

Montgomery County Health Department

11191 IL. Rte. 185

Hillsboro, IL 62049

217-532-2001

Permit # _____

\$50 Application Fee _____

Date of Issue _____

Date of Pre-Eval _____

Application For Sewage Disposal Permit

Important Notice: The Montgomery County Health Department does not guarantee trouble-free operation of this sewage treatment and disposal system by the issuance of a permit or final approval of installation. The property owner assumes all responsibility for any nuisance or health issue that might result from its use.

Location of Installation: _____ Township: _____

Owner: _____ Telephone: _____

Mailing Address: _____ City: _____ Zip: _____

Proposed Address: _____ City: _____ Zip: _____

Building use: Residence Business Type of Business: _____

No. of employees, seating capacity, meals per day, or other necessary info _____ _____	Family Units _____ Bathrooms _____ Bedrooms _____ Number of People _____ Garbage Disposal _____	Toilets _____ Urinals _____ Sinks _____ Showers _____ Maximum Cap. _____
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WATER SUPPLY

Private Well _____
Public Water _____

Type _____
Depth _____

WELL INFORMATION

SEPTIC TANK

Capacity _____
Aerobic Unit or _____
Tank Manufacturer _____
Nearest Well _____

SEEPAGE FIELD

Total Length _____
Trench Width _____
Seepage Area _____
Nearest Well _____

SURFACE DISCHARGE

Distance to Lot Line _____
Nearest Well _____
Rock Outlet _____
Chlorine Treated _____

Soil Classifier: _____

Date Completed: _____

CONSTRUCTION MATERIALS

DISTANCES

Building to Tank _____

Tank to Seepage Field _____

Seepage Field _____

Seepage Field to Chlorine Tank _____

Chlorine Tank/Final Treatment to Surface Discharge _____

Sketch Of System, North, Buildings, Water Line, Wells, Roads, Property Lines, Slope etc.....

N

Lot / Area / Acreage: _____ Width: _____ Length: _____

It is understood that the applicant assumes responsibility in obtaining the inspection and final approval of the Montgomery County Health Department on all portions of this sewage disposal installation prior to covering any portion of the system.

To request an inspection call 217-532-2001 two working days prior to beginning of installation.

Installer: _____ License #: _____ expiration date: _____

Address: _____ Phone: _____

I HEREBY CERTIFY that to the best of my knowledge, the preceding information is correct. In addition, the sewage disposal system will be installed as outlined in this permit application in conformance with the Private Sewage Disposal Licensing Act and Code of the State of Illinois, and the Montgomery County Sewage Treatment and Disposal Ordinance.

X _____
Signature of Property Owner Date

X _____
Signature of Licensed Installer Date

A Montgomery County Health Department Permit for the Sewage Treatment or Disposal System to Serve the Property Mentioned above is Hereby Granted. Permit expires ONE YEAR from date of issue.

APPLICATION APPROVED BY: _____ Date: _____

FINAL INSPECTION AND APPROVAL / DISAPPROVAL BY: _____ Date: _____

National Pollutant Discharge Elimination System Disclosure

Please place a check next to the statement which applies to this installation:

_____ I certify that an NPDES permit is required for the installation of a surface discharge. A copy of the NPDES General Permit Notice Of Intent and/or approval notice is provided with this application.

_____ I certify that NPDES permit requirements do not apply because the system to be installed will not have a surface discharge.

_____ I certify that NPDES permit requirements do not apply because the surface discharge effluent will not reach Waters of the United States. I have used criteria which is provided by U.S. E.P.A and retain any and all documents pertaining to this decision. I understand that it is my sole responsibility as the homeowner to make this decision and take full responsibility.

Only if you are sure that your system will not discharge pollutants to a water of the United States or a conveyance that leads to a water of the United States should you forego obtaining a permit for a surface discharging system. If you do not obtain a permit, but actually discharge pollutants, you may be subject to enforcement action by the U.S.E.P.A. under the Clean Water Act.

X _____
Signature of Property Owner Date

Printed Name of Homeowner