

Permit No. \_\_\_\_\_  
\_\_\_\_ New Construction  
\_\_\_\_ Replacement/ Alteration

Date Paid: \_\_\_\_\_  
Amount Paid: \$175.00 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

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### \_\_\_ 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: \_\_\_\_\_

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### \_\_\_ BURIED SANDFILTER

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

TYPE OF MATERIAL: \_\_\_\_\_

DESCRIBE: \_\_\_\_\_

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### \_\_\_ AEROBIC UNIT

CHLORINATOR: YES NO SIZE: \_\_\_\_\_  
EFFLUENT DISCHARGE: YES NO  
DISCHARGE TO: \_\_\_\_\_

TYPE OF MATERIAL: \_\_\_\_\_

DESCRIBE: \_\_\_\_\_

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### \_\_\_ 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:

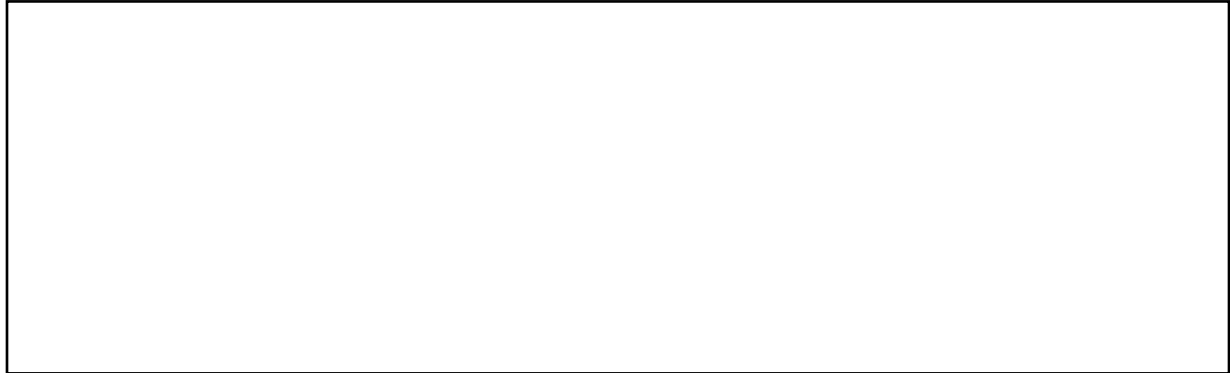
WATER SUPPLY SHOWN: \_\_\_\_\_

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