

**FORD COUNTY PUBLIC HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH**

\$150 INSPECTION FEE
\$100 PERMIT FEE
FEE: \$250

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE SYSTEM

Property Parcel # _____ **Installer License #** _____
Owner Name _____ **Installer's Name** _____
Address _____ **Address** _____
City _____ **State** _____ **Zip** _____ **City** _____ **State** _____ **Zip** _____
Phone # _____ **Phone #** _____
Propose to (construct/repair) _____ **a private sewage system to be used as a:**

- A. **Residence** # of bedrooms _____ **Garbage grinder** Yes No
 B. **Commercial Building:** Type? _____ # of Employees _____ or # of Customers _____
 C. **Other:** _____

SEWAGE SYSTEM LOCATION

County _____ City _____ Address _____

SEWAGE SYSTEM INFORMATION

Design Flow _____ gallons per day determined by _____

Soil Evaluation attached: Yes No

A. Septic Tank: Size _____ gallon **IL#** _____ New Existing

B. Septic System:

- Gravel Field System: _____ ft. of _____ inch wide trench **Total Square Feet** _____
- Gravelless Seepage Field: 8" _____ linear ft 10" _____ linear ft
- Chamber System: Manufacturer _____ Square ft per linear ft _____ **Total Linear Feet** _____
- Gravel Seepage Bed: Width _____ ft. Length _____ ft. **Total Square Feet** _____
- Waste Stabilization Pond: Width _____ ft. Length _____ ft. Depth _____
- Buried Sand Filter/Recirculating Sand Filter: Width _____ ft. Length _____ ft. **Total Square Feet** _____
- Include form: "Not Discharging to the Waters of United States"
- Illinois Raised Bed: _____ Square ft.
- Chlorination Tank: _____ gallons
- Aerobic Treatment Plant: _____
 Manufacturer and Model: _____ Treatment Capacity: _____ gallons per day
- Effluent Discharge to: _____
- Pump Chamber Size: _____
- Other: _____

C. Water Softener Yes No

If Yes, where does backwash water drain? _____

I have received this application and discussed alternatives with my installer and certify that the attached information is correct. I give permission to the installer to make any necessary changes to the application or at the time of installation to ensure that my system meets the Illinois Private Sewage Disposal Licensing Act and Code (IPSDLA&C). I am aware of and accept the responsibility to service and maintain the private sewage disposal system in accordance with the IPSDLA&C. I will provide documentation to Ford County Public Health Department that this system is being properly maintained and that this may include periodic sampling of effluents. I understand that my current disposal system may require to be modified at my expense to meet any changes in the IPSDLA&C. I understand that if my disposal system fails or causes a nuisance I am responsible to promptly correct the problem. I am aware that a representative of the Ford County Public Health Department may conduct necessary inspections to ensure my system is installed in accordance with the IPSDLA&C. Ford County Public Health Department does not guarantee trouble-free operation of my system by the issuance of my permit or the agency's inspections. I, the property owner, assume all responsibility of maintenance of my system and any nuisance or health hazard that may arise from my system.

Owner Signature _____ Date _____

Approved by _____ Date _____ ID # _____ - _____ - _____

PRIVATE SEWAGE DISPOSAL SYSTEM
LOT DIAGRAM AND SEWAGE DISPOSAL SYSTEM CONSTRUCTION PLAN

Lot diagram and sewage system plan:

Furnish plans or draw to scale the proposed construction indicating lot size with dimension showing the system to be constructed, the dimensions of the system to be installed showing type of material, utilities, distances to water lines, water wells, potable water storage tanks, building, lot lines, and any unsealed wells.



Property Owner: _____

Parcel ID: _____

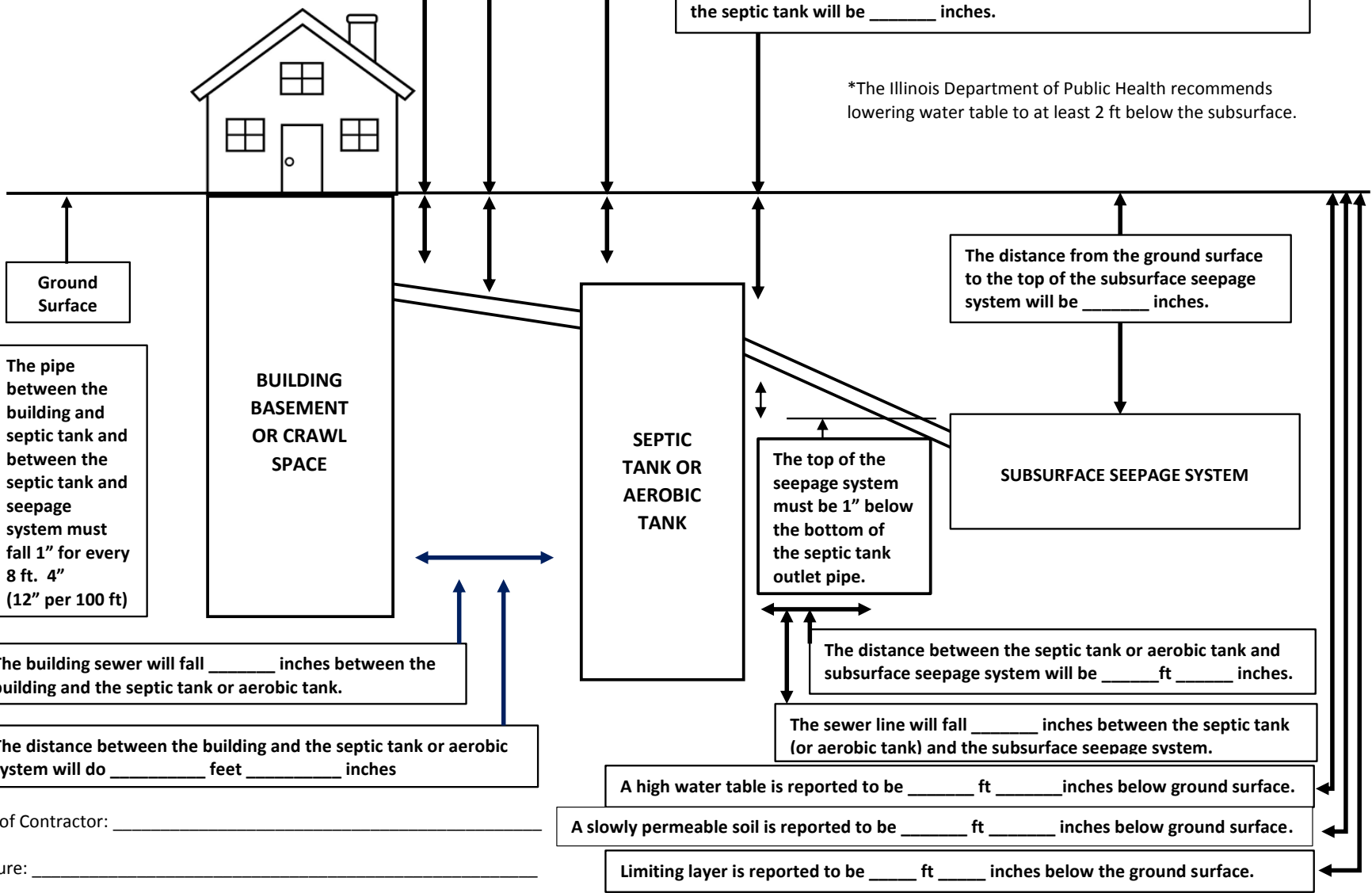
The distance from the ground surface to the top of the building drain will be _____ inches.

The distance from the ground surface to the top of the building sewer entering the septic tank will be _____ inches.

The distance from the ground surface to the top of the septic tank will be _____ inches.

The distance from the ground surface to the top of the sewer line as it exits the septic tank will be _____ inches.

*The Illinois Department of Public Health recommends lowering water table to at least 2 ft below the subsurface.



Ground Surface

The pipe between the building and septic tank and between the septic tank and seepage system must fall 1" for every 8 ft. 4" (12" per 100 ft)

BUILDING BASEMENT OR CRAWL SPACE

SEPTIC TANK OR AEROBIC TANK

The distance from the ground surface to the top of the subsurface seepage system will be _____ inches.

SUBSURFACE SEEPAGE SYSTEM

The top of the seepage system must be 1" below the bottom of the septic tank outlet pipe.

The building sewer will fall _____ inches between the building and the septic tank or aerobic tank.

The distance between the septic tank or aerobic tank and subsurface seepage system will be _____ft _____ inches.

The distance between the building and the septic tank or aerobic system will do _____ feet _____ inches

The sewer line will fall _____ inches between the septic tank (or aerobic tank) and the subsurface seepage system.

A high water table is reported to be _____ ft _____ inches below ground surface.

A slowly permeable soil is reported to be _____ ft _____ inches below ground surface.

Limiting layer is reported to be _____ ft _____ inches below the ground surface.

Name of Contractor: _____

Signature: _____

Date: _____