

- ( ) New System
- ( ) Alteration or repairs

Paid _____
Check # _____
Log # _____
Date: _____

**PIKE COUNTY HEALTH DEPARTMENT  
PRIVATE SEWAGE CONSTRUCTION PERMIT**

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

LOCATION OF INSTALLATION: Township \_\_\_\_\_ Section: \_\_\_\_\_ Range: \_\_\_\_\_

Directions: \_\_\_\_\_

Site information:

( ) RESIDENCE: No. Bedrooms \_\_\_\_\_ Seasonal (yes / no) Garbage Grinder (yes / no) Water Softener (yes / no) Hot Tub (yes/no)

( ) NON-RESIDENCE: No. of Employees: \_\_\_\_\_ Past or estimated Water Use: \_\_\_\_\_

PERCOLATION TESTS: Conducted by: \_\_\_\_\_ Date Conducted \_\_\_\_\_ Results \_\_\_\_\_

SOILS: Soil Type \_\_\_\_\_ Soil Loading Rate Class \_\_\_\_\_ Loading Rate (gal/d/sqft) \_\_\_\_\_

Soil Classifier Name: \_\_\_\_\_ Date: \_\_\_\_\_

Depth of limiting layer \_\_\_\_\_ Lot history: Seeps (yes / no) Rock outcrops (yes / no)

Is there a local history of septic failures in the area? \_\_\_\_\_

**SEPTIC TANK**

Capacity: \_\_\_\_\_ Gallons IL #: \_\_\_\_\_

Percolation Results \_\_\_\_\_ minutes

Gravel Seepage Bed ( ) Gravelless seepage bed ( )  
Infiltrator System ( )

Linear ft. Installed \_\_\_\_\_ ft

Topsoil Coverage \_\_\_\_\_ in.

Width of trench \_\_\_\_\_ ft.

Seepage Area Installed \_\_\_\_\_ ft

Cover over bedding \_\_\_\_\_

Linear ft. Installed \_\_\_\_\_ ft.

Pipe Utilized

Solid ASTM #: \_\_\_\_\_ Perf. ASTM #: \_\_\_\_\_

**AEROBIC UNIT**

Size of Unit \_\_\_\_\_ Gallons Per Day

Manufacturer \_\_\_\_\_

Location of Alarm \_\_\_\_\_

Waste Stabilization Pond

Depth \_\_\_\_\_ ft. Length \_\_\_\_\_ ft.

Width \_\_\_\_\_ ft.

Buried Sand Filter

Width \_\_\_\_\_ ft Length \_\_\_\_\_ ft.

Filter Media \_\_\_\_\_ Sump. Req. \_\_\_\_\_

Source \_\_\_\_\_ # Distr. Lines \_\_\_\_\_

Chlorine Contact Chamber

Capacity \_\_\_\_\_ Gallon

Effluent discharges to \_\_\_\_\_

Homeowner's Signature \_\_\_\_\_

Contractor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Sanitarian's Signature \_\_\_\_\_

( ) Approved

( ) Not Approved

Date \_\_\_\_\_

The installer warrants that the proposed site is adequate to allow the installation of a private sewage disposal system as per the Illinois Private Sewage Disposal System Code. The installer is responsible for proper and legal installation and the property owner is responsible for any nuisance or health hazards. The Pike County Health Department does not guarantee trouble free operation of the disposal system, only that at this time, it complies with the above mentioned Code.

DRAW TO SCALE THE FOLLOWING:

<p>1. Septic tank location, size, and minimum distances to the following:</p> <p>a) Building . . . . . 5 ft</p> <p>b) Seepage field . . . . . 5 ft</p> <p>c) Wells . . . . . 50 ft</p> <p>d) Waterlines          Pressured line . . . . . 10 ft          Suctioned line . . . . . 50 ft</p> <p>e) Lake, stream, other body of water, or in-ground swimming pool . . . . . 25 ft</p>	<p>2. Subsurface filed location, dimensions, and minimum distances to the following:</p> <p>a) Building . . . . . 10 ft</p> <p>b) Wells . . . . . 75 ft</p> <p>c) Water lines          Pressured line . . . . . 25 ft          Suctioned line . . . . . 75 ft</p> <p>d) Artificial drain . . . . . 10 ft</p> <p>e) property line . . . . . 5 ft</p> <p>f) Lake, stream, other body of water, or in-ground swimming pool . . . . . 25 ft</p>	<p>3. Lot size</p> <p>4. Location of buildings</p> <p>5. Areas of ponding or pooling</p> <p>6. Utilities labeled</p> <p>7. Location of percolation tests</p> <p>8. Site Evaluation</p>
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**FOR SANITARIAN ONLY:**

<p><input type="checkbox"/> 1. Directions correctly identified</p> <p><input type="checkbox"/> 2. Percolation holes located</p> <p><input type="checkbox"/> 3. Tile field measures properly located</p>	<p><input type="checkbox"/> 4. Basement drain to sump</p> <p><input type="checkbox"/> 5. Well located</p> <p><input type="checkbox"/> 6. Water line located</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>
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Comments: \_\_\_\_\_

\_\_\_\_\_

Date : \_\_\_\_\_

Sanitarian's Signature: \_\_\_\_\_