

VERMILION COUNTY HEALTH DEPT.
200 S. COLLEGE, SUITE A DANVILLE, ILLINOIS 61832
217-431-2662

DATE ISSUED: _____
PERMIT FEE: \$200.00

PERMIT# _____
N () R ()

APPLICATION FOR A PERMIT TO CONSTRUCT OR ALTER A PRIVATE SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER INFORMATION

Name of Property Owner _____ Phone # _____ Township _____
Mailing Address _____ Contractor _____
Directions to Property _____

DESCRIPTION OF FACILITY

Residential (# of bedrooms) _____ Non-Residential (type) _____ Mobile Home Park (#lots) _____
Number of Individuals Served _____ Lot Size _____ Garbage Disposal (Y) (N) Basement Fixtures (Y) (N)
Water supply/use: Well (type) _____ Public (Y) (N) (metered) _____ g.p.d. Surface Supply (Y) (N)
Other wastewater generators (sump pump, water softener, hot tub, etc.) _____

REQUIRED SYSTEM COMPONENTS

Total gal. per day of wastewater _____ gal.

SEPTIC TANK: New () Existing Tank () Holding Tank () Replacement Tank ONLY () Riser () Tank Size: _____ gal.

ABSORPTION SYSTEMS: Total square feet required _____ sq. ft.

Chamber System: Type _____ Sq. ft. per linear ft. _____ sq. ft.

Total linear ft of system _____ ft. Total number of chambers _____

Gravel: Leaching Field: 36 in. _____ 24 in. _____ wide trench, Seepage Bed: width _____ ft. length _____ ft.

Gravel-less Pipe: Manufacturer _____ Linear ft. of 10-inch _____ ft. 8-inch _____ ft.

TREATMENT SYSTEMS:

Sand Filter: width _____ ft. length _____ ft. Total square feet _____ sq. ft. Number of vents _____

Aerobic Units: Manufacturer _____ Daily treatment capacity _____ gal.

Pretreatment required (Y) (N), size _____ gal., Type _____

General Information: Chlorinator (Y) (N), Chlorine Contact Chamber (Y) (N) size _____ gal. Alarm (Y) (N)

Sampling port location _____

Effluent receiving system required (Y) (N) Type _____ Size _____ sq. ft.

Final discharge to: _____

OTHER REQUIREMENTS: _____

LAYOUT: Inspection () Sketch () By: _____ Date: _____

VARIANCE

The variance requested and the reason requested: _____

Signature of Property Owner Requesting Variance _____

Approved by Sanitarian _____

IMPORTANT

The Vermilion County Health Department does not warranty trouble free operation of this sewage treatment and disposal system by the issuance of a sewage permit or final approval of the sewage installation. The contractor is responsible for the installation in compliance with the Vermilion County Health Department's Ordinance Governing Private Sewage Disposal. The property owner assumes full responsibility for any nuisance or health hazard that might result from its use.

I hereby acknowledge that I have filled out or reviewed the above application. I further acknowledge that I understand that I am responsible for the information furnished on this application, which is used by the Vermilion County Health Department to size the private sewage disposal system for my property.

The applicant's signature serves as written acknowledgement that the property owners are aware of and accept the responsibility to service and maintain the private sewage disposal system in accordance with the Private Sewage Disposal Licensing Act.

A surface-discharging private sewage disposal system that is required to have a National Pollutant Discharge Elimination System (NPDES) permit shall have one, and shall be in compliance with the terms and conditions of the NPDES permit, with all costs being borne by the property owner.

Application must be completely filled out and signed by the property owner before construction permit will be issued.

Signature of Property owner _____

I hereby state that I installed a private sewage disposal system for:

_____ on _____, 20_____.

The system was installed according to specifications in permit # _____ issued by the Vermilion County Health Department and complies with the Vermilion County Health Department's Ordinance Governing Private Sewage Disposal.

Signature

Date

Company