

FULTON COUNTY HEALTH DEPARTMENT
PRIVATE SEWAGE DISPOSAL SYSTEM
PLAN REVIEW APPLICATION

PERMIT FEE: _____
REC'D BY: _____
DATE: _____

PERMIT: APPROVED _____ DENIED _____ FINAL _____
(Initial & Date) (Initial & Date) (Initial & Date)

LOG/PERMIT NUMBER _____ COUNTY _____
(Office Use Only) (Office Use Only)

1. Owner: _____ Telephone #: _____
Address: _____
(City) (State) (Zip)

2. Contractor: _____ License Number: _____ Telephone #: _____
NOTE: Work not done by homeowner (must own & occupy personal single family residence) must be done by a licensed contractor.

3. Location- Street: _____ City: _____ County: _____
Subdivision & Lot #: _____ Township Name: _____
Township: _____ Range: _____ Section #: _____ ¼ Section: _____ ¼ Section: _____
Local Identification Information: _____
(This is the permanent index # and/or parcel # on your property tax bill)

4. Detail Directions to Site: (Highway Number, Secondary Roads, Signs to follow, Etc.): _____

5. Site Information: Renovation: _____ New System: _____
Residential Dwelling: _____, Seasonal: Yes _____ No. of Residents: _____ No. of Bedrooms: _____
Garbage Grinder: Yes _____ Basement: Yes _____ Water Softener: Yes _____ Hot Tub: #Gallons: _____
Non-Residential: _____ No. of Employees: _____ Design Flow: _____ Other Wastewater Generators: _____
Water Supply: Private Well: _____, Semi-Private Well: _____, Non-Community: _____, Municipal _____
Percolation Tests: Date(s): _____ Conducted By: _____
Hole No. 1: Depth: _____, _____ min./6" Hole No. 2: Depth: _____, _____ min./6" Hole No. 3: Depth: _____, _____ min./6"
Average min./6" Fall: _____ (Return or use highest value if difference is greater than 30 minutes)
Depth of Limiting Layer: _____ Soil Type: _____
Soil Scientist Data: Name of Soil Investigator: _____
(Attach copy of Soil Data Report to application)

6. Proposed Private Sewage Disposal System: Gallons To Be Treated Per Day: _____
a. Septic Tank Size _____ Gallons, Illinois #: _____ h. Wisconsin Mound Basal Area _____ Sq. Ft.
b. Subsurface Seepage Field/Bedroom _____ Sq. Ft. i. Chlorination Tank _____ Gallons (If required)
Total Subsurface Seepage Field _____ Sq. Ft., j. Aerobic Treatment Plant: _____
Lin. Ft. _____, Width _____ Manufacturer & Model: _____
c. Gravel-less Seepage Field: 8": _____ Lin. Ft. 10": _____ Lin. Ft. Treatment Capacity: _____ Gallons per day
d. Chamber System: Manufacturer: _____ k. Location of Audi & Visual Alarms _____
Sq. Ft. per Lin. Ft., _____ Total Lin. Ft. _____ (Garage, Basement, Stairwell, Etc.)
e. Seepage Bed _____ Sq. Ft. l. Effluent Discharge to: _____
f. Waste Stabilization Pond _____ Length _____ Width _____ Depth m. Pump Chamber Size _____
g. Buried Sand Filter/Recirculating Sand Filter _____ Sq. Ft.
Width: _____, Length: _____
Other: _____

7. Lot Diagram and Sewage System Plan: Furnish plans or draw to scale the proposed construction indicating lot size with dimension showing the system, type of system to be constructed, the dimensions of the system to be installed showing type of material, utilities, distances to water lines, water wells (including wells on neighboring property if they are near to property line), potable water storage tanks, buildings, lot lines, location of percolation holes, site elevations and ground surface elevations sufficient to determine this elevation of system components and the slope of the ground surface, location of sanitary sewer, if available, within 200 feet of the property, depth of limiting layer and any other extraordinary conditions on the lot.

Checklist

Lot Size: _____ System Dimensions: _____ Materials Labeled: _____ Utilities Shown: _____
Locatoin of Perc Tests: _____ Water Supply Shown: _____ Required Distances Labeled: _____
Depth of Limiting Layer: _____

Elevations of System Components:

Benchmark & Elevation: _____ Elevation to Invert of Building Drain: _____
Elevation to Invert of Tank Inlet: _____ Elevation of Ground Surface over Tank _____
Lowest Elevation of Ground Surface over Field: _____ Highest Elevation of Ground Surface over Tank: _____
Length of Building Sewer (House to Tank): _____ Extraordinary Condition Shown: _____



8. I certify that the attached information is complete and correct and that, if approved, the work will conform with the current Private Sewage Disposal Licensing Act and Code.

Signature of Applicant (Owner or Contractor) _____ Date _____

IMPORTANT NOTICE:

This Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 84-670. Disclosure of this information is mandatory. Incomplete Plan Review Application Forms will be returned to the Applicant for Completion and Resubmittal, to the Fulton County Health Department, 700 East Oak St., Canton, Illinois 61520. THE SEWAGE PERMIT FEE IS NON-REFUNDABLE ONCE THE PRELIMINARY SITE VISIT HAS BEEN CONDUCTED.