

VERMILION COUNTY HEALTH DEPT.  
200 S. COLLEGE, SUITE A DANVILLE, ILLINOIS 61832  
217-431-2662

DATE ISSUED: \_\_\_\_\_  
PERMIT FEE: \$150.00

PERMIT# \_\_\_\_\_  
N ( ) R ( )

APPLICATION FOR A PERMIT TO CONSTRUCT OR ALTER A PRIVATE SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER INFORMATION

Name of Property Owner \_\_\_\_\_ Phone # \_\_\_\_\_ Township \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Contractor \_\_\_\_\_  
Directions to Property \_\_\_\_\_

DESCRIPTION OF FACILITY

Residential (# of bedrooms) \_\_\_\_\_ Non-Residential (type) \_\_\_\_\_ Mobile Home Park (#lots) \_\_\_\_\_  
Number of Individuals Served \_\_\_\_\_ Lot Size \_\_\_\_\_ Garbage Disposal (Y) (N) Basement Fixtures (Y) (N)  
Water supply/use: Well (type) \_\_\_\_\_ Public (Y) (N) (metered) \_\_\_\_\_ g.p.d. Surface Supply (Y) (N)  
Other wastewater generators (sump pump, water softener, hot tub, etc.) \_\_\_\_\_

REQUIRED SYSTEM COMPONENTS

Total gal. per day of wastewater \_\_\_\_\_ gal.

**SEPTIC TANK:** New ( ) Existing Tank ( ) Holding Tank ( ) Replacement Tank ONLY ( ) Riser ( ) Tank Size: \_\_\_\_\_ gal.

**ABSORPTION SYSTEMS:** Total square feet required \_\_\_\_\_ sq. ft.

**Chamber System:** Type \_\_\_\_\_ Sq. ft. per linear ft. \_\_\_\_\_ sq. ft.

Total linear ft of system \_\_\_\_\_ ft. Total number of chambers \_\_\_\_\_

**Gravel: Leaching Field:** 36 in. \_\_\_\_\_ 24 in. \_\_\_\_\_ wide trench, **Seepage Bed:** width \_\_\_\_\_ ft. length \_\_\_\_\_ ft.

**Gravel-less Pipe:** Manufacturer \_\_\_\_\_ Linear ft. of 10-inch \_\_\_\_\_ ft. 8-inch \_\_\_\_\_ ft.

**TREATMENT SYSTEMS:**

**Sand Filter:** width \_\_\_\_\_ ft. length \_\_\_\_\_ ft. Total square feet \_\_\_\_\_ sq. ft. Number of vents \_\_\_\_\_

**Aerobic Units:** Manufacturer \_\_\_\_\_ Daily treatment capacity \_\_\_\_\_ gal.

Pretreatment required (Y) (N), size \_\_\_\_\_ gal., Type \_\_\_\_\_

**General Informtion:** Chlorinator (Y) (N), Chlorine Contact Chamber (Y) (N) size \_\_\_\_\_ gal. Alarm (Y) (N)

Sampling port location \_\_\_\_\_

Effluent receiving system required (Y) (N) Type \_\_\_\_\_ Size \_\_\_\_\_ sq. ft.

**Final discharge to:** \_\_\_\_\_

**OTHER REQUIREMENTS:** \_\_\_\_\_

LAYOUT: Inspection ( ) Sketch ( ) By: \_\_\_\_\_ Date: \_\_\_\_\_

VARIANCE

The variance requested and the reason requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Property Owner Requesting Variance \_\_\_\_\_

Approved by Sanitarian \_\_\_\_\_

IMPORTANT

The Vermilion County Health Department does not warranty trouble free operation of this sewage treatment and disposal system by the issuance of a sewage permit or final approval of the sewage installation. The contractor is responsible for the installation in compliance with the Vermilion County Health Department's Ordinance Governing Private Sewage Disposal. The property owner assumes full responsibility for any nuisance or health hazard that might result from its use.

I hereby acknowledge that I have filled out or reviewed the above application. I further acknowledge that I understand that I am responsible for the information furnished on this application, which is used by the Vermilion County Health Department to size the private sewage disposal system for my property.

Application must be completely filled out and signed by the property owner before construction permit will be issued.

Signature of Property owner \_\_\_\_\_

I hereby state that I installed a private sewage disposal system for:

\_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_\_.

The system was installed according to specifications in permit #\_\_\_\_\_ issued by the Vermilion County Health Department and complies with the Vermilion County Health Department's Ordinance Governing Private Sewage Disposal.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Company