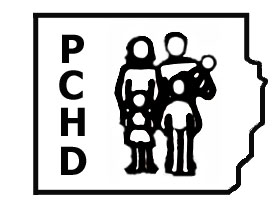
**Perry County Health Department**

P.O. Box 49 Working to Keep You Healthy

907 South Main Ph # 618-357-5371

Pinckneyville, IL 62274 Fax 618-357-3190

# Private Sewage Disposal System Application

## Permit Fees: New Home Construction - $175.00 Repair $125.00

The Perry County Health Department does not guarantee trouble free operation of this sewage treatment system by the issuance of a sewage permit or final approval of the installation. The contractor is responsible for the installation in compliance with the Illinois Private Sewage Disposal Licensing Act and Code and the Perry County Sewage Code. By signing this application the property owner assumes full responsibility for maintenance and record keeping, as outlined in Section 905.20 (q) of the Illinois Private Sewage Disposal Licensing Act and Code; and assumes full responsibility for any nuisance or health hazard that might result from the use of the system.

**1. Homeowner 2. Licensed Contractor**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Purpose to construct/repair a septic system at \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

address/city

**4. Directions to site:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Site Information:

Residence Dwelling\_\_\_\_\_ # of Bedrooms\_\_\_\_\_\_ Basement \_\_\_\_\_\_\_

Water softener\_\_\_\_\_\_\_\_\_\_\_\_\_ Garbage Disposal\_\_\_\_\_\_\_\_\_

Hot Tub\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dishwasher\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seasonal Dwelling\_\_\_\_\_\_** Approximate day/year usage\_\_\_\_\_\_\_\_

**Non-Residential \_\_\_\_\_\_\_ #** of Employees\_\_\_\_\_ Water usage per day \_\_\_\_ gallons

Water Supply Public \_\_\_\_ Private\_\_\_\_ If private what type\_\_\_\_\_\_\_\_\_\_\_\_

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. NPDES Permits**

Does this system discharge to Waters of the State? (Circle one) YES NO

If yes, have you applied for an NPDES permit with the USEPA?\_\_\_\_\_\_\_\_\_\_\_

NPDES permit application date?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. 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

Soil Boring report must accompany the permit application

### 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 understand that obtaining an NPDES permit from the USEPA is required when discharging to Waters of the US. EPA’s regulation at 40 C.F.R 122.2 defines Water of the United States. **I accept responsibility to notify the Health Department before backfilling over the system installed.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Homeowner Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Contractor Date