

LIVINGSTON COUNTY PUBLIC HEALTH DEPARTMENT

Phone 815/844-7174 \* P.O. Box 650 \* 310 E. Torrance Ave. \* Pontiac, IL 61764

APPLICATION FOR PERMIT TO CONSTRUCT A COMMERCIAL SEWAGE DISPOSAL SYSTEM

(Permit Fee - \$100.00)

1. Property Owner-Current Mailing Address: 2. Contractor's License\_\_\_\_\_

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

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

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

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

City/State/Zip\_\_\_\_\_

City/State/Zip:\_\_\_\_\_

Telephone:\_\_\_\_\_

Telephone:\_\_\_\_\_

3. Sewage Disposal System Site:

\_\_\_\_ ¼, Section \_\_\_\_\_ Township Name:\_\_\_\_\_ Property ID #\_\_\_\_\_

911 Address:\_\_\_\_\_ City:\_\_\_\_\_ Zip\_\_\_\_\_

4. Installation Type: [ ] New [ ] Repair

(NOTE: If a building permit is required, the installation is considered to be new and a \$100.00 permit fee is required. Permit will not be approved nor construction permitted until permit fee is paid.)

5. Determining Daily Flow: The method used to determine daily flow is (please check appropriate box):

A. [ ] Estimated (Indicate formula to determine daily flow)\_\_\_\_\_

B. [ ] Actual (From)\_\_\_\_\_ the average daily flow is \_\_\_\_\_ GPD.

6. System Type:

A. [ ] Subsurface seepage field (Soil investigation report must be submitted with the application.)

[ ] Gravel \_\_\_\_\_ Trench Width [ ] Chamber (Model)\_\_\_\_\_ [ ] Gravelless

Septic tank size to be installed:\_\_\_\_\_

Gallons Per Day\_\_\_\_\_ ÷ Application Rate\_\_\_\_\_ = Sq. Ft. Required\_\_\_\_\_

B. [ ] Sand Filter:\_\_\_\_\_ x 1 Sq. Ft. = Total Sq. Ft. Required\_\_\_\_\_

Effluent Discharge:\_\_\_\_\_ Septic Tank Size to be Installed:\_\_\_\_\_

C. [ ] Aeration: Manufacturer:\_\_\_\_\_ Model:\_\_\_\_\_ Rated Capacity:\_\_\_\_\_

Effluent Discharge:\_\_\_\_\_

7. I certify that the submitted information is complete and that the work will conform to the current Illinois Private Sewage Disposal Licensing Act and Code and the Livingston County Code of Ordinances.

\_\_\_\_\_  
Signature of Installer

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY:

Notify Zoning: Yes\_\_\_\_\_ No\_\_\_\_\_ County\_\_\_\_\_ City\_\_\_\_\_ Date Notified\_\_\_\_\_

PERMIT FEE: \$100.00 [ ] Paid [ ] Not Applicable (Repairs Only)

Approved by:\_\_\_\_\_

Date\_\_\_\_\_

Permit No.\_\_\_\_\_

PLOT PLAN OF SEWAGE DISPOSAL SYSTEM

INDICATE THE FOLLOWING:

- 1. Lot Size
- 2. Septic Tank Location, Size and Minimum Distances Required to the following:
  - a. Building . . . . . 5'
  - b. Seepage Field . . . . . 5'
  - c. Wells . . . . . 50'
  - d. Water Lines:
    - Pressure water line . . . 10'
    - Suction water line . . . 50'
  - e. Lake, Stream, Other Body of Water or In-ground Swimming Pool . . . . . 25'
- 3. Subsurface Field Location, Dimensions and Minimum Distances Required to the following:
  - a. Building . . . . . 10'
  - b. Wells . . . . . 75'
  - c. Water Lines:
    - Pressure water line . . . 25'
    - Suction water line . . . 75'
  - d. Artificial Drain . . . . . 10'
  - e. Property Line . . . . . 5'
  - f. Lake, Stream, Other Body of Water or In-ground Swimming Pool . . . . . 25'
- 4. Site Slope
- 5. Subsurface Seepage Field cross section indicating separation distance to seasonal high water (if present).

N



FOR SANITARIAN ONLY:

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