



BROWN COUNTY HEALTH DEPARTMENT
 120 East Main Street • Mt. Sterling, Illinois • 62353
 (217) 773-2714

APPLICATION FOR PERMIT TO CONSTRUCT A PRIVATE SEWAGE DISPOSAL SYSTEM

Office use only:

PERMIT NUMBER: _____

Date: _____

Permit Fee: _____

Paid Rec'd By _____
 Cash Check/# _____

Application for: **New Construction** **Replacement/Alteration**

PERMIT INFORMATION

(please 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: _____
 Township Name: _____ 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 No

Basement Plumbing Fixtures? Yes No

Public 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: _____
Capacity (gallons/day): _____ Alarm Location: _____
Discharge to: Subsurface Seepage System
 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 Brown County Health Department **at least 48 hours prior** to installation to schedule a final inspection of the sewage disposal system construction.

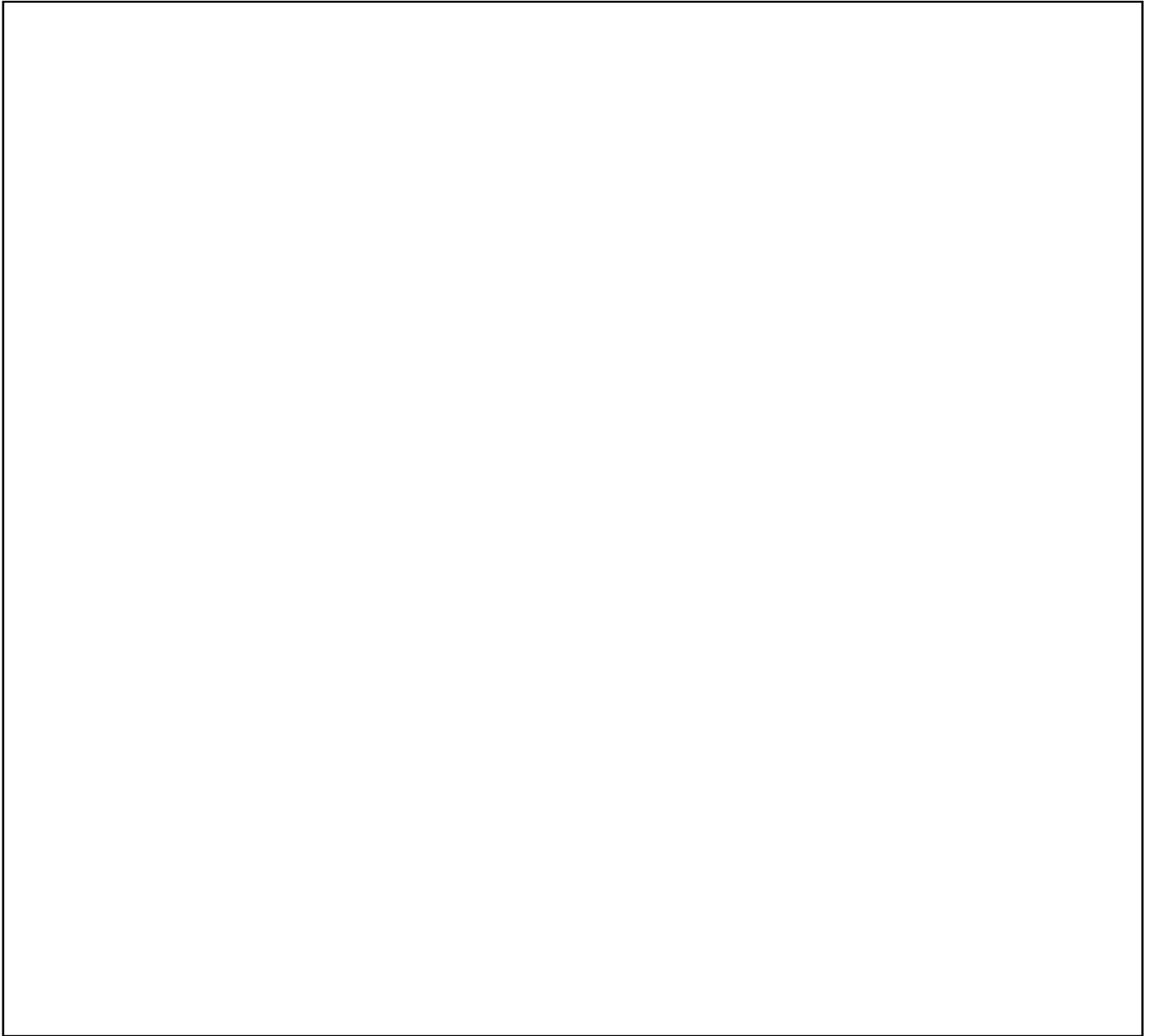
Installer's Signature _____ Date _____

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, 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.



REMARKS: _____

Date: _____ Signed: _____ Approved Yes No

Representative of Board of Health

IMPORTANT: The Brown County Health Department does not warranty proper operation of the sewage treatment and/or disposal system contemplated herein by issuance of a sewage permit or by final approval. The licensed private sewage disposal system installer and/or persons other than the Brown County Health Department are responsible for proper installation of the private sewage disposal treatment system contemplated herein and other applicable laws. The Brown County Health Departments does not assume responsibility or liability for any nuisance and/or health hazard that may arise due to improper installation or operation of work performed pursuant to this permit.