

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: _____
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.