

**CLARK COUNTY HEALTH DEPARTMENT  
PRIVATE SEWAGE DISPOSAL SYSTEM  
PLAN REVIEW APPLICATION**

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PERMIT NUMBER \_\_\_\_\_  
(office use only)

COUNTY \_\_\_\_\_  
(office use only)

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OWNER: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
Current Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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Contractor: \_\_\_\_\_ License No: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

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LOCATION- Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Subdivision Name: \_\_\_\_\_ Lot No: \_\_\_\_\_ Township Name: \_\_\_\_\_  
Township #: \_\_\_\_\_ Range#: \_\_\_\_\_ Section#: \_\_\_\_\_ ¼ Section: \_\_\_\_\_

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Detailed Directions to Site: Highway Number, Secondary Roads, Signs to follow, Etc: \_\_\_\_\_

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Site Information: Renovation: \_\_\_\_\_ New System: \_\_\_\_\_  
Residential Dwelling: \_\_\_\_\_ Seasonal: \_\_\_\_\_ Number of Residents: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_  
Garbage Grinder: \_\_\_\_\_ Basement: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Hot Tub: # of Gallons: \_\_\_\_\_  
Non-Residential: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Design Flow: \_\_\_\_\_ Other Wastewater Generators: \_\_\_\_\_  
Water Supply: Private Well: \_\_\_\_\_ Semi-Private Well: \_\_\_\_\_ Non-Community: \_\_\_\_\_ Municipal: \_\_\_\_\_

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Soils: Soil Scientist Data: \_\_\_\_\_ Name of Soil Investigator: \_\_\_\_\_  
(Attach copy of Soil Data Report to Application)

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Proposed Private Sewage Disposal System: Gallons to be treated per day: \_\_\_\_\_

- |  |  |
|--|--|
| A. Septic Tank Size: _____ Gallons, Illinois #: _____  | H. Wisconsin Mound Basal Area: _____ Sq. Ft.   |
| B. Subsurface Seepage Field/Bedroom _____ Sq. Ft.<br>Total Sub. Seepage Field _____ Sq. Ft., Lin. Ft. _____, Width _____ | I. Chlorination Tank: _____ Gallons  |
| C. Gravelless Seepage Field: 8" _____ Lin. Ft. 10" _____ Lin. Ft.  | J. ATU: _____<br>Manufacturer & Model#: _____  |
| D. Chamber System: Manufacturer _____<br>Sq. Ft. per Lin. Ft. _____ Total Lin. Ft. _____                                 | K. Location of Audio & Visual Alarms: _____<br>(Must be located outside of building) |
| E. Seepage Bed: _____ Sq. Ft.  | L. Effluent Discharge to: _____<br>(if surface discharge, attach NPDES Permit)       |
| F. Waste Stabilization Pond: Dimensions: (LxWxD) _____   | M. Pump Chamber Size: _____  |
| G. Buried Sand Filter/Recirculating Sand Filter:<br>Width: _____, Length _____, Total Sq. Ft. _____                      |  |
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Other: \_\_\_\_\_  
\_\_\_\_\_

**Private Sewage Disposal System  
Plan Review Application**

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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 to the dimensions of the system to be installed showing type of material, utilities, distances to water lines, water wells(including wells on neighboring properties if they are near the property line), portable water storage tanks, buildings, lot-lines, site elevations & ground surface elevations sufficient to determine the elevation of system components & 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.

Check List:

Lot Size: \_\_\_\_\_

System Dimensions

Materials Labeled

Utilities Shown

Water Supply Shown

Required Distances labeled

Depth of Limiting Layer

Distances:

Well to Tank: \_\_\_\_\_

Well to Seepage Field: \_\_\_\_\_

Well to Sand Filter: \_\_\_\_\_

Well to Discharge: \_\_\_\_\_

Water Line to Tank: \_\_\_\_\_

Water Line to S.F.: \_\_\_\_\_

Water Line to Sand Filter: \_\_\_\_\_

Water Line to Discharge: \_\_\_\_\_

Property Line to Discharge: \_\_\_\_\_

Elevations of the System Components:

Benchmark & Elevation: \_\_\_\_\_

Elevation to Invert of Building Drain: \_\_\_\_\_

Elevation to Invert of Tank Inlet: \_\_\_\_\_

Elevation of Ground Surface Over Tank: \_\_\_\_\_

Lowest Elevation of Ground Surface over Field: \_\_\_\_\_

Highest Elevation of Ground Surface over Tank: \_\_\_\_\_

Length of Building Sewer (House to Tank): \_\_\_\_\_

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**I, the Licensed Contractor,** certify that the attached information is complete and correct and that, if approved, the work will conform with the current Private Sewage Disposal Licensing Act and Code. I also agree to give a 48 hour notice to CCHD before beginning construction.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

Per Section 905.20 of the Illinois Private Sewage Disposal Code, **I, the Homeowner,** acknowledge that I am aware of and accept the responsibility to service and maintain my private sewage disposal system in accordance with this Code. I also agree to maintain all maintenance records on forms provided by the Department and will make records available upon request by the Department or Local Authority. (Records shall be transferred from owner to owner and shall be kept for the life of the System.)

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date