



Perry County Health Department

P.O. Box 49
907 South Main
Pinckneyville, IL 62274

Working to Keep You Healthy
Ph # 618-357-5371
Fax 618-357-3190

Private Sewage Disposal System Application Permit Fee 125.00

1. Homeowner

Name: _____

Address: _____

City, State, Zip _____

Phone # _____

2. Licensed Contractor

Name: _____

Address: _____

City, State, Zip _____

Phone # _____

Licensed No. _____

3. Purpose to construct/repair a septic system at _____
address/city

4. Directions to site: _____

5. Site Information: Single Residence _____ Business _____ Seasonal _____

No. of Bedrooms _____

No. of Bathrooms _____

No. of Persons _____

Garbage Disposal _____

Clotheswasher _____

Dishwasher _____

Basement Plumbing _____

Water Supply Public _____ Private _____

Slope of Lot: Hillside _____ Gentle _____ Flat _____

No. of Acreage _____

6. Check Desired Private Sewage Disposal System

Septic Tank with laterals _____ Septic Tank with Sandfilter _____

Holding Tank only _____

Aerobic Treatment System_____ Discharges to_____

7. Complete the drawing- be sure to include the following information

Water Supply Line

Utilities Lines

Distances to above lines from proposed septic system

Lot Slope

N (not to scale)

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. **I accept responsibility to notify the Health Department before backfilling over the system installed.**

Signature of Homeowner or Contractor

Date