

SEPTIC NEW/REPAIR
TANK ONLY
MECAHNICAL YES/NO

Grundy County Health Department
1320 Union St. Morris IL 60450
815-941-3115 Fax 815-941-2389

Permit #063 _____
Amt _____ Chk/Cash/CC# _____
Date _____

SEPTIC APPLICATION

Site Address _____ City _____ State _____ Zip _____

Owner Name _____ Address _____ Cell _____

City _____ State _____ Zip _____ Email _____

Septic Contractor _____ Phone _____ Cell _____

Installer Name _____ Installer License # _____ Email _____

Address _____ City _____ State _____ Zip _____ Phone _____

SYSTEM INFORMATION

Parcel id# _____ Propose to (construct/repair) Type of Building _____

A. _____ Residence # Bedrooms _____ Garbage grinder YES/NO Water Softener YES/NO Hot Tub YES/NO

B. _____ Commercial Building Type _____ # of Employees _____ or #Customers _____

C. Other _____

Sewage system type Septic/Aerobic TANK SIZE

Gallons _____ Manufacturer _____ IL# _____

Design Flow _____ gallons per day Loading rate _____ Soil Eval attached YES/NO

*Depth to limiting layer _____ Inches *Depth to seasonal high water table _____ inches

o Gravel field system total linear ft _____ Trench width _____ in Total Sq feet _____

o Chamber system type _____ sq ft per linear ft _____ Length _____ ft Total Sq feet _____

o Gravel Seepage Bed Width _____ Length _____ ft Total Sq feet _____

o Gravells Seepage field 8' linear ft _____ 10" linear ft _____ ft

o Buried sand filter/Recirculating sand filter Width _____ ft Length _____ ft Total Sq feet _____

o Aerobic Treatment Plant; Manufacturer and Model _____

o Treatment capacity _____ gallons per day Chlorination tank _____ gallons

o Surface Effluent discharge to _____ NPDES Permit # _____ Letter attached YES/NO

o Pump chamber size _____ Tank to house _____ Seepage field to house _____

o Alarm location _____ Tank to nearest well _____ Seepage field to nearest well _____

o Waste stabilization pond _____ ft Length _____ ft Width _____

o Illinois Raised filter bed _____ sq ft

o OTHER _____

I have received this application, 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 Grundy 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 modification at my expense to meet any changes in the IPSDLA&C. I understand that if my disposal system fails or causes a nuisance it is my responsibility to promptly correct the problem. I am aware that a representative of the Grundy County Health Department may conduct necessary inspections to ensure my system is installed in accordance with the IPSDLA&C. Grundy County 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.

GCHD Comments

Instructions _____

Owner Signature _____ Date _____

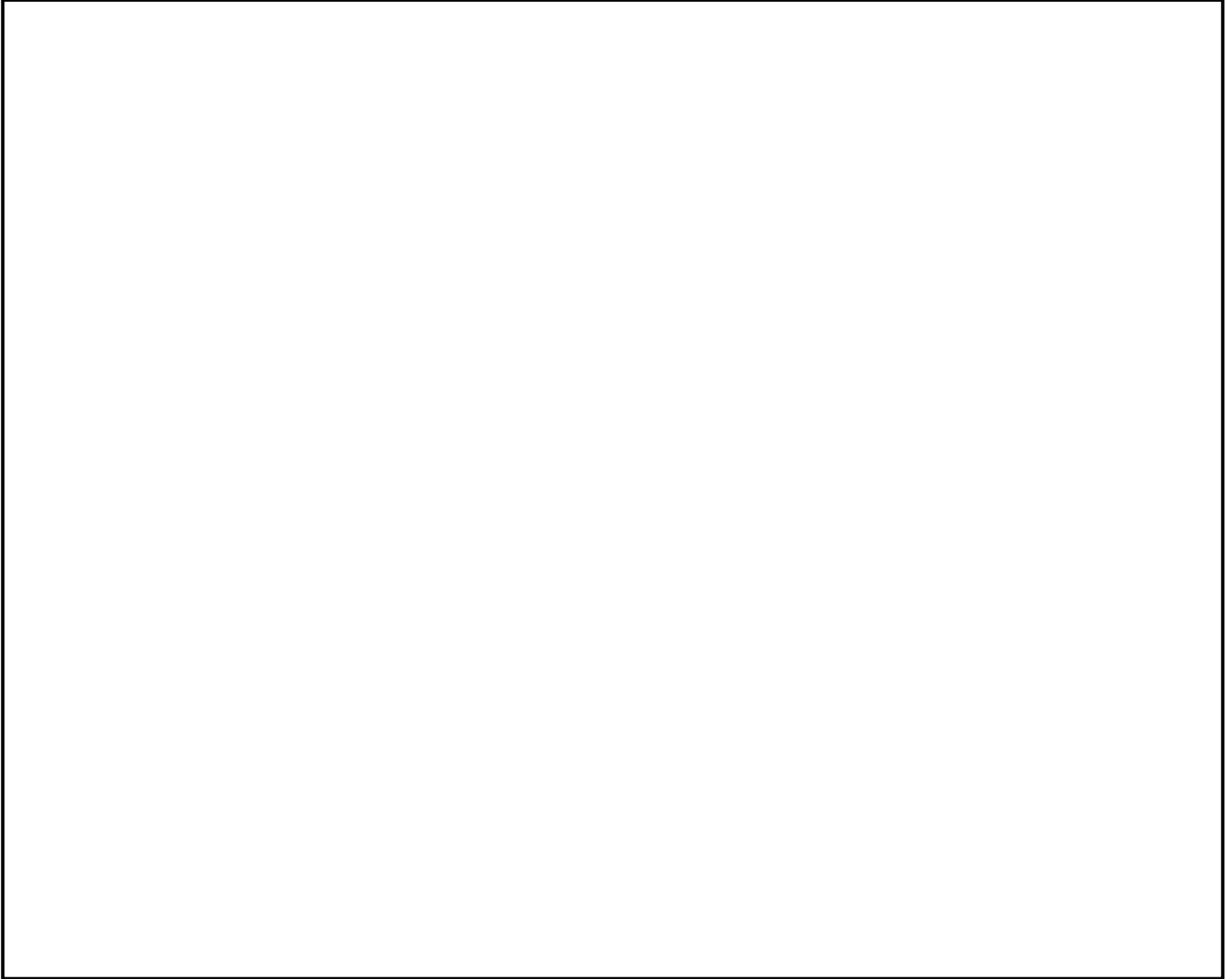
Contractor Signature _____ Date _____

Approved by _____ Date _____

**Private Sewage Disposal System
Lot Diagram and Sewage Disposal System Construction Plan**

Draw to scale the proposed construction including the dimensions of the system to be installed showing an exact layout of the system including all distances to water lines, water wells, building, lot lines, any unsealed wells, slope, soil analysis borings, distances between components and other bodies of water.

Property Line



Property Line

LIST ALL PIPES

Pipe Size:

ASTM:

Gravel Size:

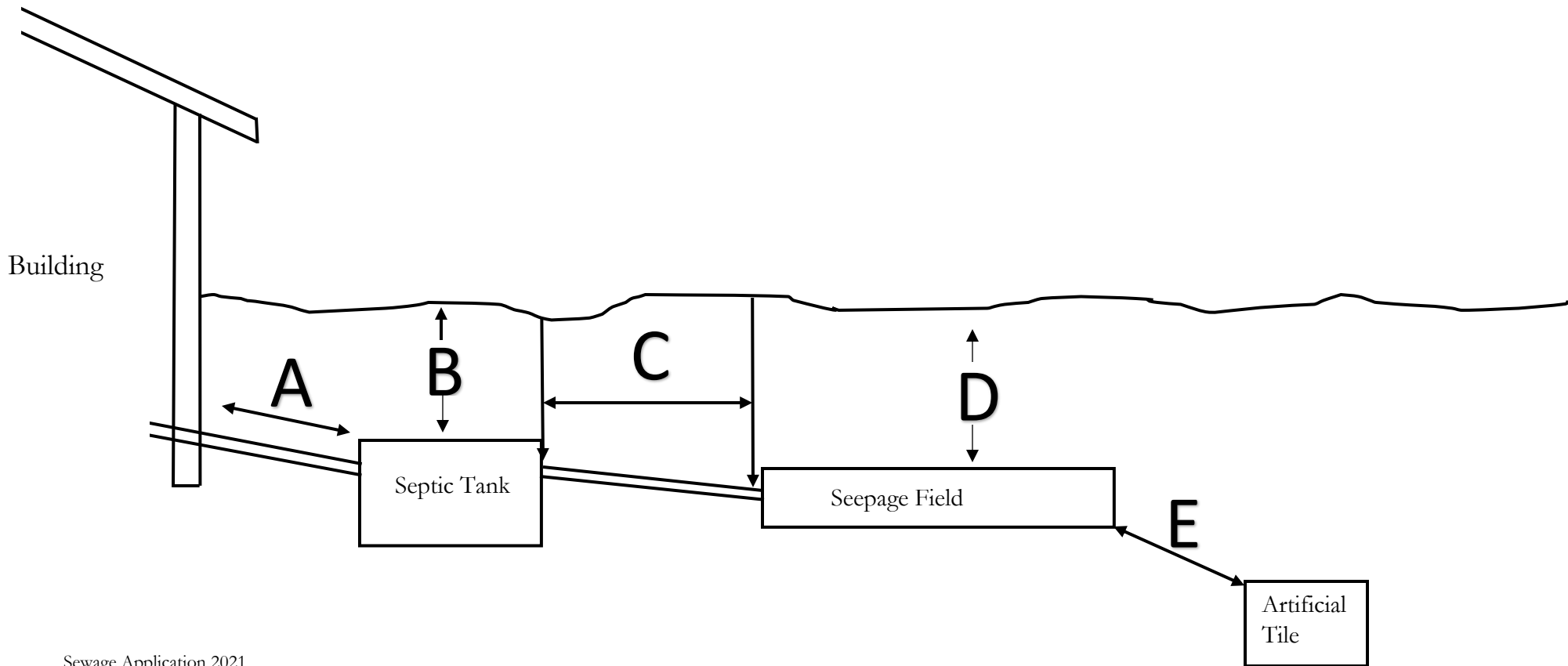
Other:

WATER SOURCE

- EPA water supply
- Private Well Pressurized Water Supply
- Private Well Suction Water Supply

Private Sewage Disposal Elevation Form

- A.** The building sewer will fall _____ inches between the building and the septic tank/aeration unit.
- B.** Distance from top of the septic tank to the ground surface _____ inches
- C.** The sewer line will fall _____ inches between the septic tank outlet tile to top of leach field
- D.** Distance from ground surface to the top of the seepage field is _____ to _____ inches
- E.** Distance from bottom of seepage field to the top of the artificial drain tile is _____ inches



PAD/Coco/ Other nontraditional system

Show cross sectional view, with all layers of base and cover, including material types and depths.



Description _____

