

**COLES COUNTY HEALTH DEPARTMENT**

DIVISION OF ENVIRONMENTAL HEALTH  
PRIVATE SEWAGE DISPOSAL SYSTEM  
825 18<sup>TH</sup> STREET  
CHARLESTON IL 61920

**PLAN REVIEW APPLICATION**

**PERMIT FEE: \$200 SINGLE FAMILY RESIDENCE W/O SURFACE DISCHARGE/ \$250.00 SINGLE FAMILY RESIDENCE WITH SURFACE DISCHARGE SYSTEM W/ NPDES, \$300 SINGLE FAMIY RESIDENCE WITH SURFACE DISHARGE W/O NPDES; \$200 FOR ALL OTHERS W/O SURFACE DISCHARGE, \$300 FOR ALL OTHERS WITH SURFACE DISCHARGE, \$25 LATE FEE FOR LESS THAN 7 DAYS PRIOR TO CONSTRUCTION, NON-REFUNDABLE**

DATE: \_\_\_\_\_

Log/Permit Number \_\_\_\_\_ Township \_\_\_\_\_  
(Office Use Only) (Office Use Only)

1. Owner: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Contractor: \_\_\_\_\_ License No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
**NOTE: Work not done by homeowner (must own & occupy personal single family residence) must be done by a licensed contractor**

3. Address: \_\_\_\_\_ City: \_\_\_\_\_  
Subdivision & Lot #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Township Name: \_\_\_\_\_  
Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section #: \_\_\_\_\_ Quarter: \_\_\_\_\_ Quarter: \_\_\_\_\_ Quarter: \_\_\_\_\_

4. Detailed Directions to Site: Highway Number, Secondary Roads, Signs to follow, Etc.: \_\_\_\_\_

5. Site Information: Renovation: \_\_\_\_\_ New System: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
Residential Dwelling: \_\_\_\_\_ Seasonal: Yes \_\_\_\_\_ No \_\_\_\_\_ # of Residents: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_  
Garbage Grinder: Yes \_\_\_\_\_ No \_\_\_\_\_ Water Softener: Yes \_\_\_\_\_ No \_\_\_\_\_ Hot Tub: # Gallons: \_\_\_\_\_  
Non-Residential: \_\_\_\_\_ # of Employees: \_\_\_\_\_ Design Flow: \_\_\_\_\_ Other Wastewater Generators: \_\_\_\_\_  
Water Supply: Private Well: \_\_\_\_\_ Semi-Private Well: \_\_\_\_\_ Non-Community: \_\_\_\_\_ Municipal: \_\_\_\_\_ Geothermal Well(s): Yes \_\_\_\_\_ No \_\_\_\_\_  
Soil Evaluation:  
Depth of Limiting Layer: \_\_\_\_\_ Soil Type: \_\_\_\_\_  
Soil Scientist Data: Name of Soil Investigator: \_\_\_\_\_  
(Attach copy of Soil Data Report to application)

6. Proposed Private Sewage Disposal System: Maximum Gallons To Be Treated Per Day: \_\_\_\_\_  
a. Septic Tank Size: \_\_\_\_\_ Gallons, Illinois #: \_\_\_\_\_ g. Wisconsin Mound Basal Area \_\_\_\_\_ Sq. Ft.  
b. Subsurface Seepage Field/Effluent Receiving Trench \_\_\_\_\_ h. Chlorination Tank \_\_\_\_\_ Gallons (if required)  
\_\_\_\_\_ Sq. Ft./Bedroom i. \*Aerobic Treatment Plant Distributor: \_\_\_\_\_  
Total Subsurface Seepage Field \_\_\_\_\_ Sq. Ft., \_\_\_\_\_ Lin.Ft. Width Manufacturer & Model: \_\_\_\_\_  
c. Chamber System: Manufacturer: \_\_\_\_\_ Treatment Capacity: \_\_\_\_\_ Gallons per day  
Sq. Ft. per Lin. Ft. \_\_\_\_\_ Total Lin. Ft. \_\_\_\_\_ j. Location of Audio & Visual Alarms: \_\_\_\_\_  
d. Seepage Bed \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ (Garage, Basement, Stairwell, Etc.)  
e. \*Waste Stabilization Pond Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_ k. \*Evaporation Bed Size: \_\_\_\_\_  
f. \*Buried Sand Filter/Recirculating Sand Filter \_\_\_\_\_ Sq. Ft. l. \*Effluent Discharge to: \_\_\_\_\_  
Width: \_\_\_\_\_ Length: \_\_\_\_\_ m. Lift Station: Pump: \_\_\_\_\_  
# of Distribution lines: \_\_\_\_\_ # of Collection lines: \_\_\_\_\_ Pump Chamber Size: \_\_\_\_\_

Other: \_\_\_\_\_

**\* Required- Attach copy of NPDES General Permit Notification of Intent or signed "Does Not Discharge to the To Water of United States" form**

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PLAN REVIEW APPLICATION**

**7. Lot diagram and sewage system plan:**

Furnish plans or draw to scale the proposed construction indicating lot size with dimensions showing the system, type of system to be constructed, the dimensions of the system to be installed showing type of material, utilities, distances to water lines, water wells (including wells on neighboring property if they are near the property line), potable water storage tanks, buildings, lot lines, location of percolation holes, site elevations & ground surface elevations sufficient to determine the elevation of system components & the slope of the ground surface, location of sanitary sewer, if available, within 200 feet of the property, depth of limiting layer, & and other extraordinary conditions on the lot.

N  
+

1" = \_\_\_\_\_

**Distances:**

- Water Well to Tank: \_\_\_\_\_
- Water Well to Seepage Field: \_\_\_\_\_
- Geothermal Well(s) to Tank: \_\_\_\_\_  
To seepage field: \_\_\_\_\_
- Sand Filter: \_\_\_\_\_
- Effluent Discharge: \_\_\_\_\_
- Waterline to Tank: \_\_\_\_\_
- Seepage Field: \_\_\_\_\_
- Sand Filter: \_\_\_\_\_
- Effluent Discharge: \_\_\_\_\_
- Property Line To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Checklist:**

- |                                      |   |
|--------------------------------------|---|
| Lot Size: _____                      | <b>Elevations of the System Components:</b>           |
| System Dimensions: _____             | Benchmark & Elevation: _____                          |
| Materials Labeled: _____             | Elevation to Invert of Building Drain: _____          |
| Utilities Shown: _____               | Elevation to Invert Tank Inlet: _____                 |
| Location of Perc Tests: _____        | Elevation of Ground Surface over Tank: _____          |
| Water Supply Shown: _____            | Lowest Elevation of Ground Surface over Field: _____  |
| Required Distances Labeled: _____    | Highest Elevation of Ground Surface over Field: _____ |
| Depth of Limiting Layer: _____       | Length of Building Sewer (House to Tank): _____       |
| Extraordinary Condition Shown: _____ |   |

**Important:** The Coles County Health Department does not guarantee trouble free operation of this sewage treatment and disposal system by the issuance of this permit or final approval of the system installation. The Contractor is responsible for installation in compliance with the Illinois Private Sewage Disposal Licensing Act and Code and the Coles County Private Sewage Disposal Ordinance. The property owner assumes full responsibility for maintenance, compliance to all applicable laws, and any nuisance or health hazard that might result from its use.

I as the Contractor, agree to notify the Coles County Health Department the day before any construction work is to begin and I further agree that I will call for final inspection and approval of this system before covering. I hereby agree that to the best of my knowledge the preceding information is correct. In addition, the sewage disposal system will be installed strictly as outlined in this permit in conformance with the Coles County Sewage Disposal Ordinance.

_____ Signature of Contractor	_____ Date	_____ Signature of Homeowner*	_____ Date
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\*Signature by Homeowner represents consent to inspections by Authorized Health Department Personnel for the purpose of checking for Private Sewage Ordinance compliance and/or violations to it. **Attach property owner acknowledgment for maintenance to the application.**

This County Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in Coles County Private Sewage Disposal System Ordinance. Disclosure of this information is mandatory

**Application Approval:**

Approved:  Yes  No  
By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Fee: \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

**Construction Approval**

Approved:  Yes  No  
By: \_\_\_\_\_  
Date: \_\_\_\_\_