



Southern Seven Health Department
APPLICATION FOR A PERMIT TO CONSTRUCT, INSTALL OR
REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

Owner Information

Property Owner: _____ Phone Number: _____
Property Address: _____ County: _____
Mailing Address: _____ Date: _____

Contractor Information

Contractor: _____ Phone Number: _____
State of Illinois Private Sewage System Installation License Number: _____

Site Information

☐ Renovation ☐ New System County Building Permit Number: _____
Detailed Directions to Site: _____

Number of Acres: _____ Size of Lot: _____ X
Name of Subdivision: _____
Residential: _____ Number of Bedrooms: _____ Business: _____ Other: _____
Number of People or Employees: _____ ☐ Garbage Grinder ☐ Water Softener
Water Supply: ☐ Private ☐ Public ☐ Other: _____
Perk Test for Oxidation Pond Test Results: _____
Soil Site Evaluation: ☐ Yes ☐ No Conducted By: _____

Proposed Type of Sewage System to be Installed

Design Flow: _____ GPD per bedroom Septic Tank Size: _____ gallons ☐ Concrete ☐ Fiberglass
Illinois Number: _____ ☐ Will Use Existing Tank ☐ Replace Septic Tank Only
☐ Subsurface Seepage Field ☐ Chamber Total Square Foot: _____ Total Linear Feet: _____
Square Foot Required per Bedroom: _____ Total Square Foot: _____ Total Linear Feet: _____
Waste Stabilization Pond Length: _____ Width: _____ Depth: _____
Total Square Feet to be Installed: _____ ☐ Rectangular ☐ Oval
Buried Sand Square Feet Length: _____ Width: _____
Filter: _____
Aerobic Treatment Plant: _____ Model Number: _____ GPD: _____
Alarm Location: _____ Effluent Discharge To: _____
Receiving Trenches: _____ Square Feet
Chlorination Unit: _____ Gallons ☐ In-Line
Holding Tank: _____
Other Type of System: _____

Comments: _____



Southern Seven Health Department DRAWING OF PROPOSED PRIVATE SEWAGE DISPOSAL SYSTEM

Drawing of Proposed System: Drawing must be as close to scale as possible and must include lot size and/or property lines; water well and or water supply lines; ponds; slope of ground; type and location of system to be installed; buildings; roads; utilities; location of percolation holes; roads; distances from the septic system to the water well and/or supply lines; structures; ponds; etc.

Indicate direction
North with an arrow.

Is the private sewage disposal system installed according to the application? ☐ Yes ☐ No
If no, please explain changes and draw with the revisions. _____

Elevations

House: _____ Inches	Other: _____ Inches		
Aeration Unit Entrance: _____ Inches	and Exit: _____ Inches	Chlorination Unit: _____ Inches	Surface Discharge: _____ Inches
Lagoon Entrance: _____ Inches	and Exit: _____ Inches	Chlorination Unit: _____ Inches	Surface Discharge: _____ Inches
Sandfilter Entrance: _____ Inches	and Exit: _____ Inches	Chlorination Unit: _____ Inches	Surface Discharge: _____ Inches
Septic Tank Entrance: _____ Inches	and Exit: _____ Inches	Receiving Trench: _____ Inches	

I certify that the information provided is complete and correct and all work will conform to the Current Private Sewage Disposal Licensing Act and Code.

Homeowner	Date	Contractor	Date
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Location of System

Township	Range	Section	¼ Section	Permit No.	Expiration



Southern Seven Health Department

PROCEDURES FOR OBTAINING A PERMIT TO INSTALL A PRIVATE SEWAGE SYSTEM

☐ Alexander; ☐ Hardin; ☐ Johnson; ☐ Massac; ☐ Pope; ☐ Pulaski; or ☐ Union County, IL.

Please read all instructions carefully to prevent a delay in obtaining your permit.

The permit shall in no way be construed as a contract between the permit holder and the contractor to perform the work which is the subject of the permit. The permit shall only authorize the permit holder and the contractor to perform and complete the work in accordance with applicable health and safety laws.

1. Only the homeowner or a **State of Illinois Private Sewage System Installation Contractor** may apply for a permit and construct, alter or extend a private sewage disposal system.

2. A **\$200.00** fee shall be paid to Southern Seven Health Department (S7HD) prior to any construction work.

3. The homeowner or contractor must complete the application in entirety and submit drawing on (back) page of the application including all items on the check-off list. Signatures of **both** the homeowner and contractor are required.

NOTE: If a Geothermal well, water softener, swimming pool or hot tub will be installed on site, additional information will be required **BEFORE** a permit is issued.

4. If the property is less than one acre in size, additional documentation may be required.

PLEASE NOTE: A permit will not be issued without the foregoing documents / information.

5. A permit to construct a private sewage disposal system is valid for 6 months after issuance date. An extension of time may be obtained only if it is submitted in writing prior to the expiration date.

6. Southern Seven Health Department is to be **notified 48 hours prior to beginning construction** in order that routine field visits may be made to determine if construction meets current guidelines.

IMPORTANT: The Southern Seven 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 sewage installation. The licensed contractor is responsible for, and must be present during installation in compliance with the Illinois Private Sewage Disposal Licensing Act and Code and the County Private Sewage System Disposal Ordinance. As per Section 905.20 of the Illinois Code, the homeowner's signature on the construction permit for any system being installed, repaired or renovated serves as written acknowledgement that the property owner(s) is aware of and accepts the responsibility to service and maintain the sewage system in accordance with the act, and to maintain all maintenance records. The property owner assumes full responsibility for any nuisance or health hazard that might result from system

use. Property owner certified that he/she approves all information on this Application, and acknowledges that it is his/her responsibility to obtain an NPDES permit if required.

I, as the Contractor, agree to notify the Southern Seven Health Department at least **48 hours 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 County Private Sewage System Disposal Ordinance.

I understand that if I construct or repair a surface discharging system and the waste water enters into Waters of the United States that I am required to obtain an NPDES permit from the US EPA.

- ☐ YES, my waste water will enter into the Waters of the United States and requires an NPDES permit.
- ☐ NO, my waste water will not enter into the Waters of the United States and does not require an NPDES permit.

Signature of Property Owner

Date

Contractor

Date

State of Illinois Private Sewage System
Installation License Number

☐ Approved ☐ Not Approved

Signature of Approving Authority

Date