

ADAMS COUNTY HEALTH DEPARTMENT  
QUINCY, ILLINOIS

APPLICATION FOR PERMIT TO CONSTRUCT A PRIVATE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_ PERMIT FEE \$150  PD (office use only)

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

Site Address \_\_\_\_\_ Lot Size \_\_\_\_\_

Subdivision (If applicable) \_\_\_\_\_ Lot No. \_\_\_\_\_ Phone # \_\_\_\_\_

Directions to site: \_\_\_\_\_

PROPERTY INFORMATION

New Construction ( ) Alteration/Renovation ( )

Public Sewer Available Yes ( ) No ( ) Water Supply: Public ( ) Private Well ( ) Other ( ) Describe \_\_\_\_\_

Residential: Single Family ( ) Multi Family ( ) No. of Bedrooms ( ) Permanent ( ) Seasonal ( ) Garbage Disposal ( )

Basement ( ) Basement fixtures ( )

Non-Residential: No. of employees/patrons \_\_\_\_ No. of restrooms \_\_\_\_ No. of Fixtures \_\_\_\_ Design Flow \_\_\_\_\_ total gallons/day

Description: \_\_\_\_\_

SOIL INFORMATION

Soil Investigation: Loading Rates: \_\_\_\_\_ Soil Percolation Test \_\_\_\_\_ Depth Test Conducted \_\_\_\_\_

Average depth to limiting layer \_\_\_\_\_

SEPTIC SYSTEM COMPONENTS

Septic Tank: Capacity \_\_\_\_\_ II. Approval No. \_\_\_\_\_ New ( ) Existing ( )

Seepage field ( ) Seepage bed ( ) Total square feet \_\_\_\_\_ Width of trench \_\_\_\_\_ Depth \_\_\_\_\_ Length \_\_\_\_\_

( ) Gravel-less Chamber Total Square Feet \_\_\_\_\_ Total Linear Feet \_\_\_\_\_ Chamber Size \_\_\_\_\_

( ) Gravel-less Pipe: 8" Total Linear ft \_\_\_\_\_ 10" Total Linear ft \_\_\_\_\_ Manufacturer \_\_\_\_\_

( ) Buried Sandfilter: Total square ft \_\_\_\_\_ Width of trench \_\_\_\_\_ Length of trench \_\_\_\_\_

Chlorinator/contact chamber ( ) Discharges to \_\_\_\_\_

( ) Aerobic Treatment Plant: Capacity \_\_\_\_\_ (gpd) Manufacturer \_\_\_\_\_

Location of audio & visual alarms \_\_\_\_\_ Discharges to \_\_\_\_\_

( ) Other: Describe \_\_\_\_\_

I certify that the attached information is complete and correct. I understand that I am responsible to maintain this private sewage disposal system to ensure that it does not cause a nuisance or health hazard. I may, in the future, be required to provide documentation that this system is being properly maintained as required under the provision of the Illinois Private Sewage Disposal Licensing Act and Code.

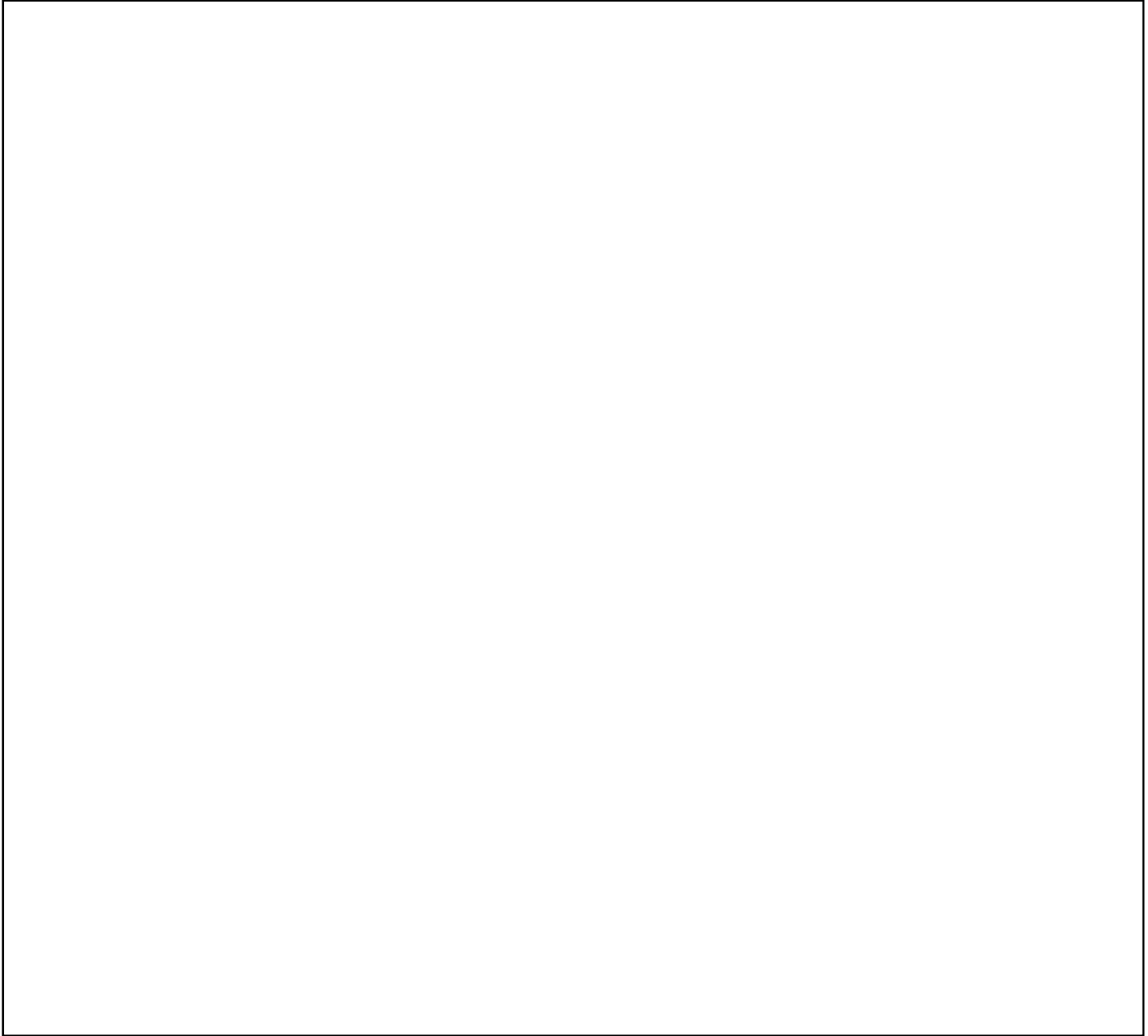
Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit is hereby granted to construct a private sewage disposal system on the basis of the above information submitted on the application.

Approved by \_\_\_\_\_ Date \_\_\_\_\_

**LAYOUT SKETCH**

**Show: Lot, house, sewage system, distance to water line, water wells (existing or proposed) including wells on adjoining properties and show all dimensions.**



REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ Signed \_\_\_\_\_ Approved Y ( ) N ( )  
Representative of Board of Health

**IMPORTANT**

The Adams County Health Department does not warranty proper operation of the sewage treatment and/or disposal system contemplated herein by issuance of a sewage permit, or by final approval. The contractor and/or persons other than the Adams County Health Department are responsible for proper installation of the sewage treatment and/or disposal system contemplated herein, and for compliance with Adams County Health Department's Ordinance and other applicable laws. The Adams County Health Departments does not assume responsibility or liability for any nuisance and/or health hazard that may arise due to improper installation or operation of work performed pursuant to this permit.