

Clark County Health Department
Private Sewage Disposal System
Plan Review Application

Permit Fee	
Residential	\$125.00
Commercial	\$125.00
Multi-System	\$125.00

Date: _____

Log/Permit No: _____ (office use only) Township _____

1. Owner: _____ Telephone No: _____

Current Mailing Address: _____

2. Contractor: _____ License No: _____ Telephone No: _____

Note: Work not done by homeowner (must own & occupy) the personal single family residence must be done by a licensed contractor.

3. System Address: _____ City: _____

Subdivision and Lot #: _____ Township name: _____

Township: _____ Range: _____ Section # _____

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 Dwelling: _____ Seasonal: Yes _____ No _____ No. Of Residents _____ No. of bedrooms _____

Garbage Grinder: Yes _____ No _____ Water Softener: Yes _____ No _____ Hot Tub: #Gallons _____

Non-Residential: _____ # of employees _____ Design Flow: _____

Water Supply: Private Well: _____ Semi-private well: _____ Non-community: _____ Municipal: _____

A Soil Test Must be Performed to Determine a Loading Rate. Percolation Results are Not Accepted.

Soil Classifier Data: Name of Soil Investigator and Telephone #: _____

Depth of limiting layer: _____ Soil Type: _____ Attach copy of soil data report to application.

6. Proposed Private Sewage Disposal System

Septic Tank:

New _____ Existing _____ Capacity _____ (gallons) Illinois No: _____

Manufacturer _____ Material _____ Holding Tank _____

*Effluent Filter:

Manufacturer _____ Model _____

Aeration Unit:

Manufacturer _____ Model _____ GPD Rate of Capacity _____ Chlorine Capacity _____

Sand Filter: _____ Size of Filter (WxL) _____

7. Subsurface Seepage Field:

Type _____ Manufacturer _____ Model _____

Trench Bottom Depth _____ in. Trench Bottom Width _____ in

Absorption Area _____ sq. ft/per lineal ft

8. Sizing:

Bedrooms _____ x Absorption Area Per Bedroom _____ = Sq. Ft. Required _____

If Applicable: Hot Tub

Hot Tub Capacity _____ ÷ Application Rate _____ = Sq. Ft. Required _____

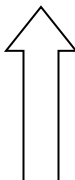
Private Sewage Disposal System Plan Review Application

Lot Diagram and Sewage System Plan:

Furnish plans or draw to scale the proposed construction indicating lot size with dimension showing the system, type of system to be constructed the dimensions of the system to be installed showing type of material, utilities, distance to water lines, water wells (including wells on neighboring property if they are near the property line), potable water storage tanks, buildings, lot lines, location of percolation holes, site elevations & ground surface elevations sufficient to determine the elevation of system components & the slope of the ground surface, location of sanitary sewer, if available, within 200 feet of the property, depth of limiting layer and any other extraordinary conditions on the lot.

INDICATE THE FOLLOWING:

- | | |
|---|---|
| <p>1. Lot Size</p> <p>2. Septic Tank Location, Size and Minimum Distances required to the following:</p> <p style="margin-left: 20px;">a. Building.....5'</p> <p style="margin-left: 20px;">b. Seepage Field.....5'</p> <p style="margin-left: 20px;">c. Wells.....50'</p> <p style="margin-left: 20px;">d. Water Lines:</p> <p style="margin-left: 40px;">Pressure water line.....10'</p> <p style="margin-left: 40px;">Suction water line.....50'</p> <p style="margin-left: 20px;">e. Lake, Stream, Other Body of Water or In-ground Swimming Pool.....25'</p> | <p>3. Subsurface Field Location, Dimensions and Minimum Distances required to the following:</p> <p style="margin-left: 20px;">a. Building..... 10'</p> <p style="margin-left: 20px;">b. Wells..... 75'</p> <p style="margin-left: 20px;">c. Water Lines:</p> <p style="margin-left: 40px;">Pressure water line. 25'</p> <p style="margin-left: 40px;">Suction water line..... 75'</p> <p style="margin-left: 20px;">d. Artificial Drain..... 10'</p> <p style="margin-left: 20px;">e. Property Line..... 5'</p> <p style="margin-left: 20px;">f. Lake, Stream, Other Body of Water, In-ground Swimming Pool..... 25'</p> <p>4. Site Slope</p> <p>5. Subsurface Seepage Field cross section indicating separation distance</p> |
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Important: The Clark 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 and the Clark County Private Sewage Disposal Ordinance. 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 Clark 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. In addition, the sewage disposal system will be installed strictly as outlined in this permit in conformance with the Clark County Sewage Disposal Ordinance.

Signature of Contractor	Date	Signature of Homeowner	Date
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*Signature by Homeowner represents consent to inspections by Authorized Health Department Personnel for the purpose of checking for Private Sewage Ordinance compliance and /or violations to it.

905.190 (c) The applicant's signature serves as written acknowledgement that the property owners are aware of and accept the responsibility to service and maintain the private sewage disposal system in accordance with the Private Sewage Disposal Licensing Act and this Part. If the owner of the site is a developer or contractor, he or she shall notify the purchaser and the Department or the Department's agent of the transfer of ownership and responsibility for maintenance.

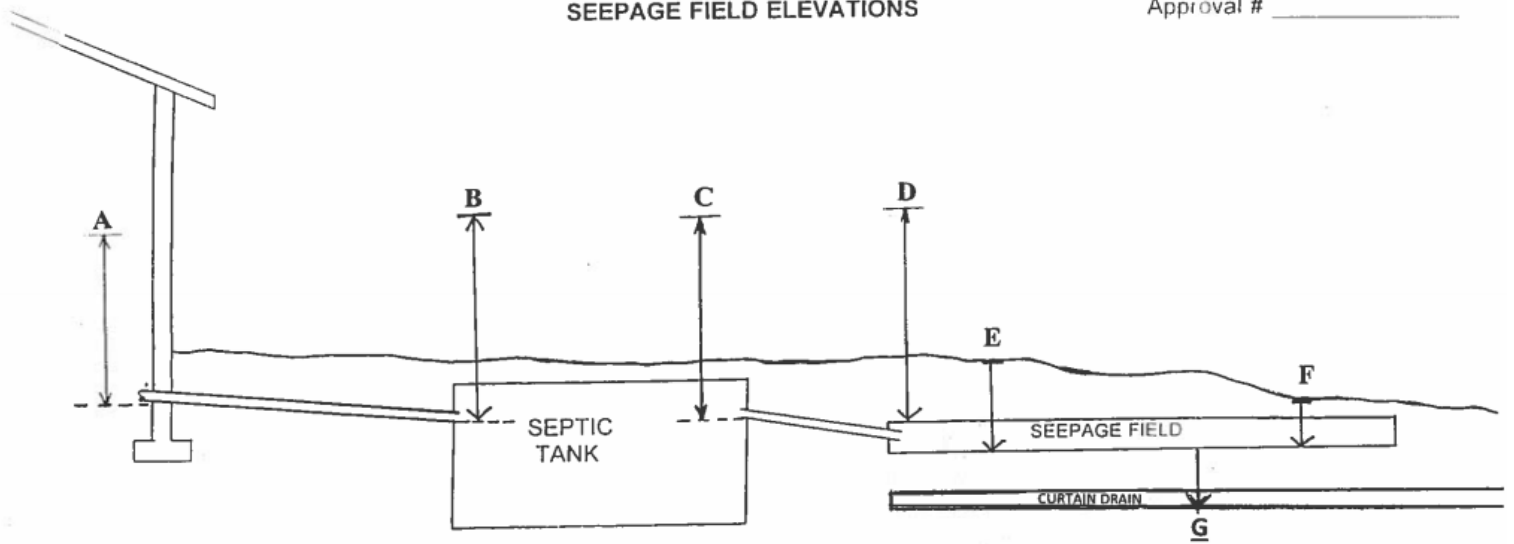
This County agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in Clark County Private Sewage Disposal System Ordinance. Disclosure of this information is mandatory.

Application Approved: ___ Yes ___ No By: _____ Date Rcvd In Office: _____ Date Approved: _____
 Fee: \$ _____ Check # _____

IF APPLICABLE:

SEEPAGE FIELD ELEVATIONS

Approval # _____



A to B: Distance _____ Fall _____

C to D: Difference between invert of outlet and top of gravel, gravelless pipe or chamber. _____

E: Trench bottom maximum depth to existing grade. _____

F: Trench bottom minimum depth to existing grade. _____

G: Difference between the bottom of the seepage field and the bottom of the curtain drain. _____



P. O. Box 266
977 N York St
Martinsville, IL 62442
217- 967-2243 Phone
217-967-2345 Fax

Homeowner Certification of Discharging Private Sewage Disposal System

My signature below 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 and 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".

C. I have made the determination that the discharge of this system:

_____ **WILL** enter waters of the United States
_____ **WILL NOT** enter water of the United States

If the discharge of this system **WILL** enter the waters of the United States, I also certify that I have obtained from the USEPA coverage for this system under NPDES Permit No. ILG62.

The Department recommends home/property owners' use all resources at their disposal, the following are a few that might be available:

- Have a site evaluation
- Have a soil analysis conducted on the property.
- Contact a professional individual that can help determine waters of the United States.
 - Illinois Professional Engineer
 - Licensed Environmental Health Practitioner
 - Illinois Soil Classifier
 - USEPA Staff

Signature of Homeowner

Date

Director of Environmental Health

Date