

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.