

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 homeowner (must own & occupy personal single family residence) must be done by a licensed contractor.

Location of System 911 address: _____ City: _____

Subdivision & Lot #: _____ Township Name: _____

Township: _____ Range: _____ Section: _____

Detailed Directions to Site (highway number, secondary roads, signs to follow, etc.,)

Site information

Type of Installation: _____ New _____ Repair _____ Distance to Municipal Sewer: _____

Water Supply: Private Well _____ Semi-Private Well _____ Non-Community _____ Municipal _____

Residential Dwelling: _____ Seasonal Dwelling: _____ No. of Residents: _____ No. of Bedrooms: _____

Garbage Grinders: Yes _____ Basement: Yes _____ Water Softener: Yes _____

Hot Tub: # of Gallons: _____

Non – Residential: _____ No. of Employees: _____ Design Flow: _____ Other Wastewater

Generators: _____

Soil Information: Loading Rates (attach report) Boring #1 _____ Boring #2 _____ Boring #3 _____

Depth of Seasonal High Water Table (SHWT): _____ inches Depth of other limiting layers: _____ inches

Depth of Curtin Drain or Interceptor: _____ inches

(10 foot horizontal setback from the seepage field)

Estimated install date: _____

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 RESPONSIBILITY 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.



1" = _____

Proposed Private Sewage Disposal System

Primary Treatment: Gallons to be treated Per Day: _____
Septic Tank Size: _____ Gallons, Illinois #: _____
Manufacturer: _____
Aerobic Treatment Plant Capacity: _____ gpd Manufacturer: _____

Subsurface Treatment:
Subsurface Disposal: _____ sq ft Depth of field: _____ inches
Gravel System Rock Source: _____
Gravel-less System Size: _____ Manufacturer: _____
Chamber System Size: _____ Manufacturer: _____
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 Pumps: _____ Number of doses/day: _____
Curtain Drain Anticipated Depth: _____
Effluent Filter Manufacturer: _____ Alarm Location: _____

Surface Discharge Note: You must attach documentation that no other option is available on order to Discharge.

Surface discharge location: _____ Distance to property line: _____
IS AN NPDES PERMIT REQUIRED? YES: _____ (Attach Copy of Notice of Intent) or No: _____

I certify that the attached information for this property is complete and correct. I also understand that as the property owner I am responsible and accept responsibility for service and maintenance of this sewage disposal system. Records of said maintenance and service must be transferred to next property owner. I must keep all records of maintenance and service for the life of the system.

OWNER'S SIGNATURE: _____ DATE: _____