

Eldorado
 Phone: (618) 273-3326
 Fax: (618) 273-2808
 Carmi
 Phone: (618) 382-7311
 Fax: (618) 382-7552
 Ridgway
 Phone: (618) 272-4691
 Fax: (618) 272-5751
 Shawneetown
 Phone: (618) 269-3454
 FAX: (618) 269-3825

EGYPTIAN HEALTH DEPARTMENT

Serving
Gallatin + Saline + White Counties

Permit Number _____
Final Date _____
Inspector _____
Supervisor _____
For Official Use Only

Private Sewage Disposal System Application For Installation

Owner/Applicant _____ Telephone No. _____

Address _____ City _____

Email Address _____

Contractor _____ License No. _____

Directions To Site _____

Type of Building: Residence Restaurant Church Business Other

Bedrooms _____ Employees _____ Daily Flow _____ Garbage Disposal _____

Water Supply: Municipal Private Non-Community Other

SOIL ANALYSIS

Soil Classifier or Licensed Professional Engineer
 Name: _____
 Lic # _____ Phone # _____
 Depth of Limiting Layer: _____
 Soil Type: _____
 Soil Analysis Report Attached

SEPTIC TANK

Manufacturer _____ Size _____ IL# _____
 New or Renovated System _____

OXIDATION POND/BURIED SAND FILTER

Length _____ Width _____ Depth _____
 Will Effluent Leave the Property _____

AEROBIC UNIT

Manufacturer _____
 Model _____ Size _____ gpd
 New or Renovated System _____
 Will Effluent Leave the Property _____
 Chlorine Contact Chamber Size _____ Gallons

SEEPAGE FIELD

Circle One: Chamber Gravel Gravelless
 Chamber Brand _____ Size _____
 Seepage Field Size _____ Square Ft/Linear Ft

DRIP IRRIGATION

Design Flow: _____ Gallons Per Day
 Linear Feet of Emitter Pipe: _____

EFFLUENT REDUCTION

Circle One: Chamber Gravel Gravelless
 Chamber Brand _____ Size _____
 Seepage Field Size _____ Square Ft/Linear Ft

LOW PRESSURE PIPING

Design Flow: _____ Gallons Per Day
 Size: _____ ft² _____ Linear ft.

DRAWING OF INSTALLATION REQUIRED

Indicate North

(Include Elevations & Utilities)

LOT: WIDTH _____ LENGTH _____

ACREAGE _____ GPS _____



NOTICE: The Egyptian Health Department does not guarantee trouble-free operation of this sewage system by the issuance of a permit or inspection. The property owner assumes full responsibility for maintenance and any nuisance or health hazard that might result from its use.

The following minimum requirements needed on application and sketch for a proposed installation.

- Location of System
- Location of Soil Test (if required)
- Site or Ground Surface Elevations
- Lot Dimension
- Material (including pipe)
- Geothermal Well
- Water Supply / Lines with Distance to System
- Distance from Discharge to Property Line
- Water Softener, Hot Tub, Swimming Pool

Signature acknowledges that the property owner/homeowner is aware of and assumes responsibility for:

- 1: Proper upkeep and service of this private sewage disposal system in accordance with the Private Sewage Disposal Licensing Act (225 ILCS 225) and Section 905.20 q) of the Code (77 Ill Adm. Code 905).
- 2: Compliance with all USEPA & IEPA permits required for this system and compliance with all requirements of said permits as outlined in Section 905.115 of the Code.

Signature Of Homeowner _____ Date _____

It shall be the responsibility of the Illinois Private Sewage Disposal Contractor or the home owner who installs his own system, to notify the Health Department at least **48** hours prior to beginning construction on the system.

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

Signature Of Contractor _____ Date _____

Application Approved By _____ Date _____

This permit is valid for six (6) months from the date of approval.