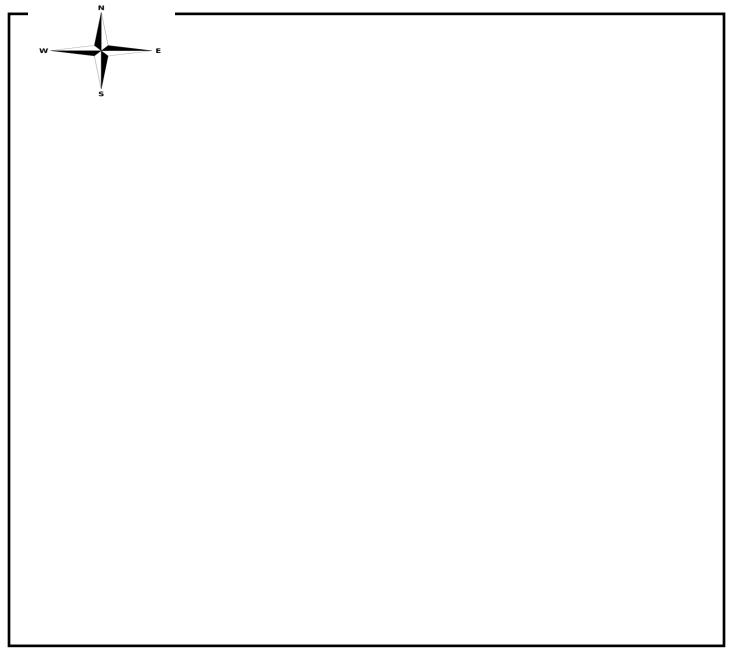
Hancock County Health Department Private Sewage Plan Review Application

Permit Fee \$125.00		Date:		
Owner:	Telephone No:			
Address:				
Contractor:	License Number:	Telephone No:		
Note: Work not done by the h	omeowner (must own 8	occupy personal single far	nily residence) must be done	
by a licensed contractor.				
Location of System 911 addres	s:	City:		
Subdivision & Lot #:	Townsl	nip Name:		
Township:	Range:	Section:		
Detailed Directions to Site (hig	hway number, seconda	ry roads, signs to follow, et	c.,)	
Site information				
Type of Installation: New				
Water Supply: Private Well	Semi-Private Well	Non-Community	Municipal	
Residential Dwelling: S Garbage Grinders: Yes Hot Tub: # of Gallons:	Basement: Yes W			
Non – Residential: No. Generators:	of Employees:	Design Flow: Othe	er Wastewater	
Soil Information: Loading Rate Depth of Seasonal High Water Depth of Curtin Drain or Intero (10 foot horizontal setback fro Estimated install date:	Table (SHWT): ir eptor: inche	nches Depth of other limit		

I certify that the attached information for this property is complete and correct and that installation of said facilities will conform to the Illinois Department of Public Health Private Sewage Licensing Act and Code. I ACCEPT THE RESPONSIBILTY OF NOTIFYING THE HEALTH DEPARTMENT TO MAKE A FINAL INSPECTION OF THE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PRIOR TO BACKFILLING AND INSTALLATION.

Contractor Signature:_____ Date: _____

Furnish plans or draw to scale the proposed construction indicating lot size with dimensions showing the system, the type and dimensions of the system to be installed showing type of pipe material, utilities, distances to water lines, water wells (existing or proposed, including wells on neighboring property if they are near the property line), water storage tanks, lot lines, location of soil borings, site elevations and ground surface elevations sufficient to determine the elevation of system components and the slope of the ground surface, location of any sanitary sewer within 200 feet of the property, and any other extraordinary conditions on the lot.



Proposed Private Sewage Disposal System

Primary Treatment: Gallons to be tre	eated Per l	Day:			
Septic Tank Size:					
Manufacturer:					
Aerobic Treatment Plant Capacity:		gpd	Manufacturer:		
Subsurface Treatment:					
Subsurface Disposal: sq f			of field:	inches	
Gravel System Rock Source:					
Gravel-less System Size:					
Chamber System Size:		Man	ufacturer:		
EZ Flow Size:					
Low Pressure Pipe Drip Irrigation:					
Other:					_
At Grade/Above Grade Treatment:					
Illinois Raised Filter Beds:	sq	ft	Peat Filter:		
Other:					
Pump Chamber:gpd	# of P	'umps:		_ Number of doses/	day:
Curtain Drain Anticipated Depth:					
Effluent Filter Manufacturer:		Al	arm Location:		
Curfe en Discharge Nater Veu must atte				tion is sucilable on	a valore to
Surface Discharge Note: You must atta	ch docume	entation	that no other op	tion is available on	braer to
Discharge.					
Surface discharge location:		Dista	nce to property	line:	
IS AN NPDES PERMIT REQUIRED? YES:					
IS AN IN DESTENSION REQUIRED! TES.		(A	Copy of NC		J
I certify that the attached information	for this pro	nnertv is	complete and co	rrect Lalso underst	tand that as the
property owner I am responsible and a	-				
system. Records of said maintenance a					- ·
system. Necolus of salu maintendice a	nu sei vice	musche	transieneu to n	exc property owner	. Thust keep all

OWNER'S SIGNATURE: ______ DATE: _____

records of maintenance and service for the life of the system.