

Date: \_\_\_\_\_

LOG/PERMIT NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_  
(Office Use Only) (Office Use Only)

1. Owner: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
FAX Number: \_\_\_\_\_

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

3. Location-County: \_\_\_\_\_ City: \_\_\_\_\_ Street: \_\_\_\_\_  
Subdivision & Lot #: \_\_\_\_\_ Township Name: \_\_\_\_\_  
Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section #: \_\_\_\_\_ • Section: \_\_\_\_\_ Local Identification Information \_\_\_\_\_

4. Detailed Directions to Site: Highway Number, Secondary Roads, Signs to Follow, Etc.: \_\_\_\_\_

5. Site Information: Renovation: \_\_\_\_\_ New System: \_\_\_\_\_  
Residential Dwelling: \_\_\_\_\_, Seasonal: Yes \_\_\_\_\_ No. of Residents: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_  
Garbage Grinder: Yes \_\_\_\_\_ Basement: Yes \_\_\_\_\_ Water Softener: Yes \_\_\_\_\_ Hot Tub: # Gallons \_\_\_\_\_  
Non-Residential: \_\_\_\_\_ No. of Employees: \_\_\_\_\_ Design Flow: \_\_\_\_\_ Other Wastewater Generators: \_\_\_\_\_  
Water Supply: \_\_\_\_\_ Private Well: \_\_\_\_\_ Semi-Private Well \_\_\_\_\_ Non Community: \_\_\_\_\_ Municipal: \_\_\_\_\_  
Percolation Tests: Date(s): \_\_\_\_\_ Conducted By: \_\_\_\_\_  
Hole No. 1 Depth: \_\_\_\_\_, \_\_\_\_\_ min./6" Hole No. 2 Depth: \_\_\_\_\_, \_\_\_\_\_ min./6" Hole No. 3 Depth: \_\_\_\_\_, \_\_\_\_\_ min./6"  
Average min./6" Fall: \_\_\_\_\_ (Rerun or use highest value if difference is greater than 30 minutes)  
Depth of Limiting Layer: \_\_\_\_\_ Soil Type: \_\_\_\_\_  
Soil Scientist Data: \_\_\_\_\_ Name of Soil Investigator: \_\_\_\_\_  
*(Attach copy of Soil Data Report to application)*

6. Proposed Private Sewage System: Gallons To Be Treated Per Day: \_\_\_\_\_

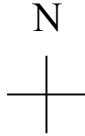
a. Septic Tank Size _____ Gallons, Illinois #: _____	h. Wisconsin Mound Basal Area _____ Sq. Ft.
b. Surface Seepage Field/Bedroom _____ Sq. Ft.,	i. Chlorination Tank _____ Gallons (if required)
Total Subsurface Seepage Field _____ Sq. Ft., Lin. Ft. _____, Width _____	j. Aerobic Treatment Plant: _____
c. Gravel-less Seepage Field: 8" _____ Lin. Ft. 10" _____ Lin. Ft.	Manufacturer & Model: _____
d. Chamber System: Manufacturer: _____	Treatment Capacity: _____ Gallons per day
Sq. Ft. per Lin. Ft., _____ Total Lin. Ft. _____	k. Location of Audio and Visual Alarms _____
e. Seepage Bed _____ Sq. Ft.	(Garage, Basement, Stairwell, Etc.)
f. Waste Stabilization Pond _____ Length _____ Width _____ Depth _____	l. Effluent Discharge to: _____
g. Buried Sand Filter/Recirculating Sand Filter _____ Sq. Ft.	m. Pump Chamber Size _____
Width _____ Length _____	

Other: \_\_\_\_\_

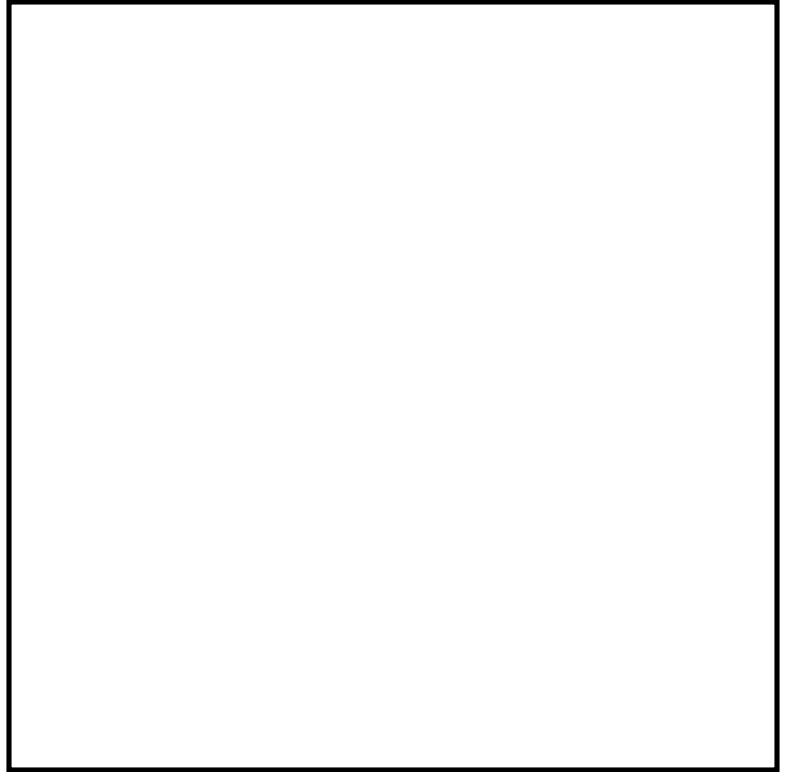
**PRIVATE SEWAGE DISPOSAL SYSTEM  
PLAN REVIEW APPLICATION**

7. 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 being installed showing type of material, utilities, distances 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 this 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.

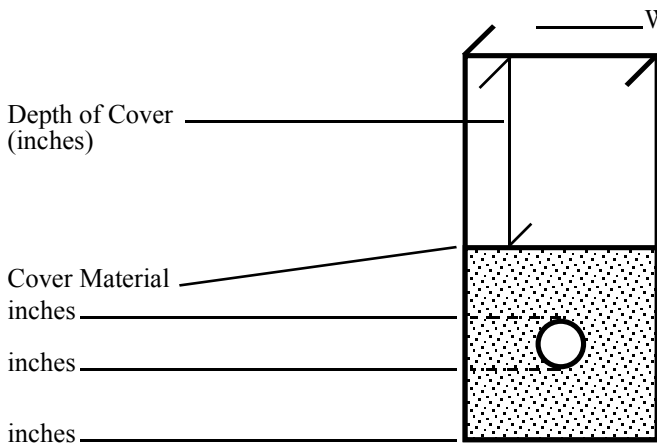


1" = \_\_\_\_\_



8. Checklist

- Lot Size: \_\_\_\_\_
- System Dimensions: \_\_\_\_\_
- Materials Labeled: \_\_\_\_\_
- Utilities Shown: \_\_\_\_\_
- Location of Perc Tests: \_\_\_\_\_
- Water Supply Shown: \_\_\_\_\_
- Required Distance Labeled: \_\_\_\_\_
- Depth of Limiting Layer: \_\_\_\_\_



Elevation of the System Components:

- Benchmark and 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 Field: \_\_\_\_\_
- Length of Building Sewer (House to Tank): \_\_\_\_\_
- Extraordinary Conditions Shown: \_\_\_\_\_

Cross Section Seepage Field Gravel

9. I 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

\_\_\_\_\_  
Signature of Applicant (Owner or Contractor)

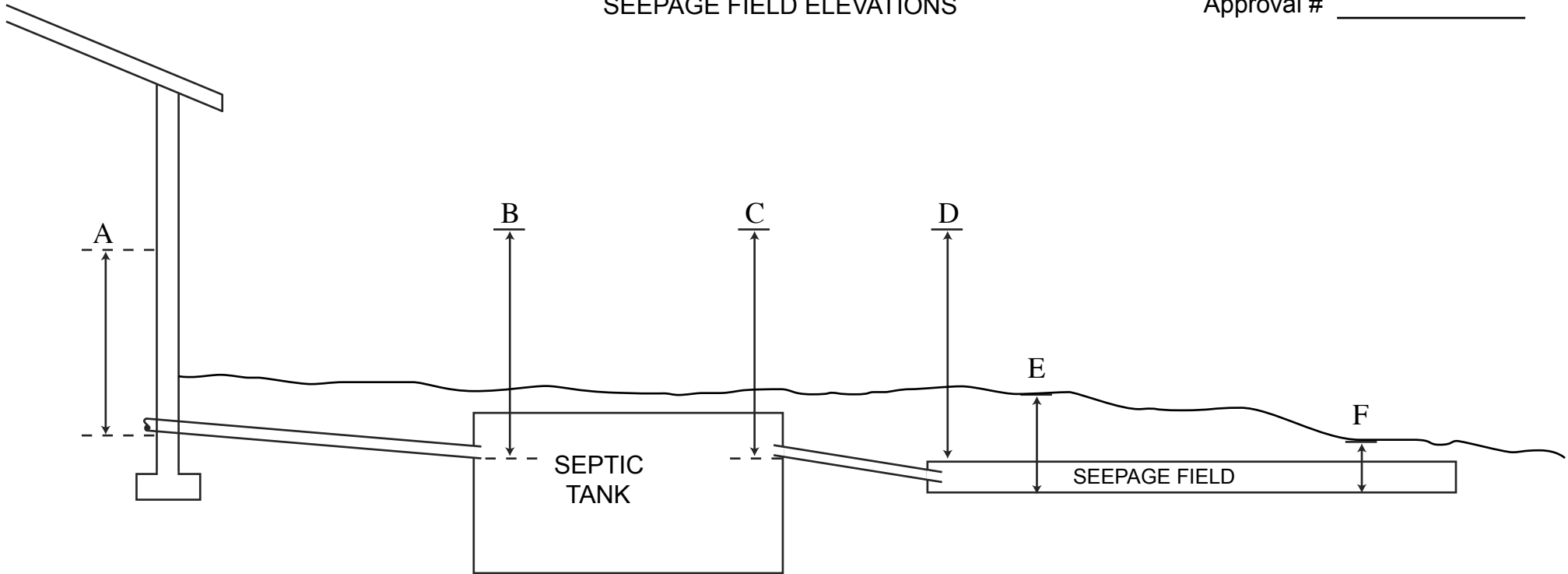
\_\_\_\_\_  
Date

**IMPORTANT NOTICE:**

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under public Act 84-670. Disclosure of this information is mandatory.

# SEEPAGE FIELD ELEVATIONS

Approval # \_\_\_\_\_



A to B: Distance \_\_\_\_\_ Fall \_\_\_\_\_

C to D: Difference between invert of outlet and top of gravel or gravelless pipe. \_\_\_\_\_

E Trench bottom maximum depth to existing grade. \_\_\_\_\_

F Trench bottom minimum depth to existing grade. \_\_\_\_\_