

Warren County Health Department

240 S. Main Monmouth, Illinois 61462
Phone (309) 734-1314 Fax (309) 734-1315
Fees: Contractor installed \$150.00
Private Homeowner installed \$250.00

Amount Paid _____ Log/Permit Number _____

Approved By: _____

Date Approved: _____

Sewage Disposal Permit Application

PERMIT INFORMATION

Owner's Name: _____ Telephone # _____

Mailing Address _____ City _____ State _____ Zip _____

Contractor's Name: _____ Phone# _____

License# _____

Property Information for Septic: County: Warren

Address _____ City _____

Township _____ Range: _____ Section# _____ Subdivision & Lot _____

Detailed Directions to site: Highway number Secondary Roads Signs Etc.

Site Information: Renovation New System Number of Residents _____ Number of Bedrooms _____

Residential Dwelling: Yes No Seasonal: Yes No Garbage Grinder: Yes No Hot Tub: _____ Gal

Water Softener: Yes No Discharge to _____ Other Wastewater Generators: _____

Water Supply: Private Well Semi-Private Well Non-Community Municipal Geothermal/Closed Loop Well

Sanitary sewer, if available, within 300 feet of the property Yes No Abandoned septic tank will be: _____

Non-Residential: Yes No Number Employees: _____ Design Flow _____ gal. per day

Any Variances needed? Yes No

SOILS: *SOIL ANALYSIS RESULTS MUST BE ATTACHED

Most Limiting Loading rate: _____ GPD/ft.² Depth to Shallowest Limiting Layer: _____ Design Group _____

Primary Treatment

1: Distance to: Nearest Well: _____ ft. Water line: _____ ft. Foundation Wall: _____ ft. Property line: _____ ft.

2: Septic Tank: Capacity _____ gal. New Existing Type of Material: _____ Illinois# _____

3: Aerobic Treatment Plant:

Manufacturer & Model _____ Treatment Capacity _____ gal. Per Day

General Information

Pump Chamber Size _____ gal Chlorination tank _____ gal Sampling port Yes No

Location of Alarm _____ Effluent Discharge to: _____

Risers Yes No Effluent reduction _____ ft. Source of media and rock _____

Secondary Treatment

1: Distance to Nearest: Well _____ft. Water line _____ft. Foundation Wall _____ft. Property line _____ft.

2: Subsurface Systems: Chamber System Gravel Trench Field Gravel-less Pipe 8" pipe 10" pipe

Subsurface seepage: field / bedroom _____ ft² Total ft² _____ ft² Total Linear ft. _____ft. Trench Width_____ in. Trench Depth_____in.

Number of Lines _____ Spacing of Lines _____ft. Manufacturer Type/Model: *Grave-less Pipe, Chamber:* _____

Seepage Bed: Width _____ft. X Length _____ft. Total sq. ft. _____ ft²

Raised Filter Bed: Attach Calculations

Mantle width: _____ ft. Mantle length: _____ ft. Total sq. ft. of Mantle _____ ft²

Number of filter beds: _____ Each bed: Width_____ ft. Length _____ft. Total sq. ft. of bed _____ ft²

3: Buried Sand Filter: Width_____ft. X Length _____ft. Total sq. ft. _____ ft²

Number of Distribution Lines _____ Number of Collection Lines_____ Number of Vents_____

4: Other Approved System:

PROPERTY OWNER & CONTRACTOR SIGNATURE

The signature of the Contractor and Homeowner certifies the following: that the attached information is complete and correct and that, if approved, the work will conform to the current Illinois Private Sewage Disposal Licensing Act (225 ILCS 225) and (77 Ill. Adm. Code 905) and Warren County Private Sewage Disposal Ordinance. The Health Department shall be notified 48 hours prior to installation and schedule a final inspection of the sewage disposal system construction prior to backfilling the septic system.

The signature of the Homeowner also certifies the following: that they are aware of all maintenance requirements outlined in the Illinois Private Sewage Disposal Licensing Act (225 ILCS 225) and (77 Ill. Adm. Code 905) and Warren County Private Sewage Disposal Ordinance, and accept responsibility for servicing and maintaining the system as required by the Code. That they are aware of the obligations to and shall maintain all maintenance records on forms provided or approved by the Illinois Department of Public Health (IDPH) and make records available upon request by the Department or Local Authority. These records shall be transferred from owner to owner. Records shall be kept for the life of the system. The property owner assumes full responsibility for any nuisance or health hazard that might result from this systems use. The Warren County Health Department does not guarantee length of service or trouble free operation of this private sewage disposal system by the issuance of this approval.

Signature of Property Owner _____

Date _____

Septic Contractor Signature _____

Date: _____

INCLUDE A LOT DIAGRAM AND SEWAGE SYSTEM PLAN:

Draw to scale the proposed construction with as much detail as possible: lot size, the septic system, show type of material, utilities, distances to water lines, water wells, include wells on neighboring property if they are near the property line, potable water storage tanks, building, lot lines, site elevations and ground surface elevations sufficient to determine the elevation of the system components.

