

PERMIT APPLICATION TO CONSTRUCT A COMMERCIAL ON-SITE SEWAGE DISPOSAL SYSTEM

\_\_\_ New Construction \_\_\_ Replacement\*\* Fee: \$150.00
Whiteside County Health Department, 18929 Lincoln Road, Morrison, IL 61270-9587
Phone: (815) 772-7411 ext.#104 FAX: (815) 772-4723

Owner: \_\_\_\_\_ Installer \_\_\_\_\_
Mailing Address: \_\_\_\_\_ Site Address: \_\_\_\_\_
Telephone: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Soils Information\*: Type of Testing: \_\_\_ Percolation Test \_\_\_ Soil Investigation (attach soil classifier's report)
If a percolation test was performed, record the results here: (1) \_\_\_ Min/6" (2) \_\_\_ Min/6" (3) \_\_\_ Min/6"
Record the average of the 2 slower rates here: \_\_\_ Min/6" Record the testing date here: \_\_\_\_\_
Pre-test soil conditions: \_\_\_ Dry \_\_\_ Moist \_\_\_ Saturated Test conducted by \_\_\_\_\_

Loading Rate: Establishment Type: \_\_\_\_\_ (See Section 905, Appendix A, Illustration A)
Calculations:
Estimated Daily Water Usage \_\_\_\_\_ gallons/day
\*Note: If water usage is estimated at 100 gallons per day or less, soils information does not need to be provided. Instead, minimum subsurface seepage system area can be determined by dividing estimated gallons per day by 0.20.

Proposed Installation:
1) Primary Treatment (check one)
[ ] New Septic Tank (capacity \_\_\_\_\_ gals)
[ ] Aeration Plant (capacity \_\_\_\_\_ gals)
Brand \_\_\_\_\_ class: \_\_\_\_\_
[ ] Multiple Tanks (capacity \_\_\_\_\_ gals)
Specify design: \_\_\_\_\_
[ ] Existing Septic Tank (capacity \_\_\_\_\_ gals)
2) Secondary Treatment (check one)
[ ] Subsurface Seepage Field \_\_\_\_\_ sq. ft.
[ ] level [ ] serial distribution
[ ] Subsurface seepage bed \_\_\_\_\_ sq. Ft.
[ ] Receiving Trench/Chlorinated Discharge
[ ] Buried Sand Filter \_\_\_\_\_ sq. Ft.
[ ] Mound System \_\_\_\_\_ sq. Ft.
[ ] Utilize Existing Seepage System
3) The depth of the subsurface seepage field/bed will not exceed \_\_\_\_\_ inches.
4) Variances requested (if applicable) \_\_\_\_\_
5) \*\*For replacement, failure resulted in:
\_\_\_ surfacing sewage (indicate site of discharge onsite plan on reverse) \_\_\_ sewage backup \_\_\_ Na, did not fail

I certify that the information provided in this application (including the site plan and size of lot or parcel on the reverse side) and all attachments are correct. I also certify that "clear water" discharges will be directed to or above the proposed system.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

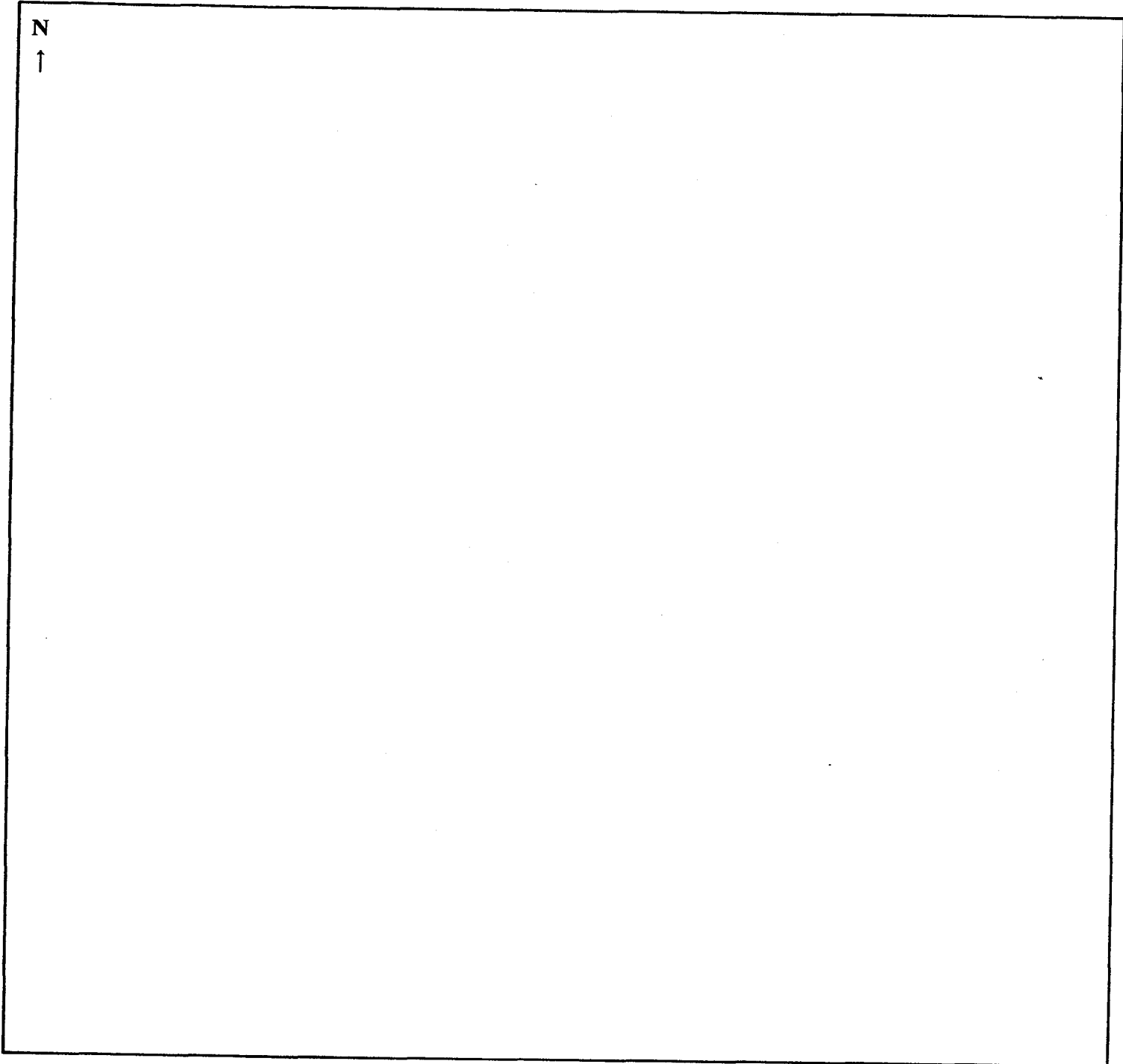
Application Approved By: \_\_\_\_\_ Date \_\_\_\_\_ Well Permit# \_\_\_\_\_

Stipulations or approved variances: \_\_\_\_\_

Permit # \_\_\_\_\_

**Site Plan (lot/parcel dimensions required)**

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- Checklist (Fill this out)**
- Lot size/Dimensions \_\_\_\_\_
  - Materials Labeled \_\_\_\_\_
  - Utilities Shown \_\_\_\_\_
  - Location of Percolation Test  
or Soil Investigation \_\_\_\_\_
  - Water Supply Shown \_\_\_\_\_
  - Required Distances Labeled \_\_\_\_\_
  - Extraordinary Condition Shown \_\_\_\_\_

Component Part Of System	Well Feet	Water Supply Line Feet	Body of Water Feet	Dwelling Feet	Property Line Feet	Field Drain Tile Feet
Building Sewer Septic Tank or Aerobic Treatment Plant	50	10	25	---	---	---
Subsurface Seepage System	75	25	25	10	5	10

These distances have been determined for use in clay and loam soils only. The minimum distances required for use in sand and other types of soil shall be determined for the proposed private sewage disposal system and approved by this department. Such approval will be given where the department determines that the soil will provide treatment of sewage

Approved By: \_\_\_\_\_ Date \_\_\_\_\_