

Permit No. _____
____ New Construction
____ Replacement/ Alteration

Date Paid: _____
Amount Paid: \$250.00 or \$ _____
Check # _____ Cash: _____
Initials: _____

JERSEY COUNTY HEALTH DEPARTMENT

1307 State Highway 109
Jerseyville, Illinois 62052
(618) 498- 9565 ext. 321

APPLICATION FOR PERMIT TO CONSTRUCT A PRIVATE SEWAGE DISPOSAL SYSTEM

IMPORTANT: Jersey 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 and/or persons other than the Jersey County Health Department are responsible for proper installation of the sewage treatment and/or disposal system contemplated herein, and for compliance with Jersey County Health Department's Ordinance and other applicable laws. 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.

DATE: _____

NAME: _____ PHONE NUMBER: _____

SITE ADDRESS: _____

NAME OF SUBDIVISION: _____ TOWNSHIP: _____

LOT SIZE/ ACERAGE: _____ PARCEL NO. / LOT NO. _____

SITE DIRECTIONS: _____

SITE INFORMATION

PUBLIC SEWER AVAILABLE: YES NO

WATER SUPPLY: INDIVIDUAL WELL PUBLIC OTHER: _____

RESIDENTIAL: # OF BEDROOMS: 1 2 3 4 5 6 GARBAGE DISPOSAL: YES NO
BASEMENT: YES NO WATER SOFTNER: YES NO

COMMERICAL: # OF EMPLOYEES: _____ ESTIMATED WATER USAGE: _____

SOIL INVESTIGATION COMPLETED: YES NO **** IF YES, PLEASE ATTACH A COPY****

Permit No. _____

SEPTIC/ AERATION TANK

TYPE OF TANK: _____
(CONCRETE, PLASTIC)

SIZE OF TANK: _____ GAL
_____ GPD

APPROVAL NO. IL- _____

MANUFACTURER: _____

TYPE OF SYSTEMS

___ LATERAL FIELD

TOTAL SQUARE FEET OF SEEPAGE AREA: _____
NUMBER OF LINES: _____
WIDTH OF TRENCHES: _____
LENGTH OF TRENCHES: _____
DEPTH OF TRENCHES: _____

SOIL LOADING RATE: _____
TYPE OF MATERIAL (gravel, chambers, etc.): _____
DESCRIBE: _____

___ BURIED SANDFILTER

TOTAL SQUARE FT OF SEEPAGE AREA: _____
CHLORINATOR: YES NO SIZE: _____
EFFLUENT DISCHARGE: YES NO
DISCHARGE TO: _____

TYPE OF MATERIAL: _____
DESCRIBE: _____

___ AEROBIC UNIT

CHLORINATOR: YES NO SIZE: _____
EFFLUENT DISCHARGE: YES NO
DISCHARGE TO: _____

TYPE OF MATERIAL: _____
DESCRIBE: _____

___ OTHER

DESCRIBE: _____

Permit No. _____

LAYOUT SKETCH

(PLEASE USE BACK OF PAGE OR ADDITIONAL PAGE IF NEEDED)

MAKE SURE TO INCLUDE THE FOLLOWING INFORMATION IN THE DIAGRAM:

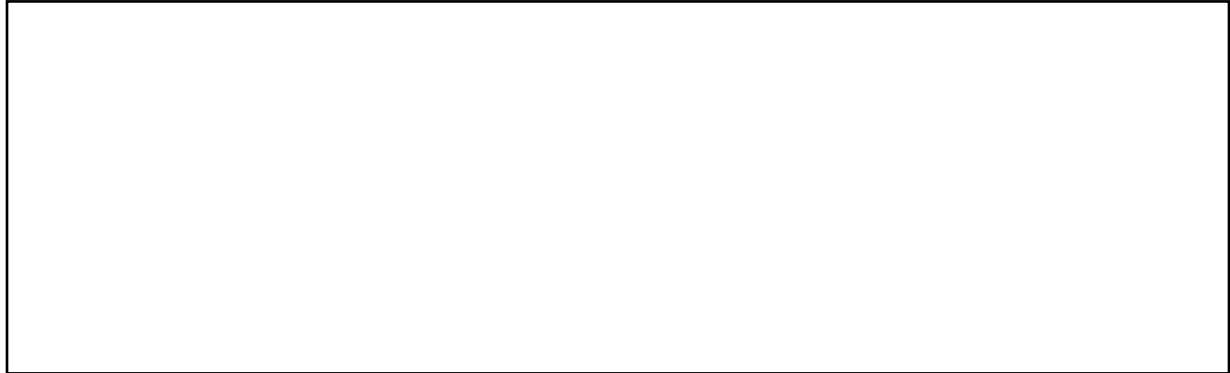
WATER SUPPLY SHOWN: _____

UTILITIES SHOWN: _____

DISTANCES LABELED: _____

LOT SLOPE (FLAT, HILLSIDE, ETC.): _____

SOIL BORINGS: _____



CONTRACTOR: _____ LICENSE # 049- _____

PHONE NUMBER: _____

SIGNATURE OF CONTRACTOR

DATE

By signing below, I certify that the attached information is complete and correct. If approved, the work will conform with the current Private Sewage Disposal Licensing Act and Code. I understand that obtaining an NPDES permit from the USEPA is required when discharging to Waters of the United States. EPA's regulations at 40 C.F.R. 122.2 defines Water of the United States.

HOMEOWNER COMPLETES: Does this system discharge into the "Waters of the United States" as defined in the US Environmental Protection Agency regulations 40 C.F.R. 122.2? YES NO

SIGNATURE OF HOMEOWNER

DATE

Permit is hereby granted to construct a sewage disposal system on above described property on the basis of the above information and the layout plan. Deviation from approved application will automatically revoke this permit. This permit is void if construction is not started within one year.

APPROVAL: YES NO

APPROVED BY

DATE