

PERMIT FEE: \_\_\_\_\_  
REC'D BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

**FULTON COUNTY HEALTH DEPARTMENT  
PRIVATE SEWAGE DISPOSAL SYSTEM  
PLAN REVIEW APPLICATION**

Office Use Only PERMIT: APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ FINAL \_\_\_\_\_  
(Initial & Date) (Initial & Date) (Initial & Date)  
LOG/PERMIT NUMBER: \_\_\_\_\_ COUNTY: Fulton

1. Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

2. Contractor: \_\_\_\_\_ License No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
**NOTE:** Work must be done by the homeowner (**must own AND occupy** single family residence) or by a licensed contractor.

3. Site Location - Street: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
Subdivision & Lot: \_\_\_\_\_ Township Name: \_\_\_\_\_  
Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section #: \_\_\_\_\_ 1/4 Section: \_\_\_\_\_ 1/4 Section: \_\_\_\_\_ 1/4 Section: \_\_\_\_\_  
Local Identification Information \_\_\_\_\_  
(This is the permanent index number and/or parcel number on your property tax bill)

4. Detailed Directions to Site from Canton: (Highways, secondary roads, signs to follow, distances, landmarks, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Site Information:**  Renovation  New System Location of System (Residential) >300 ft. from Public Sewer?  Yes  No  
 Residential Dwelling - Number of Residents: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Seasonal:  Yes  No  
Basement:  Yes  No Water Softener:  Yes  No Hot Tub (Capacity): \_\_\_\_\_ gal. Garbage Grinder:  Yes  No  
Discharges to: \_\_\_\_\_  
 Non-Residential - No. of Employees: \_\_\_\_\_ Location of System (Non-Residential) >1500 ft. from Public Sewer?  Yes  No  
Design Flow: \_\_\_\_\_ Other Wastewater Generators: \_\_\_\_\_  
Water Supply:  Private Well  Semi-Private Well  Non-Community  Municipal  
Depth of Limiting Layer: \_\_\_\_\_ Soil Type: \_\_\_\_\_  
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., \_\_\_\_\_ Lin. Ft., Width \_\_\_\_\_ j. Aerobic Treatment Plant: \_\_\_\_\_  
c. Gravel-less Seepage Field: 8": \_\_\_\_\_ Lin. Ft. 10": \_\_\_\_\_ Lin. Ft. Manufacturer & Model: \_\_\_\_\_  
d. Chamber System: Manufacturer: \_\_\_\_\_ Treatment Capacity: \_\_\_\_\_ Gallons per day  
Sq. Ft. per Lin. Ft. \_\_\_\_\_ Total Lin. Ft. \_\_\_\_\_ k. Location of Audio & Visual Alarms \_\_\_\_\_  
e. Seepage Bed \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
f. Waste Stabilization Pond: \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ (Must be located outside the structure served by the system)  
g. Buried Sand Filter/Recirculating Sand Filter \_\_\_\_\_ Sq. Ft. l. Effluent Discharge to: \_\_\_\_\_  
Width: \_\_\_\_\_ Length: \_\_\_\_\_ m. Pump Chamber Size: \_\_\_\_\_  
Other Systems: \_\_\_\_\_

**NOTE TO INSTALLER:** The Illinois Private Sewage Disposal Code requires that the area designated for sewage disposal system construction must be protected prior to and during all phases of the construction process. The area must be secured to deter traffic, to prevent compaction of soil, and to prevent the removal or addition of soil. The installer must also provide proper notice to the Fulton County Health Department for final inspection prior to backfilling the system.

**7. Lot diagram and sewage system plan.**

In the space to the right or on a separate sheet of paper, furnish plans or draw to scale the proposed construction. Indicate lot size with dimensions, showing the buildings, roads/driveways, the system to be installed (with dimensions), the type(s) of material to be used, utilities, distances to water lines, water wells, potable water storage tanks, lot lines, proposed elevation of the system components, slope, depth of limiting layer, and any other extraordinary conditions on the lot.

Scale: 1" = \_\_\_\_\_ ft.

**8. Checklist/Additional System Specifications**

(check or provide specifications if not on diagram)

- Lot size \_\_\_\_\_
- System Dimensions \_\_\_\_\_
- Materials Labeled \_\_\_\_\_
- Utilities Shown \_\_\_\_\_
- Location of Soil Test Holes \_\_\_\_\_
- Water Supply Shown \_\_\_\_\_
- Required Distances Labeled \_\_\_\_\_
- Depth of Limiting Layer \_\_\_\_\_

**Seepage Field Specifications/Location:**

Depth of Trench: \_\_\_\_\_ (in.) Width of Trench: \_\_\_\_\_ (in.) Distance to: Nearest Well \_\_\_\_\_ (ft.) Waterline \_\_\_\_\_ (ft.)  
Seepage Field to Property Line \_\_\_\_\_ (ft.)

**Septic Tank Location:** Distance to: Nearest Well \_\_\_\_\_ (ft.) Nearest Water Line \_\_\_\_\_ (ft.) Dwelling \_\_\_\_\_ (ft.)

**Elevations of the System Components (all systems):**

- Benchmark & Elevation: \_\_\_\_\_
- Elevation to Invert of Building Drain: \_\_\_\_\_
- Elevation to Invert of Tank Outlet: \_\_\_\_\_
- Lowest Elevation of Ground Surface over Field: \_\_\_\_\_
- Highest Elevation of Ground Surface over Field: \_\_\_\_\_
- Length of Building Sewer (House to Tank): \_\_\_\_\_
- Building Sewer PVC Type/ASTM#: \_\_\_\_\_
- Extraordinary Condition(s) Shown: \_\_\_\_\_

**Gravel System/Sand filter Seepage Field Components (if applicable)**

- Cover/Separation Material: \_\_\_\_\_
- PVC/Pipe Used (Type/ASTM#): \_\_\_\_\_
- Gravel Size: \_\_\_\_\_ inches
- Gravel Source: \_\_\_\_\_
- Sand Source (sand filter system): \_\_\_\_\_

**9. 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. In addition, this signature serves as acknowledgement that the property owner is aware of and accepts the responsibility to service and maintain the sewage disposal system in accordance with the Private Sewage Disposal Licensing Act and Code. If the owner of this site is a developer or contractor, he or she shall notify the purchaser and the local health authority of the transfer of ownership and responsibility for maintenance.**

\_\_\_\_\_  
Signature of Applicant (Owner or Contractor)

\_\_\_\_\_  
Date

**10. I certify, as property owner, that the attached information for this property is complete and correct. In addition, I understand that I am responsible for and accept responsibility for service and maintenance of this sewage disposal system as required in Section 905.20 (q) of the Illinois Private Sewage Disposal Code. I must keep all records of maintenance and service for the life of the system. Records of said maintenance and service must be transferred to the next property owner.**

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
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. The sewage permit fee is non-refundable once the preliminary site visit has been conducted.