

LIVINGSTON COUNTY PUBLIC HEALTH DEPARTMENT

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

APPLICATION FOR SURFACE WATER SUPPLY SYSTEM PERMIT

Permit Fee: \$100.00

1. Property Owner-Current Mailing Address: 2. Plumbing License# _____
Name: _____ Name: _____
Address: _____ Address: _____
City/State/Zip _____ City/State/Zip: _____
Telephone: _____ Telephone: _____

2. Site Location:

_____ 1/4, Section _____ Township Name: _____ Property ID # _____
911 Address: _____ City: _____ Zip _____
Daily Water Requirements (Table B Part 930): _____

3. Water Treatment System(check one):

Slow Sand filter:

Raw Water Pump Manufacturer: _____ Model: _____

Filter Sand Source: _____

Minimum Sand Surface Area:

_____ DWR gpd / 1,440 = _____ water req/gpm x 12.5 = _____ sq. ft.

Water Storage Tank: Manufacturer: _____ Model: _____ Capacity: _____

Cartridge Filtration:

Raw Water Pump Manufacturer: _____ Model: _____

Particulate Reduction Filter Manufacturer: _____ Model: _____

Turbidity Reduction Filter Manufacturer: _____ Model: _____

Cyst Reduction Filter Manufacturer: _____ Model: _____

Flow Control Valve Manufacturer: _____ Model: _____

Flow Rate Meter Manufacturer: _____ Model: _____

4. Disinfection (check one):

Chlorine (Hypochlorinator)

Manufacturer: _____ Model: _____

Ultraviolet Disinfection

Manufacturer: _____ Model: _____

5. I certify that the submitted information is complete and that the work will conform to the current Illinois Surface Source Water Treatment Code Part 930 and Code and the Livingston County Code of Ordinances.

Signature of Installer

Date

6. I acknowledge and accept responsibility to service and maintain the surface water treatment system in accordance with the Illinois Surface Water Treatment Code Part 930. All maintenance records shall be kept for the life of the system, shall be transferred from owner to owner, and make records available upon request to the Livingston County Public Health Department.

Signature of Property Owner

Date

The following is required to be submitted with this completed application:

1. Copy of Turbidity Analysis for surface water supply
2. System design drawing
3. Plot drawing of property

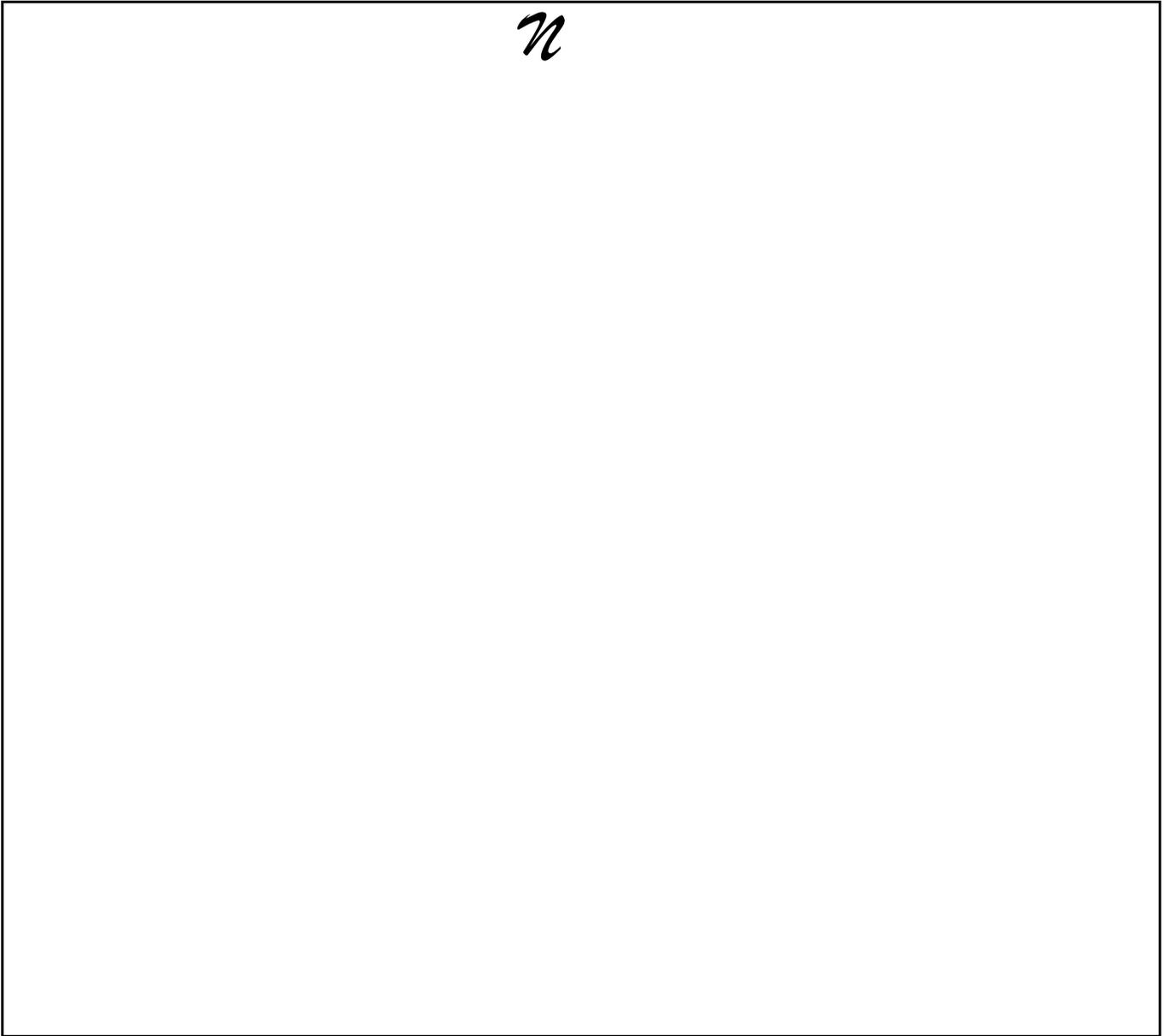
FOR OFFICE USE ONLY:

Approved by: _____

Date _____

Permit No. _____

PLOT PLAN FOR SURFACE WATER SUPPLY SYSTEM



For Sanitarian Only:

Four horizontal dashed lines for handwritten notes, followed by a solid horizontal line at the bottom.