

FULTON COUNTY HEALTH DEPARTMENT  
PRIVATE SEWAGE DISPOSAL SYSTEM  
PLAN REVIEW APPLICATION

PERMIT FEE: \_\_\_\_\_  
REC'D BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

PERMIT: APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ FINAL \_\_\_\_\_  
(Initial & Date) (Initial & Date) (Initial & Date)

LOG/PERMIT NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_  
(Office Use Only) (Office Use Only)

1. Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
(City) (State) (Zip)

2. Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
**NOTE: Work not done by homeowner (must own & occupy personal single family residence) must be done by a licensed contractor.**

3. Location- Street: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
Subdivision & Lot #: \_\_\_\_\_ Township Name: \_\_\_\_\_  
Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section #: \_\_\_\_\_ ¼ Section: \_\_\_\_\_ ¼ Section: \_\_\_\_\_  
Local Identification Information: \_\_\_\_\_  
(This is the permanent index # and/or parcel # on your property tax bill)

4. Detail Directions to Site: (Highway Number, Secondary Roads, Signs to follow, Etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Site Information: Renovation: \_\_\_\_\_ New System: \_\_\_\_\_  
Residential Dwelling: \_\_\_\_\_, Seasonal: Yes \_\_\_\_\_ No. of Residents: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_  
Garbage Grinder: Yes \_\_\_\_\_ Basement: Yes \_\_\_\_\_ Water Softener: Yes \_\_\_\_\_ Hot Tub: #Gallons: \_\_\_\_\_  
Non-Residential: \_\_\_\_\_ No. of Employees: \_\_\_\_\_ Design Flow: \_\_\_\_\_ Other Wastewater Generators: \_\_\_\_\_  
Water Supply: Private Well: \_\_\_\_\_, Semi-Private Well: \_\_\_\_\_, Non-Community: \_\_\_\_\_, Municipal \_\_\_\_\_  
Percolation Tests: Date(s): \_\_\_\_\_ Conducted By: \_\_\_\_\_  
Hole No. 1: Depth: \_\_\_\_\_, \_\_\_\_\_ min./6" Hole No. 2: Depth: \_\_\_\_\_, \_\_\_\_\_ min./6" Hole No. 3: Depth: \_\_\_\_\_, \_\_\_\_\_ min./6"  
Average min./6" Fall: \_\_\_\_\_ (Return or use highest value if difference is greater than 30 minutes)  
Depth of Limiting Layer: \_\_\_\_\_ Soil Type: \_\_\_\_\_  
Soil Scientist Data: Name of Soil Investigator: \_\_\_\_\_  
(Attach copy of Soil Data Report to application)

6. Proposed Private Sewage Disposal System: Gallons To Be Treated Per Day: \_\_\_\_\_  
a. Septic Tank Size \_\_\_\_\_ Gallons, Illinois #: \_\_\_\_\_ h. Wisconsin Mound Basal Area \_\_\_\_\_ Sq. Ft.  
b. Subsurface Seepage Field/Bedroom \_\_\_\_\_ Sq. Ft. i. Chlorination Tank \_\_\_\_\_ Gallons (If required)  
Total Subsurface Seepage Field \_\_\_\_\_ Sq. Ft., j. Aerobic Treatment Plant: \_\_\_\_\_  
Lin. Ft. \_\_\_\_\_, Width \_\_\_\_\_ Manufacturer & Model: \_\_\_\_\_  
c. Gravel-less Seepage Field: 8": \_\_\_\_\_ Lin. Ft. 10": \_\_\_\_\_ Lin. Ft. Treatment Capacity: \_\_\_\_\_ Gallons per day  
d. Chamber System: Manufacturer: \_\_\_\_\_ k. Location of Audi & Visual Alarms \_\_\_\_\_  
Sq. Ft. per Lin. Ft., \_\_\_\_\_ Total Lin. Ft. \_\_\_\_\_ (Garage, Basement, Stairwell, Etc.)  
e. Seepage Bed \_\_\_\_\_ Sq. Ft. l. Effluent Discharge to: \_\_\_\_\_  
f. Waste Stabilization Pond \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Depth m. Pump Chamber Size \_\_\_\_\_  
g. Buried Sand Filter/Recirculating Sand Filter \_\_\_\_\_ Sq. Ft.  
Width: \_\_\_\_\_, Length: \_\_\_\_\_  
Other: \_\_\_\_\_

7. Lot Diagram and Sewage System Plan: Furnish plans or draw to scale the proposed construction indicating lot size with dimension showing the system, type of system to be constructed, the dimensions of the system to be installed showing type of material, utilities, distances to water lines, water wells (including wells on neighboring property if they are near to property line), potable water storage tanks, buildings, lot lines, location of percolation holes, site elevations and ground surface elevations sufficient to determine this elevation of system components and the slope of the ground surface, location of sanitary sewer, if available, within 200 feet of the property, depth of limiting layer and any other extraordinary conditions on the lot.

Checklist

Lot Size: \_\_\_\_\_ System Dimensions: \_\_\_\_\_ Materials Labeled: \_\_\_\_\_ Utilities Shown: \_\_\_\_\_  
Locatoin of Perc Tests: \_\_\_\_\_ Water Supply Shown: \_\_\_\_\_ Required Distances Labeled: \_\_\_\_\_  
Depth of Limiting Layer: \_\_\_\_\_

Elevations of System Components:

Benchmark & Elevation: \_\_\_\_\_ Elevation to Invert of Building Drain: \_\_\_\_\_  
Elevation to Invert of Tank Inlet: \_\_\_\_\_ Elevation of Ground Surface over Tank \_\_\_\_\_  
Lowest Elevation of Ground Surface over Field: \_\_\_\_\_ Highest Elevation of Ground Surface over Tank: \_\_\_\_\_  
Length of Building Sewer (House to Tank): \_\_\_\_\_ Extraordinary Condition Shown: \_\_\_\_\_



8. I certify that the attached information is complete and correct and that, if approved, the work will conform with the current Private Sewage Disposal Licensing Act and Code.

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Signature of Applicant (Owner or Contractor) \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT NOTICE:**

This Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 84-670. Disclosure of this information is mandatory. Incomplete Plan Review Application Forms will be returned to the Applicant for Completion and Resubmittal, to the Fulton County Health Department, 700 East Oak St., Canton, Illinois 61520. THE SEWAGE PERMIT FEE IS NON-REFUNDABLE ONCE THE PRELIMINARY SITE VISIT HAS BEEN CONDUCTED.