

- New House
 Repair Modular Home
 Mobile home

Macoupin County Public Health Dept
 509 Illinois Ave.
 Gillespie, Illinois 62033
 (217) 839-4111

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 ISSUED.

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

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

Location Installation:

Township _____ Subdivision _____ Legal Description [optional] or Permanent Parcel _____
 Section _____ or Lot _____ Number _____
 Driving Directions [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. _____
 Address _____
 Ill. Approval No. _____

Aerobic Tank
 _____ gallons/day
 Type _____
 NSF Classification I [] II []
 Distributor _____
 Address _____
 Discharge to _____

Seepage Field
Must attach soil analysis result sheets
 Seepage area required _____ ft.
 Seepage area to be installed _____ ft.
 Trench width _____ in./ total length _____ ft.
 Nearest well _____ ft.

Sand Filter
 Surface Area _____ ft. Nearest Well _____ ft.
 Length _____ ft. Distribution Lines No. _____
 Width _____ ft. Collection Lines No. _____
 Depth _____ in.
 Discharge to _____

Pipe specifications [ASTM No.] & SDR if applicable

All Systems	Seepage Field	Sand Filter
Building to tank _____	Seepage field _____	Distribution lines _____
Tank to field, filter, or outfall _____	ASTM No. _____	Collection lines _____
		Filter to contact tank _____
		Contact tank to outfall _____

Material Specifications

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

Show buildings, sewage system, wells, water lines, roads, and all distances.

<p align="center">Lot/Property Size</p> <p>_____</p> <p>Length _____</p> <p>Width _____</p>	<p>By signing below, I confirm that my private septic disposal system does not discharge to Waters of the United States. I understand that obtaining a NPDES permit from IEPA is required when discharging to Waters of the U.S.</p> <p>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)</p>
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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 _____
