

CHRISTIAN COUNTY HEALTH DEPARTMENT

Division of Environmental Health

902 W. Springfield Rd.

Taylorville, IL 62568

Phone: (217)824-4113 Fax: (217)824-4380

Permit Fee: <u>\$150.00/\$300.00</u> PERMIT # _____
Date Issued: _____
Expiration Date: _____
Contractor: _____
<input type="checkbox"/> New System <input type="checkbox"/> Replacement

PRIVATE SEWAGE DISPOSAL SYSTEM PLAN REVIEW AND PERMIT

IMPORTANT: The Christian County Health Department does not guarantee trouble-free operation of this sewage treatment and disposal system by the issuance of a construction permit or final approval of the installation. The installation contractor is responsible for the installation in accordance with the Illinois Private Sewage Disposal Code and the County Ordinance. The property owner assumes full responsibility for any nuisance or health hazard that may result from its use.

Property Owner's Name _____	Phone# _____	E-Mail _____
Mailing Address _____		
Site Address/Directions _____		
Township _____	Subdivision _____	Lot# _____

BUILDING TYPE	<input type="checkbox"/> Residence	<input type="checkbox"/> Commercial	#Bedrooms _____	#Employees _____	Design Volume _____			
GARBAGE DISPOSAL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WATER SOFTENER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	HOT TUB	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WATER SUPPLY	<input type="checkbox"/> Well	<input type="checkbox"/> Public	Avg. Distance to System _____					

<input type="checkbox"/> Soil Analysis	LOAD RATE _____	LIMITING LAYER _____	SEASONAL HIGH WATER TABLE _____
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SYSTEM PLAN:	
<input type="checkbox"/> Septic Tank Size _____ Gal	Existing tank to be abandoned <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Seepage Field	Total Linear Ft. _____ Total Square Ft. _____ #of Lines _____
TYPE	SB2 _____ in. Chamber _____ in. Gravel (details) _____
Additional Details _____	
<input type="checkbox"/> Sand Filter	Square Ft. _____ Details _____
<input type="checkbox"/> Aerobic Treatment Plant	Model _____ Treatment Capacity _____ gal./day Surface Discharge? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Surface Discharge _____	
Warning Device Location _____	Chlorination? <input type="checkbox"/> YES <input type="checkbox"/> NO Effluent Receiving Trench? <input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Details _____	
<input type="checkbox"/> OTHER APPROVED SYSTEM	
Details _____	

TOTAL LOT SIZE _____

DIAGRAM: property lines, buildings, location and setback distances of wells/water lines, existing sewage systems, bodies of water, existing tiles, all components of proposed system

Pre Construction Evaluation CCHD ONLY

I have conducted a Pre-construction evaluation and determined that the plan for this system is:

Satisfactory Unsatisfactory Permit# _____ Env. Health _____

I, the Contractor, agree to notify CCHD AT LEAST 48 HRS. (sec.905.150) before any construction begins, and I further agree to call for inspection and final approval of this system before covering. I agree that the system will be installed as outlined on this permit. I have explained in detail the service contract policy and will notify CCHD immediately with ANY change in said contract.

Signature of Contractor / License #

Date

HOMEOWNER

For Subsurface Systems Only: I, the Homeowner, have been provided with a service contract guaranteeing at least one inspection every three years, which may include pumping or necessary maintenance, subject to contractor's fees. _____ INITIALS

For Systems Employing Aerobic Units: I, the Homeowner, have been furnished with an INITIAL 2-year service contract (905.100 Sec. g, item 1-6). _____ INITIALS

Environmental Protection Agency NPDES Permit:

Applied for ___ YES ___ NO (Discharge will not reach waters of the United States) _____ INITIALS

Homeowner Signature

Date

FINAL COMPLIANCE INSPECTION

Inspector

Date