

**PERMIT APPLICATION TO CONSTRUCT A RESIDENTIAL ON-SITE SEWAGE DISPOSAL SYSTEM**

New Construction     Replacement\*\*    Fee: \$100.00    Homeowner Installation Fee: \$200.00  
 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 \_\_\_\_\_

**Loading Rate Calculations**

1) Number of Bedrooms \_\_\_\_\_ X 200 gallons/day = \_\_\_\_\_ gallons/day

2) Hot Tub\*(if 100 gallons or greater, add tub capacity) = \_\_\_\_\_ gallons/day

Estimated Daily Water Usage \_\_\_\_\_ gallons/day

\*Wastewater from 100 gallon or larger hot tubs shall bypass the septic tank and be routed directly to the subsurface seepage system.

**Proposed Installation:**

<p>1) Primary Treatment (check one)</p> <p><input type="checkbox"/> With or <input type="checkbox"/> Without Garbage Grinder</p> <p><input type="checkbox"/> New Septic Tank (capacity _____ gals)</p> <p><input type="checkbox"/> Aeration Plant (capacity _____ gals)</p> <p>    Brand _____ class: _____</p> <p><input type="checkbox"/> Multiple Tanks (capacity _____ gals)</p> <p>    Specify design: _____</p> <p><input type="checkbox"/> Existing Septic Tank (capacity _____ gals)</p>	<p>2) Secondary Treatment (check one)</p> <p><input type="checkbox"/> Subsurface Seepage Field _____ sq. ft.</p> <p><input type="checkbox"/> level    <input type="checkbox"/> serial distribution</p> <p><input type="checkbox"/> Subsurface seepage bed _____ sq. Ft.</p> <p><input type="checkbox"/> Receiving Trench/Chlorinated Discharge</p> <p><input type="checkbox"/> Buried Sand Filter _____ sq. Ft.</p> <p><input type="checkbox"/> Mound System _____ sq. Ft.</p> <p><input type="checkbox"/> Utilize Existing Seepage System</p>
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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 on site plan on reverse)     sewage backup     N/A didn't 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 no "clear water" discharge will be directed to or above the proposed system.

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

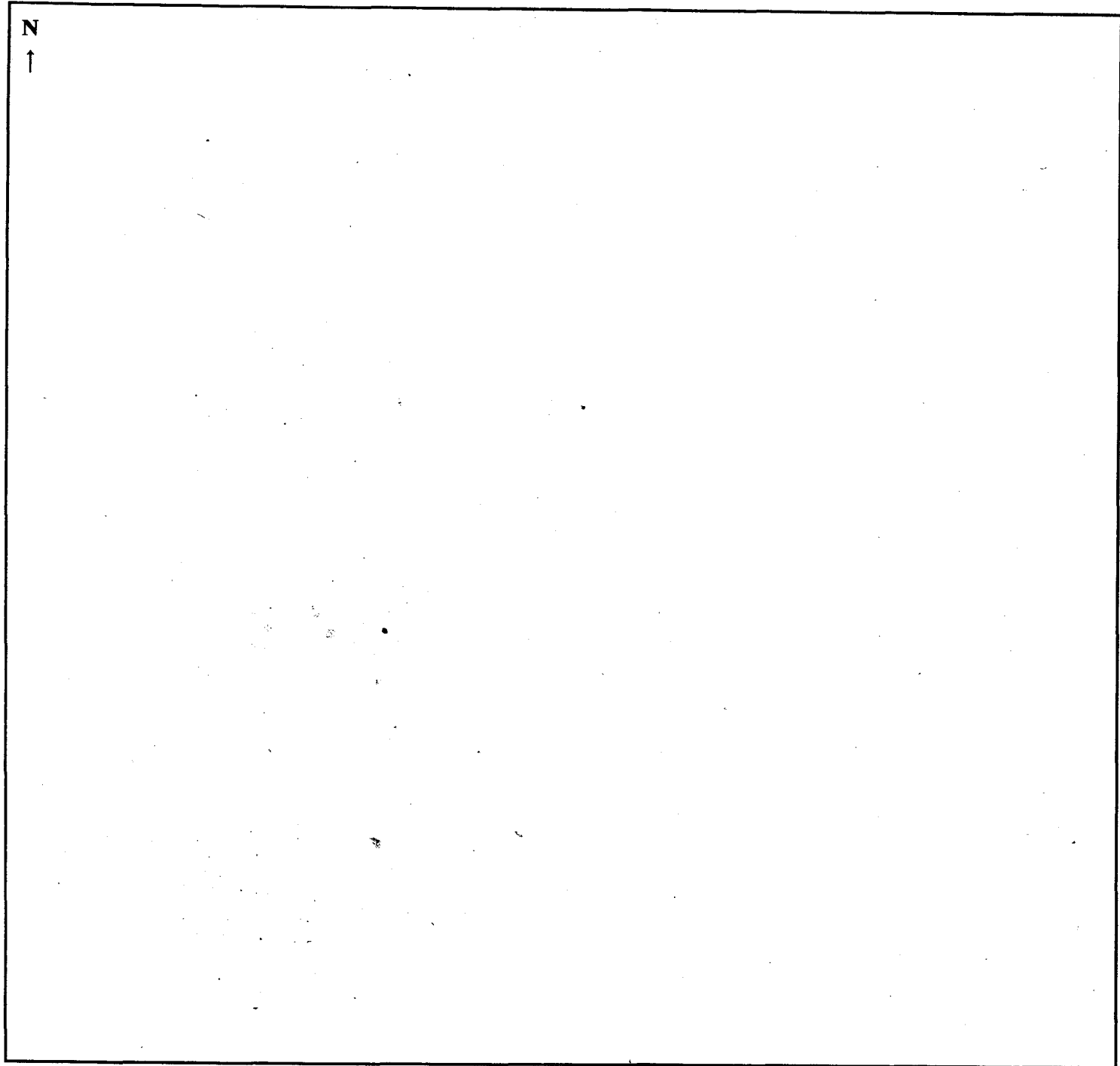
Application Approved By: \_\_\_\_\_ Date \_\_\_\_\_ Well Permit# \_\_\_\_\_

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

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

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

N  
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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 \_\_\_\_\_