____ Make/Manufacturer: _____ IL #: _____

Aerobic Treatment Unit: Manufacturer: _____ Model: _____
Treatment Capacity (gallons/day): _____ Alarm Location: _____
Discharge to: Subsurface Seepage System/Secondary Treatment
 Surface--NPDES Permit Required? Yes No

SECONDARY TREATMENT

Subsurface Seepage System:

- Gravel Trench 10" Gravel-less Pipe
- Seepage Bed 8" Gravel-less Pipe
- Chamber System Mound
- EZ-Flow Other: _____

Calculations:

Total Square Footage of Seepage Area: _____
Width or Width Equivalent of Trench: _____
Total Linear Feet of Trench Required: _____
Trench Depth (Inches): _____

Surface-Discharging System:

- Buried Sand Filter Total Square Feet: _____ Width: _____ Length: _____
- Chlorine Feeder & Contact Chamber Discharges to: _____
- NPDES Permit Required? Yes No

Other (provide Details): _____

OTHER REQUIREMENTS

- Perimeter/Curtain Drain Effluent Reduction Trenches Pump/Dosing Chamber
- Other: _____

As property owner, I certify that the attached information is complete and correct. I understand that I am responsible to maintain this private sewage disposal system to ensure that it does not cause a nuisance or health hazard. I understand I am required to maintain documentation that this system is being properly maintained as required under the provision of the Illinois Private Sewage Disposal Licensing Act (225 ILCS 225) 905.20(q) and Code (77 Ill. Adm. Code 905). I am aware of the requirements of NPDES permit program and am familiar with the definition of "Waters of the United States". I have made the determination that the discharge of this system (Please check one):

- WILL** enter waters of the United States, and I understand I must obtain from the USEPA coverage for this system under NPDES Permit #ILG62.
- WILL NOT** enter waters of the United States

Owner's Signature(s) _____ Date _____

As the Illinois licensed private sewage disposal system installer, I hereby certify that the sewage disposal system will be installed as outlined in this application according to the Illinois Private Sewage Disposal Licensing Act and Code. I also accept the responsibility of notifying the Adams County Health Department **AT LEAST TWO (2) BUSINESS DAYS PRIOR** to installation to schedule a final inspection of the sewage disposal system construction.

Installer's Signature _____ Date _____

OFFICE USE ONLY: Based on information in this application, permit is hereby granted to construct a private sewage disposal system. NOTE: Permit is void after one (1) year from issue date.

Permit Approved by _____ Date _____

PROPOSED LAYOUT SKETCH--Completed by Licensed Private Sewage Disposal System Installer

Show: Lot & lot size (distances from lot lines), house/building, sewage system components, distance to water lines, all nearby water wells (existing & proposed), geothermal systems (closed-loop wells), location of soil-evaluation borings, and slope of lot. Show all dimensions. NOTE: Sketch may be provided on additional pages if desired/needed.

Sketch Checklist (NOTE: Application will NOT be Approved without all Required Sketch Information)

- | | | | |
|--|--------------------------|-----------------------------------|--------------------------|
| Lot Size: | <input type="checkbox"/> | Utilities Labeled: | <input type="checkbox"/> |
| Distance to Property Lines: | <input type="checkbox"/> | Water Lines Shown: | <input type="checkbox"/> |
| Direction of North..... | <input type="checkbox"/> | Distance to Water Lines | <input type="checkbox"/> |
| Location of House/Buildings | <input type="checkbox"/> | Well Location(s) Shown: | <input type="checkbox"/> |
| Location of System Components | <input type="checkbox"/> | Distance to Wells: | <input type="checkbox"/> |
| System Dimensions: | <input type="checkbox"/> | Required Distances Labeled: | <input type="checkbox"/> |
| Location of all Soil Evaluation Borings: | <input type="checkbox"/> | Geothermal System Location: | <input type="checkbox"/> |
| Direction and amount of Slope: | <input type="checkbox"/> | | |

Installer’s Acknowledgement: By checking off the items in the checklist, I acknowledge that I have included all required information on the sketch.

INSTALLER’S SIGNATURE: _____