MEMORANDUM

TO: Contractor/ Homeowner

RE: Private Sewage System Installation Application Packet
    Procedures for Septic System Installation and Repairs

Please submit all completed forms in the attached application packet and a $150.00 fee
made payable to Southern Seven Health Department.

A request for variance from the Southern Seven Health Department is required at the
time the application packet is submitted if:
   a. The requirements of the Private Sewage Disposal Licensing Act and Code
cannot be met; OR
   b. The lot is less than one (1) acre in size.

Your application packet must be approved by the Southern Seven Health Department
BEFORE construction begins on a new installation or repair of an existing system. Your
approved permit will be issued upon final inspection.

Two inspections may be required:
   1. Initial inspection (if circumstances warrant): AND
   2. Final inspection of the installation or repair of existing system is REQUIRED
      prior to back filling.

A FULL 48 HOURS NOTICE IS REQUIRED FOR FINAL
SEPTIC SYSTEM INSPECTIONS

If you have any questions, please contact Southern Seven Health Department Environmental Health
Division at 618-634-2297 ext. 110.

Southern Seven Health Department is an Equal Opportunity Employer and Provider, complies with applicable
Federal civil rights laws, and does not discriminate on the basis of race, color, national origin, age, disability, or sex
Southern Seven Health Department
APPLICATION FOR A PERMIT TO CONSTRUCT, INSTALL OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

Owner Information
Property Owner: _______________________________ Phone Number: ____________________________
Property Address: __________________________________________ County: _________________________
Mailing Address: __________________________________________ Date: _________________________

Contractor Information
Contractor: ______________________________________ Phone Number: _________________________
State of Illinois Private Sewage System Installation License Number: ______________________________

Site Information
☐ Renovation ☐ New System County Building Permit Number: ________________________________
Detailed Directions to Site: ______________________________

Number of Acres: __________________________ Size of Lot: __________ X
Name of Subdivision: ____________________________
Residential: ________ Number of Bedrooms: ________ Business: ________ Other: ________
Number of People or Employees: ________________________ ☐ Garbage Grinder ☐ Water Softener
Water Supply: ☐ Private ☐ Public ☐ Other: __________________________
Perk Test for Oxidation Pond Test Results: __________________________
Soil Site Evaluation: ☐ Yes ☐ No Conducted By: __________________________

Proposed Type of Sewage System to be Installed
Design Flow: ________ GPD per bedroom Septic Tank Size: ________ gallons ☐ Concrete ☐ Fiberglass
Illinois Number: ____________________________ ☐ Will Use Existing Tank ☐ Replace Septic Tank Only
☐ Subsurface Seepage Field ☐ Chamber Total Square Foot: ________ Total Linear Feet: ________
Square Foot Required per Bedroom: ________ Total Square Foot: ________ Total Linear Feet: ________
Waste Stabilization Pond Length: ________ Width: ________ Depth: ________
Total Square Feet to be Installed: ____________________________ ☐ Rectangular ☐ Oval
Buried Sand Square Feet Length: ________ Width: ________
Filter: ____________________________
Aerobic Treatment Plant: _________________________ Model Number: _________________________ GPD: ________
Alarm Location: _________________________ Effluent Discharge To: _________________________
Receiving Trenches: ________ Square Feet
Chlorination Unit: ________ Gallons ☐ In-Line
Holding Tank: ____________________________
Other Type of System: ____________________________

Comments: ____________________________
____________________________

SewageApplication, 11/18, rm
Southern Seven Health Department
DRAWING OF PROPOSED
PRIVATE SEWAGE DISPOSAL SYSTEM

Drawing of Proposed System: Drawing must be as close to scale as possible and must include lot size and/or property lines; water well and or water supply lines; ponds; slope of ground; type and location of system to be installed; buildings; roads; utilities; location of percolation holes; roads; distances from the septic system to the water well and/or supply lines; structures; ponds; etc.

Is the private sewage disposal system installed according to the application? □ Yes □ No

If no, please explain changes and draw with the revisions.

Elevations
House:
Aeration Unit Entrance: _______ and Exit: _______ Chlorination Unit: _______ Surface Discharge: _______
Lagoon Entrance: _______ and Exit: _______ Chlorination Unit: _______ Surface Discharge: _______
Sandfilter Entrance: _______ and Exit: _______ Chlorination Unit: _______ Surface Discharge: _______
Septic Tank Entrance: _______ and Exit: _______ Receiving Trench: _______

I certify that the information provided is complete and correct and all work will conform to the Current Private Sewage Disposal Licensing Act and Code.

Homeowner Date Contractor Date

Location of System
Township Range Section § Section Permit No. Expiration

Sewage Proposed Drawing, 11/18, rm
Southern Seven Health Department

PROCEDURES FOR OBTAINING A PERMIT TO INSTALL A PRIVATE SEWAGE SYSTEM

☐ Alexander; ☐ Hardin; ☐ Johnson; ☐ Massac; ☐ Pope; ☐ Pulaski; or ☐ Union County, IL.

Please read all instructions carefully to prevent a delay in obtaining your permit.

The permit shall in no way be construed as a contract between the permit holder and the contractor to perform the work which is the subject of the permit. The permit shall only authorize the permit holder and the contractor to perform and complete the work in accordance with applicable health and safety laws.

1. Only the homeowner or a State of Illinois Private Sewage System Installation Contractor may apply for a permit and construct, alter or extend a private sewage disposal system.

2. A $150.00 fee shall be paid to Southern Seven Health Department (S7HD) prior to any construction work.

3. The homeowner or contractor must complete the application in entirety and submit drawing on (back) page of the application including all items on the check-off list. Signatures of both the homeowner and contractor are required.

   NOTE: If a Geothermal well, water softener, swimming pool or hot tub will be installed on site, additional information will be required BEFORE a permit is issued.

4. If the property is less than one acre in size, other documents may be required.

   PLEASE NOTE: A permit will not be issued without the foregoing documents / information.

5. A permit to construct a private sewage disposal system is valid for 6 months after issuance date. An extension of time may be obtained only if it is submitted in writing prior to the expiration date.

6. Southern Seven Health Department is to be notified 48 hours prior to beginning construction in order that routine field visits may be made to determine if construction meets current guidelines.

IMPORTANT: The Southern Seven Health Department does not guarantee trouble free operation of this sewage treatment and disposal system by the issuance of this permit or final approval of the sewage installation. The licensed contractor is responsible for, and must be present during installation in compliance with the Illinois Private Sewage Disposal Licensing Act and Code and the County Private Sewage System Disposal Ordinance. As per Section 905.20 of the Illinois Code, the homeowner’s signature on the construction permit for any system being installed, repaired or renovated serves as written acknowledgement that the property owner(s) is aware of and accepts the responsibility to service and maintain the sewage system in accordance with the act, and to maintain all maintenance records. The property owner assumes full responsibility for any nuisance or health hazard that might result from system
use. Property owner certified that he/she approves all information on this Application, and acknowledges that it is his/her responsibility to obtain an NPDES permit if required.

I, as the Contractor, agree to notify the Southern Seven Health Department at least 48 hours before any construction work is to begin and I further agree that I will call for final inspection and approval of this system before covering. I hereby agree that to the best of my knowledge the preceding information is correct. In addition, the sewage disposal system will be installed strictly as outlined in this permit in conformance with the County Private Sewage System Disposal Ordinance.

I understand that if I construct or repair a surface discharging system and the waste water enters into Waters of the United States that I am required to obtain an NPDES permit from the US EPA.

☐ YES, my waste water will enter into the Waters of the United States and requires an NPDES permit.

☐ NO, my waste water will not enter into the Waters of the United States and does not require an NPDES permit.

___________________________
Signature of Property Owner

___________________________
Date

___________________________
Contractor

___________________________
Date

___________________________
State of Illinois Private Sewage System Installation License Number

☐ Approved    ☐ Not Approved

___________________________
Signature of Approving Authority

___________________________
Date