

Instructions For Completing

The Application for a Permit to Construct a Private Sewage Disposal System.

Macon County Health Dept., 1221 E. Condit St., Decatur, IL 62521 - PH: (217) 423-6988 * Fax (217) 423-0992

1. Name, current mailing address, city, zip code and telephone number of property owners.
2. Current mailing address city, state, zip code, telephone number and license number if application of individual installing the private sewage disposal system.
- 3. Sewage Disposal System site: Indicate the property's 911 address, city, TOWNSHIP, zip.** Also, give directions to the site as indicated on the publication.
4. Residence Information: Please check all that apply. When a garbage disposal is present or planned, the septic tank shall be sized in accordance with the chart on the reverse side. Backwash water from a water softener shall discharge to a subsurface seepage field sized to accommodate the flow from the water softener or to a sand filter. Hot tub wastewater shall be discharged to a subsurface seepage field. A "hot tub" means an artificial container of water with a liquid capacity greater than 100 gallons and designed with a mechanical air injection system and/or re-circulating device.
5. Installation Type: Please indicate if the system is a new installation or a repair of an existing system.
6. Subsurface seepage fields shall be sized based on the number of bedrooms in the residence and the permeability of the soil. Soil permeability shall be determined by a soil investigation conducted by a licensed soil classifier. Application rates shall be determined by using the chart on the reverse side.
7. The chart for sizing septic tanks is also located on the reverse side.
8. Entirely complete plot plan with all the information requested. If an under-drain is proposed to lower the seasonal high water table, it would be located on this drawing.

APPLICATION RATE

Soil Group (Most Limiting Layer)	Minimum Separation to Seasonal High Water Table	Absorption Area Per Bedroom	Hot Tub Rate	Soil Group (Most Limiting Layer)	Minimum Separation to Limiting Layer	Absorption Area Per Bedroom	Hot Tub Rate
2A; 2B; 2K	3 Feet	200	1.0	4N; 5I; 5L; 6A; 6E; 6G; 6K	2 Feet	385	.52
3B; 3K	3 Feet	220	.91	5J; 5M; 6C; 6H; 6L; 7A; 7D; 7F	2 Feet	445	.45
3A; 3C; 3L; 4B; 4K	3 Feet	240	.84	6I; 7E; 7G; 8A	2 Feet	500	.40
4A; 4C; 4D; 4L; 4M; 5B; 5D	3 Feet	265	.75	5N; 6J; 6M; 7I; 7K;	2 Feet	740	.27
5C; 5E; 5K; 6F	2 Feet	290	.69	7J; 7L; 8I	2 Feet	1,000	.20
5A; 5H; 6D	2 Feet	325	.62				

SEPTIC TANK SIZING CHART

Number of Bedrooms	Minimum Liquid Capacity	With Garbage Disposal
2 or less	750	1,125
3	1,000	1,500
4	1,250	2,000
5	1,500	2,200

MACON COUNTY HEALTH DEPARTMENT

Environmental Health Office PH: 217-423-6988 FAX: 423-0992
1221 E. Condit Street, Decatur, IL 62521-1405

APPLICATION FOR PERMIT TO CONSTRUCT A PRIVATE SEWAGE DISPOSAL SYSTEM

PERMIT FEE: \$150.00

Check #: _____

From: _____

Date: _____ Initials _____

(Office Use Only)

Property Owner & Current Mailing Address:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Contractor's License #: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Sewage Disposal System Site:

TOWNSHIP NAME: _____

911 ADDRESS: _____

CITY: _____ ZIP: _____

Directions to Site: (Highway Number, Secondary Roads, Signs to Follow, etc.)

Residence Information: Garbage Disposal Y / N Water Softener Y / N Hot Tub Y / N

Installation Type: [] NEW [] REPAIR NUMBER OF BEDROOMS _____

SYSTEM TYPE:

A. [] Subsurface seepage field (Soil investigation report must be submitted with the application.)

[] Gravel _____ Trench Width [] Chamber (Model) _____ [] Graveless

Septic Tank size to be installed: _____

#Bedrooms _____ X Absorption Area Per Bedroom _____ = Sq. Ft. Required _____

LINEAR FEET REQUIRED: _____

B. [] Sand Filter: # of Bedrooms _____ X 200 Sq. Ft. = Total Sq. Ft. Required _____

Effluent Discharge: _____ Septic Tank Size to be Installed: _____

C. [] Aeration: Manufacturer: _____ Model: _____ Rated Capacity: _____

Effluent Discharge: _____

I certify that the submitted information is complete and that the work will conform to the current Illinois Private Sewage Disposal Licensing Act and Code and the Macon County Private Sewage Disposal System Ordinance.

Installer Signature: _____ Date: _____

(Office Use Only)
Mail CC to:

Owner: _____

Contractor: _____

(Office Use Only)

Approved by: _____ Date: _____ Permit Number: _____

PLOT PLAN OF SEWAGE DISPOSAL SYSTEM

<u>SITE ADDRESS:</u>	<u>PERMIT#</u>

INDICATE THE FOLLOWING:

1. Lot Size
2. Septic Tank Location, Size and Minimum Distances Required to the following:
 - a. Building 5'
 - b. Seepage Field 5'
 - c. Wells 50'
 - d. Water Lines:
 - Pressure water line 10'
 - Suction water line 50'
 - e. Lake, Stream, Other Body of Water or in-ground swimming pool 25'
3. Subsurface Field Location
Dimensions and Minimum Distances Required to the following:

- a. Building 10'
 - b. Wells 75'
 - c. Water Lines:
 - Pressure water line 25'
 - Suction water line 75'
 - d. Artificial Drain 10'
 - e. Property Line 5'
 - f. Lake, Stream, Other Body of Water or In-ground Swimming Pool 25'
4. Site Slope (please indicate approximate size and direction of slopes.)



FOR SANITARIAN ONLY:
