

**For application fee, refer to Fee Schedule
for Environmental Health Programs.**

Form Reviewed August 8, 2012

Incorporated: _____
Unincorporated: _____
New System: _____
Repair: _____

APPLICATION FOR APPROVAL OF SEWAGE DISPOSAL SYSTEM

Location: Township Name: _____ Section No. _____

Name of Subdivision _____ Lot No. _____ Block No. _____

Street address: _____

Owner: Name _____ Telephone# Home _____ Work _____

Present Address _____ City & Zip code _____

Lot: (1.) Area _____ Ft² (2.) Frontage _____ Ft (3.) Depth _____ Ft

Water: Describe Source _____ Type of well pump _____

Building: Use _____ Number of bedrooms _____ Number of employees _____

Basement: Will basement be provided? Yes _____ No _____ Plumbing fixtures in basement Yes _____ No _____

Floor Drains _____ # Laundry Tubs _____ # Lavatories _____ # Toilets _____ # Sump Pumps _____

PLEASE NOTE: FOOTING DRAINAGE MUST NOT BE DISCHARGED TO SEPTIC SYSTEM

Public Facilities: Distance to nearest water supply _____ Ft. Distance to nearest sanitary sewer _____ Ft.

Septic Tanks: Number of and liquid capacity of tank or tanks: _____ Gal. _____

ACCESS OPENING MUST BE PROVIDED OVER BOTH INLET AND OUTLET BAFFLES AND MUST BE EXTENDED TO WITHIN 12 INCHES OF THE FINISHED FINAL SURFACE GRADE.

Aeration System: Manufacturer of aeration system and Treatment Capacity Gals _____

Distribution System: Number of Boxes _____ # Outlets _____ # Drop Boxes _____

Seepage Field Trench: Bottom area _____ Linear feet _____ Sq. Ft _____

Maximum Depth _____ Inches. Are there any creeks, ditches, or farm drainage tile located within 25 Ft. of seepage system? Yes _____ No _____ Is this lot in known flood plain? Yes _____ No _____

Will the existing grade in seepage field area be changed? Yes _____ No _____ If grade is to be raised, specify type and amount of fill _____

IF MORE THAN 12 INCHES TO FILL, GIVE COMPLETE DETAILS ON PLOT PLAN.

CUTS OF MORE THAN 6 INCHES WILL NOT BE APPROVED.

Indicate how surface water will be diverted from seepage field area _____

Soil: Average results of six percolation tests _____ Min/inch Date of tests _____

< 20,000 Sq. Ft. Tests witnessed by Cook County Department of Public Health Personnel? Yes _____ NO _____

Top: _____ Inches _____

Next: _____ Inches _____

Bottom: _____ Inches _____

Depth of ground water in 48 inch deep x 4 inch diam. Test boring (Reading to be taken 12 hours or more after boring of hole _____ If none, check here _____

Is existing top soil suitable for seepage trench backfill? Yes _____ No _____ If so, specify max. depth _____

limit of soil that could be used for trench backfill _____ If not, specify type and amount of soil that must be delivered to lot for trench backfill. _____

(Over)

PLOT PLAN: PLOT PLAN, SHOWING DATA LISTED BELOW, IS ATTACHED HERETO AND MADE PART OF THE APPLICATION APPROVAL.

- A. Location and Dimensions of Lot Lines, Buildings, Septic Tanks, Catch Basins or Grease Traps, Distribution Boxes, Seepage Tile Lines, Sewers, Wells, Water Pipes, Dry Wells, Drain Tiles and Ditches or Creeks if located within 25 feet of seepage field.
- *B. **Location of all Sewage Disposal and Water Supply Facilities on adjoining lots within 150 feet from facilities on subject lot. In addition, if using an ATP with surface discharge, indicate that there are no other surface discharges within a 118 foot radius from the proposed discharge point in all directions. If no other sewage disposal systems, water supply facilities, or discharging ATPs are present, so indicate.**
- C. Construction material of Sewers, Drains and Water Pipes.
- D. Amount and direction of ground slope on lot. If there is more than 12 inches variation in elevation in the lot area, topographic contour lines at one-foot intervals must be shown and a permanent type benchmark must be indicated. All required invert elevations shall be related to said benchmark.
- *E. **Show location of percolation test holes and soil boring. Holes must be in proposed seepage field**
- F. Show direction of surface water flow on lot by directional arrows.

**PLOT PLAN MUST BE DRAWN TO SCALE AND FULLY DIMENSIONED.
*SIGNIFICANT IMPORTANCE**

Notes: 1. The plot plan is not to be detached from this application. If system is not installed within 12 months, plans must be returned to the health department for approval. 2. If for any reason this proposed sewage disposal system cannot be installed as per the approved plan, or if the homeowner should desire a change, it will be necessary to obtain an approved revision prior to beginning construction of the system. 3. All fill used in the seepage field area and for backfilling trenches shall consist of finely divided porous top soil containing little or no clay. 4. Provide barrier around proposed seepage field to prevent vehicular soil compaction during construction

THIS AREA FOR DESIGNER OR ENGINEER USE ONLY

I hereby certify that I have designed this sewage disposal system with due regard to topography, character and porosity of soil prevailing on this lot in accordance with the Private Sewage Disposal Act and Code of the Illinois Department of Public Health. I further certify that I consider this system adequate to serve the building on this lot.

SIGNED:

DATE:

License Number:

Or Seal:

THIS AREA IS FOR HEALTH DEPARTMENT USE ONLY.

THE PROPOSED SEWAGE DISPOSAL SYSTEM AS DESCRIBED IN THIS APPLICATION IS HEREBY APPROVED.

APPROVAL BY THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH OF THESE PLANS FOR THIS PROPOSED SEWAGE DISPOSAL SYSTEM IS NOT A WRITTEN GUARANTEE THAT IT WILL PROVIDE TROUBLE FREE SERVICE. PROPER INSTALLATION, MAINTENANCE, AND USE WILL DECREASE THE POSSIBILITY OF FAILURE.

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