



# HENDERSON COUNTY HEALTH DEPARTMENT

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-County: \_\_\_\_\_ City: \_\_\_\_\_ Street: \_\_\_\_\_

Subdivision & Lot #: \_\_\_\_\_ Township Name: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ ¼ Section: \_\_\_\_\_ Local ID Info: \_\_\_\_\_

Type of Installation: \_\_\_ New \_\_\_ Repair Distance to Municipal Sewer \_\_\_\_\_ FT

Water Supply: Private Well \_\_\_\_\_, Semi-Private Well: \_\_\_\_\_, Non-Community: \_\_\_\_\_, Municipal: \_\_\_\_\_

Residential Dwelling: Seasonal Y/N No. of Residents: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

Garbage Grinder: Y/N Basement: Y/N Water Softener: Y/N Hot Tub: Y/N No. of Gallons: \_\_\_\_\_

Non-Residential: Y/N No. of Employees: \_\_\_\_\_ Design Flow: \_\_\_\_\_ Other wastewater generators: \_\_\_\_\_

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

Depth to Seasonal High-Water Table (SHWT): \_\_\_\_\_ inches Depth to Other Limiting Layers: \_\_\_\_\_ inches

**Design Group II-IV (3-foot separation from SHWT)**

**Design Group V-VII (2-foot separation from SHWT)**

**Design Group IX-XII (2-foot separation from SHWT and dosed)**

Depth of Curtin Drain or Interceptor: \_\_\_\_\_ inches.

(10-foot horizontal setback from the seepage field)

I certify that the attached information for this property is completed, 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 SAID INSTALLATION.

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Proposed Private Sewage Disposal System**

**Primary Treatment:** Gallons to be treated per day: \_\_\_\_\_  
Septic Tank Size: \_\_\_\_\_ Gal. Illinois #: \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
Aerobic Treatment Plant Capacity: \_\_\_\_\_ GPD Manufacturer: \_\_\_\_\_

**Subsurface Treatment:**  
Subsurface Disposal: \_\_\_\_\_ SQFT 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: \_\_\_\_\_ SQFT Peat Filter: \_\_\_\_\_  
Other: \_\_\_\_\_

Pump Chamber \_\_\_\_\_ GPD No. of Pumps \_\_\_\_\_ No. of Doses/Day \_\_\_\_\_  
Curtain Drain Anticipated Depth: \_\_\_\_\_ Effluent Filter Manufacturer: \_\_\_\_\_  
Alarm Location: \_\_\_\_\_

Sand Filter Size: \_\_\_\_\_ SQFT Sand Source: \_\_\_\_\_  
Chlorine Contact Chamber Size \_\_\_\_\_ Gal. Manufacturer \_\_\_\_\_  
Evaporation Bed Size \_\_\_\_\_ SQFT

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

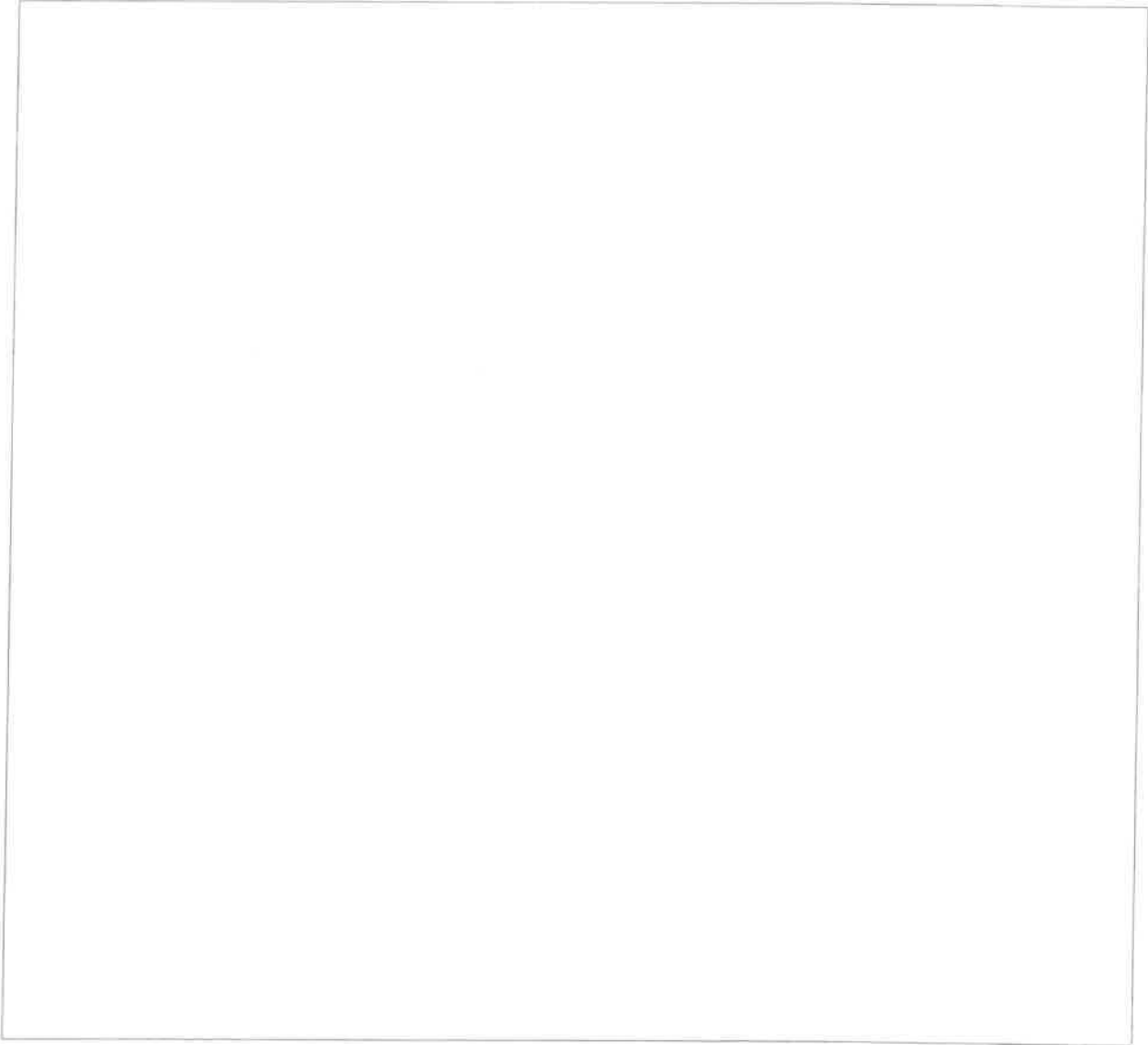
Surface Discharger Location \_\_\_\_\_ Distance to property Line \_\_\_\_\_

Is an NPDES permit required? Y/N (Attach Copy of Notice of Intent)

**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 services for the life of the system.**

Owner's 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 300 feet of the property, and any other extraordinary conditions on the lot.



\_\_\_\_\_  
REHS/LEHP Signature

\_\_\_\_\_  
Date

**Items needed on Permit application:**

1. Lot Size
2. Location of system
3. Type of system
4. Subsurface seepage system type
5. Tank sizes
6. Components labeled
7. Buildings and structures on site
8. Water wells
9. Water lines
10. Distance to nearest property line
11. Dimensions of subsurface lateral field, with separation distances between each lateral line
12. Distances to water lines, water wells, portable water storage and buildings
13. Distances from structure to first components and component to component
14. Site elevations with ground surface elevations sufficient to determine the elevation of system components
15. Slope of the ground surface
16. Location of sanitary sewer if applicable
17. Soil boring locations
18. Perimeter/artificial drains and discharge locations