## FORD COUNTY PUBLIC HEALTH DEPARTMENT DIVISION OF ENVIRONMENTAL HEALTH

\$150 Inspection fee \$100 PERMIT FEE

FEE: \$250

## APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE SYSTEM

Property Parcel #	Installer Lice				
Owner Name	Installer's Na				
Address	Address				
CityState			Zip		
Phone #					
Propose to (construct/repair)	a priva	ate sewage system to be	used as a:		
A. □ <b>Residence</b> # of bedrooms B. □ <b>Commercial Building:</b> Type? C. □ <b>Other:</b>	# of Employees _	or # of Cus	tomers		
	SEWAGE SYSTEM LO	CATION			
CountyCity	Addre	ess			
	SEWAGE SYSTEM INFO	ORMATION			
<b>Design Flow</b> gallons per da	y determined by				
<b>Soil Evaluation attached:</b> $\Box$ Yes $\Box$ No					
□ Chamber System: Manufa □ Gravel Seepage Bed: Wid □ Waste Stabilization Pond: □ Buried Sand Filter/Recirc □ Illinois Raised Bed: □ □ Chlorination Tank: □ Aerobic Treatment Plant: □ Manufacturer and Mode □ Effluent Discharge to: □ □ Pump Chamber Size: □ □ Other: □ □ Yes □	ft. ofinch 8"linear ft 10"line acturer Square ft lth ft. Length Width ft. Length_ ulating Sand Filter: Width charging to the Waters of United Square ft gallons el: 7	wide trench Total Squar ft per linear ft	rotal Linear Feet re Feet ft. Total Square Feet		
I have received this application and discussed the installer to make any necessary changes to Disposal Licensing Act and Code (IPSDLA&C system in accordance with the IPSDLA&C. I maintained and that this may include periodic expense to meet any changes in the IPSDLA& correct the problem. I am aware that a represense to the problem. I am aware that a represense system is installed in accordance with the IPSD system by the issuance of my permit or the again any nuisance or health hazard that may arise for	the application or at the time of instance. I am aware of and accept the reswill provide documentation to Ford sampling of effluents. I understand and that if my disposal nutative of the Ford County Public Healt ency's inspections. I, the property of	stallation to ensure that my sponsibility to service and r I County Public Health Dep that my current disposal sy system fails or causes a nu Iealth Department may con th Department does not gua	system meets the Illinois Private Sewage maintain the private sewage disposal sartment that this system is being properly ystem may require to be modified at my isance I am responsible to promptly duct necessary inspections to ensure my trantee trouble-free operation of my		
Owner Signature		D	ate		
Approved by	Data	ID#			

## PRIVATE SEWAGE DISPOSAL SYSTEM LOT DIAGRAM AND SEWAGE DISPOSAL SYSTEM CONSTRUCTION PLAN

Lot	diagram	and	sewage	system	nlan:
டல	uiagiaiii	anu	scwage	System	pian.

Furnish plans or draw to scale the proposed construction indicating lot size with dimension showing the system to be constructed, the dimensions of the system to be installed showing type of material, utilities, distances to water lines, water wells, potable water storage tanks, building, lot lines, and any unsealed wells.

Building

