

**GREENE COUNTY HEALTH DEPARTMENT – DIVISION OF ENVIRONMENTAL HEALTH  
PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ New Construction Alteration

Contractor: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_

Note: Work performed by other than homeowner (must own & occupy personal single family residence) must be done by a licensed contractor.

Location: Subdivision & Lot # \_\_\_\_\_ 5 acres or more? Yes No if no, Lot size \_\_\_\_\_  
Township/Range \_\_\_\_\_ Section # \_\_\_\_\_ ¼ Section \_\_\_\_\_  
Detailed Directions to Site: \_\_\_\_\_

**Installation:** Residence Other \_\_\_\_\_ Distance to Public Sewer \_\_\_\_\_  
# of Employees \_\_\_\_\_ Design Flow \_\_\_\_\_ GPD Other Wastewater Generators \_\_\_\_\_  
# of Family Units \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ Basement? Yes No Foot Drains? Yes No  
(If yes, drains to \_\_\_\_\_)  
Garbage Grinder Yes Water Softener Yes Hot Tub Yes (#Gal. \_\_\_\_\_) Sewage Sump/Grinder Pump Yes  
# of Bathtubs \_\_\_\_\_ # of Showers \_\_\_\_\_ # of Toilets \_\_\_\_\_ Pump chamber size \_\_\_\_\_  
**Water Supply:** Private Well Semi-private Well Non-Community Municipal/Rural Cistern Artesian Well  
Well type and depth \_\_\_\_\_ (drilled, dug, bored, sand point) Distance from septic \_\_\_\_\_  
**Soil Evaluation:** soil classifier: \_\_\_\_\_ (attach copy of Soil Data Report to application)  
Depth of Limiting Layer: \_\_\_\_\_ type of layer (water, clay, rock) \_\_\_\_\_  
Type of Soils: \_\_\_\_\_

**Type of System:** Seepage Field Sand Filter Aerobic Other \_\_\_\_\_  
**a.** Septic tank size \_\_\_\_\_ gallons, Illinois # \_\_\_\_\_ **e.** Chlorination Tank Constructed of \_\_\_\_\_  
**b.** Subsurface Seepage Field type: Chamber System Treated Gallon Capacity \_\_\_\_\_  
Gravel Field Gravelless 10" 8" **f.** Chlorine Feeder Location  
Required sq. ft./Bedroom \_\_\_\_\_ Sq' Built In Install Prior to Chlorine Tank  
Total Linear Ft. \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_ Sampling Port: Yes Not Required  
Width of Trenches \_\_\_\_\_ **g.** Aerobic Treatment Plant: fiberglass ConcreteOther  
**c.** Seepage Bed \_\_\_\_\_ sq. ft. Manufacturer & Model: \_\_\_\_\_  
**d.** Sand Filter Re-circulating Sand Filter \_\_\_\_\_ sq. ft. Treatment Capacity: \_\_\_\_\_ gallons per day  
Width \_\_\_\_\_ Length \_\_\_\_\_ Depth \_\_\_\_\_ **h.** Location of Audio & Visual Alarms \_\_\_\_\_  
#Collect. Lines \_\_\_\_\_ #Dist. Lines \_\_\_\_\_ **f.** Effluent discharged to \_\_\_\_\_

**As property owner, my signature below certifies that I am aware of the requirements of the NPDES permit program and am familiar with the definition of "Waters of the United States". I am aware of and assume responsibility for: proper upkeep and service of this private sewage system in accordance with the Private Sewage Licensing Act (225 ILCS 225) and Section 905.20q) of the code (77 Ill. Adm. Code 905) and compliance with any USEPA & IEPA permits required for this system and compliance with all requirements of said permits as outlined in Section 905.115 of the code.**

Specifications: Proposed Elevations  
\_\_\_\_\_ Benchmark \_\_\_\_\_ Chlorinator Inlet Invert  
\_\_\_\_\_ Unit Inlet Invert \_\_\_\_\_ Chlorinator Outlet Invert  
\_\_\_\_\_ Unit Outlet Invert \_\_\_\_\_ Discharge Point  
\_\_\_\_\_ Inlet of Effluent Reduction Field \_\_\_\_\_ High Water Elevation

Explanation: \_\_\_\_\_  
Permit is hereby granted to construct a sewage disposal system on above described property on the basis of the above information and the layout plan as shown on the next page. Deviation from approved application will automatically revoke this permit. This permit void if construction is not started within six months.

Application Approved by \_\_\_\_\_ Date \_\_\_\_\_ Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

### LAYOUT SKETCH

Show lot, house, sewage system, and location of all water supplies within 75 feet of property. Include your well and neighbor's well(s) and show all dimensions, including US Waterway(s) distance, grades and elevations.

SETBACK CHECKLIST – include the items below upon the sketch

Lot Size	Location of soil analysis	Materials Labeled
System Dimensions	All Water Supplies Identified	Extraordinary Condition Shown (specify)
Utilities Shown	Required Distance Labeled (neighboring wells, septics, property line, etc.)	

I certify that I have carefully inspected this individual sewage disposal system prior to backfilling. It is my opinion that all construction has been completed as proposed.

Inspector's Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: