

New
 Repair

Macoupin County Public Health Dept.
112 South Macoupin
Gillespie, Illinois 62033
(217) 839-4101

Office Use Only

Permit No. _____
Date of Issue _____
Check No. _____
Paid By _____
Amount Paid _____
Receipt No. _____

PRIVATE SEWAGE CONSTRUCTION PERMIT

CONSTRUCTION CANNOT BEGIN UNTIL THIS PERMIT HAS BEEN APPROVED AND A PERMIT HAS BEEN ISSUED.

THE SYSTEM CANNOT BE COVERED UNTIL THE FINAL INSPECTION HAS BEEN MADE.

Please use black ink

Owner _____ Contractor _____
Installation Address _____ Address _____
Phone _____ Phone _____

Location of Installation: _____
Township _____ Subdivision _____ Legal Description [optional] or Permanent Parcel
Section _____ or Lot _____ Number _____

Driving Direction [green signs, miles, etc.] _____

Residence [No. Bathrooms [Yes/No] Dishwasher [Other [describe] _____
[No. Bedrooms [Yes/No] Garbage Grinder _____
[No. People [Yes/No] Laundry Machine _____

Water Supply
 Private Well [Pressure Line _____ ft. from tank
[Surface Supply [lake] _____ ft. from filter or laterals
[Public Supply [Suction Line _____ ft. from tank
[Cistern _____ ft. from filter or laterals
[Other [Abandoned Wells [number] _____

Septic Tank _____ gallons
[concrete [other _____
Mfg. _____ Type _____
Address _____ NSF Classification I [II [_____
Ill. Approval No. _____ Distributor _____
Address _____
Discharge to _____

Aerobic Tank _____ gallons/day

Seepage Field
Must attach percolation results sheet
Seepage area required _____ ft. Surface Area _____ ft. Nearest Well _____ ft.
Seepage area to be installed _____ ft. Length _____ ft. Distribution Lines No. _____
Trench width _____ in./total length _____ ft. Width _____ ft. Collection Lines No. _____
Nearest well _____ ft. Depth _____ in. Discharge to _____

Pipe specifications (ASTM No.) & SDR if applicable

All Systems
Building to tank _____ Seepage Field _____ Sand Filter _____
Tank to field, filter, or outfall _____ Seepage field _____ Distribution Lines _____
Collection Lines _____
Filter to contact tank _____
Contact tank to outfall _____

Material Specifications

Gravel/Stone Coded Size CA1 Quarry Name _____ in. Filter Media from _____
 CA3 Address _____ Pea Gravel Coded Size _____ Address _____
 CA5 _____ Chlorine contact tank yes
 _____ in. no

Show buildings, sewage system, wells, water lines, roads, and show all dimensions

Lot/Property Size _____
 Length _____
 Width _____

By Signing below I confirm that my surface discharging private sewage disposal system does not discharge to Waters of the United States. I understand that obtaining an NPDES permit from EPA is required when discharging to Waters of the US. EPA's regulation 40 C.F.R. 40 §122.2 defines Waters of the United States and section 905.115 of the Illinois Private Sewage Disposal Licensing Act (225 ILCS 225)

Note: The Macoupin County Public Health Department does not guarantee trouble-free operation of this sewage disposal system by the issuance of a sewage permit or final approval of the sewage installation. The property owner assumes full responsibility for its safe, healthful, nuisance free operation and maintenance.

I HEREBY CERTIFY that, to the best of my knowledge, the preceding information is correct. In addition, the sewage system will be installed strictly as outlined in this permit application in conformance with the current State of Illinois Private Sewage Disposal Licensing Act and Code and the Macoupin County Private Sewage Disposal Ordinance.

Signature of Property Owner _____ Date _____
 Signature of Macoupin Licensed Contractor _____ Date _____

MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT PERMIT FOR THE INSTALLATION OF THE SEWAGE DISPOSAL SYSTEM DESCRIBED HEREIN FOR THE PROPERTY MENTIONED HEREIN IS HEREBY GRANTED.
 Permit expires 6 months from date of issue.

PERMIT ISSUED _____ DATE _____
 FINAL INSPECTION _____ DATE _____
 INSPECTED _____ BY _____

