

Benton Marion
618-439-0951 618-993-8111
8 A.M. – 4 P.M. – Mon. – Fri.



Permit to
Construct Number _____
Payment _____

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION

Permit Fee: \$150.00

IMPORTANT: Franklin-Williamson Bi-County Health Department does not guarantee trouble free operation of this sewage treatment system by the issuance of a sewage permit or final approval of the installation. The contractor is responsible for the installation in compliance with the Illinois Private Sewage Disposal Licensing Act and Code. By signing this application the property owner assumes full responsibility for maintenance and record keeping, as outlined in Section 905.20(q) of the Illinois Private Sewage Disposal Licensing Act and Code; and assumes full responsibility for any nuisance or health hazard that might result from the use of the system; and assumes full responsibility for obtaining an NPDES permit from USEPA when surface discharging to Waters of the United States as defined in 40 C.F.R. § 122.2.

APPLICATION INSTRUCTIONS: All portions of this application must be completed before a Construction Approval Number is issued.

1. **HOMEOWNER:** (current address)

Name: _____
Address: _____
_____ Zip: _____
Phone Number: _____

2. **LICENSED SEWAGE CONTRACTOR:**

Name: _____
Phone Number: _____
License #: _____
(Note: Work not done by homeowner must be done by an Illinois State licensed contractor)

3. **Location**

Street Address: _____

City: _____ Zip: _____

Acreage/Lot Size: _____ Parcel #: _____

Section: _____ Township: _____ (N)(S) Range: _____ (E)(W)

Subdivision/Lot #: _____

4. **Directions to Proposed Site:** (Highway #, Secondary Roads, Signs, etc.)

5. **Site Information:** (Check all that apply) New System _____ Renovation/Replacement _____

Residential Dwelling _____	# of Bedrooms _____	Basement _____
Garbage Disposal _____	Water Softener _____	Hot Tub _____
Seasonal Dwelling _____	Approximate day/year usage _____	
Non-Residential _____	# of Employees _____	Water usage per day _____ gallons _____
Water Supply: Public _____	Private _____	Well _____ Cistern _____ Other _____

6. **Soils Investigation:**

Conducted by: _____ Date: _____
(Copy of report to be included with application)

7. **Proposed Private Sewage Disposal System:**

Does this system discharge to Waters of the United States _____ If yes, have you applied for an NPDES Permit with USEPA _____ Date of Application _____

A. Septic Tank Capacity: _____ gallons Illinois #: _____

1. Subsurface Seepage Field/Bedroom _____ ft²
Total SSF: _____ ft² _____ linear ft. trench _____ ft. trench width
2. Gravelless Seepage Field: 8" _____ linear ft. 10" _____ linear ft.
3. Chamber system: Manufacturer: _____
Ft²/linear ft. _____ total linear ft. _____
4. Seepage Bed: _____ ft²
5. Waste Stabilization Pond: _____ ft. long _____ ft. wide _____ ft. deep
6. Buried or Recirc. Sand Filter: _____ ft² _____ ft. long _____ ft. wide
7. Drip Irrigation: Design Flow: _____ gpd linear ft. of emitter pipe: _____
8. Low Pressure Piping: Design Flow: _____ gpd _____ ft² _____ linear ft.

B. Aerobic Treatment Plant:

Manufacturer: _____
Model: _____
Treatment Capacity: _____ gpd
Location of Audio-Visual Alarm: _____

C. Effluent Discharge to:

Surface: _____
Effluent Reduction Trench: _____

D. Chlorination Tank: _____ Gallons
Location: _____

E. Other Type of Systems:

Name: _____ Permit no: _____

8.

SKETCH OF PROPOSED INSTALLATION (REQUIRED)

N
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The following **minimum** requirements needed on the application and sketch for a proposed sewage installation.

- | | | |
|--|--|---|
| <input type="checkbox"/> Location of system | <input type="checkbox"/> Lot Dimension | <input type="checkbox"/> Water supply/lines with distance to system |
| <input type="checkbox"/> Location of soil test (if required) | <input type="checkbox"/> Materials, (including pipe) | <input type="checkbox"/> Distance from discharge to property line |
| <input type="checkbox"/> Site or ground surface elevations | <input type="checkbox"/> Geothermal Well | <input type="checkbox"/> Water Softener, Hot Tub, Swimming Pool |

9. _____
Signature of Contractor (required)* Date

*Signature certifies 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.

10. _____
Signature of Property Owner (required)** Date

**My signature above 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 IL CS 225) and Section 905.20 q) of the Code (77 Ill. Adm. Code 905) **and** compliance with any USEPA & 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" as defined in 40 C.F.R. §122.2.

Application Accepted By _____ Date _____

Inspection By _____ Date _____