



Tazewell County Health Department  
 21306 Illinois Route 9  
 Tremont, IL 61568 (309) 929-0272

**PERMIT FEE \$150.00**

Permit application can be emailed to eh@tchd.net  
 Payment can be made online at allpaid.com  
 Pay code location #7839 FAX 309-925-4100

Office Use Only	
Date:	_____
Paid:	_____
Permit No.:	_____

OWNER \_\_\_\_\_ PHONE NO. \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ E-MAIL \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

**NOTE: Work not done by homeowner (must own and occupy personal single family residence) must be done by a licensed contractor.**

LOCATION - ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ E-MAIL \_\_\_\_\_

LEGAL DESCRIPTION \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

PROPERTY ID NUMBER: \_\_\_\_\_

DETAILED DIRECTIONS TO SITE: HIGHWAY NUMBER, SECONDARY ROADS, SIGNS TO FOLLOW, ETC.: \_\_\_\_\_

PROPOSED PRIVATE SEWAGE DISPOSAL SYSTEM: Gallons to be treated per day \_\_\_\_\_

A. Septic tank size \_\_\_\_\_ Gallons Illinois # \_\_\_\_\_ I. Chlorine contact tank \_\_\_\_\_ gallons (if required)

B. Subsurface seepage field/bedroom \_\_\_\_\_ Sq. Ft. J. Aerobic treatment unit: \_\_\_\_\_

Total subsurface seepage field \_\_\_\_\_ Sq. Ft., Lin. Ft. \_\_\_\_\_, Width \_\_\_\_\_ Manufacturer & Model: \_\_\_\_\_

C. Gravelless System: 8" \_\_\_\_\_ Lin. Ft. 10" \_\_\_\_\_ Lin. Ft. Treatment capacity: \_\_\_\_\_ gallons per day

D. Chamber System: Make & Model: \_\_\_\_\_ K. Location of Audio & Visual Alarms \_\_\_\_\_

Sq. Ft. per Lin. Ft. \_\_\_\_\_ Total Lin. Ft. \_\_\_\_\_ Power Supply for Alarm on Dedicated Circuit? Y  N

E. Seepage Bed: \_\_\_\_\_ Sq. Ft. L. Effluent Discharge to: \_\_\_\_\_

Length: \_\_\_\_\_ Width \_\_\_\_\_ M. Pump Chamber Size: \_\_\_\_\_ Dual Pumps Y  N

F. EZflow: Model # \_\_\_\_\_ N. Illinois Raised Filter Bed: Soil Design Group \_\_\_\_\_

Sq. Ft. per Lin. Ft. \_\_\_\_\_ Total Lin. Ft. \_\_\_\_\_ Bed Sq. Ft. \_\_\_\_\_ Mantle Sq. Ft. \_\_\_\_\_

G. Presby AES: Total Lin. Ft. \_\_\_\_\_

Sand Bed Length \_\_\_\_\_ Sand Bed Width: \_\_\_\_\_ O. Any variances needed? Y  N

H. Buried Sand Filter/Recirculating Sand Filter: \_\_\_\_\_ Sq. Ft. P. NPDES Permit Obtained ? YES  NO  N/A

Width \_\_\_\_\_ Length \_\_\_\_\_

IDPH Private Sewage Disposal Licensing Act and Code Section 905.190 Installation Approval c) The applicants' signature serves as written acknowledgement that the property owners are aware of and accept the responsibility to service and maintain the private sewage disposal system in accordance with the Private Sewage Disposal Licensing Act and this Part.

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. APPROVAL OF CONSTRUCTION IS BASED ON FINAL VISUAL INSPECTION BY TAZEWELL COUNTY HEALTH DEPARTMENT. HOMEOWNER MUST RECEIVE TRAINING REGARDING MAINTENANCE OF THEIR SEPTIC SYSTEM BEFORE FINAL APPROVAL AND ISSUANCE OF CERTIFICATE OF COMPLIANCE CAN BE MADE.

HOMEOWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SEPTIC CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**LOT DIAGRAM AND SEWAGE SYSTEM PLAN:**

Furnish plans or draw to scale the proposed construction, indicating lot size with dimensions, type of system to be constructed with dimensions and materials to be used, location of soil borings, buildings, lot lines, utilities, distances to water lines, water wells (including wells on neighbors' property if they are near the property line), potable water storage tanks, site elevations and ground surface elevations sufficient to determine the elevation of system components and the slope of the ground surface, location of sanitary sewer, if available, within 300 feet of the property, depth of limiting layer and any other extraordinary conditions on the lot.

**Diagram Checklist:**

Lot Size: \_\_\_\_\_  
System Dimensions: \_\_\_\_\_  
Materials Labeled: \_\_\_\_\_  
Utilities Shown: \_\_\_\_\_  
Location of Soils Borings: \_\_\_\_\_  
Water Supply Shown: \_\_\_\_\_  
Required Distances Labeled: \_\_\_\_\_  
Depth of Limiting Layer: \_\_\_\_\_  
Closed Loop Wells Location: \_\_\_\_\_

**Elevations of System Components:**

Benchmark & Elevation: \_\_\_\_\_  
Elevation to Invert of Building Drain: \_\_\_\_\_  
Elevation to Invert of Tank Inlet: \_\_\_\_\_  
Lowest Elevation of Ground Surface over Field: \_\_\_\_\_  
Length of Building Sewer (House to Tank): \_\_\_\_\_  
Extraordinary Condition Shown: \_\_\_\_\_  
Depth of stub out below final grade: \_\_\_\_\_  
Trench depth (maximum): \_\_\_\_\_

SITE INFORMATION: RENOVIATION\* \_\_\_\_\_ NEW SYSTEM \_\_\_\_\_ SPEC HOME \_\_\_\_\_ # of Residents: \_\_\_\_\_

\*If an existing septic system is being repaired or replaced, it is considered a renovation.

City Sewer Available Within 300 Feet: Y  N  Residential Dwelling: Y  N  Seasonal: Y  N

# of Bedrooms: \_\_\_\_\_ Garbage Grinder: Y  N  Water Softener: Y  N  Hot Tub: # Gallons \_\_\_\_\_

Basement: Y  N  Basement Plumbing: Y  N  Are all Wastewaters routed to Septic System?: Y  N

Non-Residential: Y  N  # of Employees: \_\_\_\_\_ Design Flow: \_\_\_\_\_ Other Wastewater Generators: \_\_\_\_\_

Can this system be considered a CLASS V injection well? Y  N  (200 ft. setback from potable wells required)  
(Non-residential or multi-family)

Distance to water supply: \_\_\_\_\_

Water Supply: Private Well \_\_\_\_\_ Semi-Private Well \_\_\_\_\_ Non-Community \_\_\_\_\_ Municipal \_\_\_\_\_

**NOTE: You must attach a copy of the soils analysis.**

**FOR OFFICE USE ONLY**

IS THE REPAIR A RESULT OF A LOAN INSPECTION? YES NO

SEPTIC SYSTEM REQUIREMENTS PER: SOILS ANALYSIS PRE-SITE OTHER \_\_\_\_\_

VARIANCE(S) APPROVED? Y N TESTING REQUIREMENTS? Y N IF YES, WHAT FOR \_\_\_\_\_

DISCHARGE AREA FOR THE BSF OR AEROBIC IS: \_\_\_\_\_

PERMITS DATABASE: Code:  S  SR Tank Size \_\_\_\_\_ Type of System \_\_\_\_\_

SIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_