

# Mason County Health Department



**Public Health**  
Prevent. Promote. Protect.

1002 East Laurel Avenue. ■ Havana, Illinois 62644 ■ Phone: (309) 210-0110 ■ Fax: (309) 543-2063

## PRIVATE SEWAGE DISPOSAL PERMIT APPLICATION

### INSTRUCTIONS FOR APPLYING FOR A PERMIT:

1. Submit the completed Mason County Health Department Application for Permit to Construct a Private Sewage Disposal System
2. Submit diagram for the proposed location of the private sewage disposal system. Plans should include:
  - a. Lot dimensions and property lines
  - b. Parcel Identification Number from tax bill (i.e. xx-xx-xxx-xxx-xxxx)
  - c. Distances of proposed construction to the building served, property lines, existing wells, neighboring wells, sewer lines, septic tanks or other sources of contamination
  - d. Location of service utilities (i.e. water lines, gas, electric)
  - e. Location of soil borings
3. Submit copy of Soil Investigation results
4. Submit seventy-five (\$75.00) dollar application fee

A permit for construction will not be issued until a completed application and fee have been submitted. Please make checks payable to the Mason County Health Department.

**The Health Department must be notified to schedule a final inspection of the private sewage disposal system construction at least 2 working days before backfilling.**

**NOTE:** The Mason County Health Department inspection will result in a statement as to whether or not the private sewage disposal system meets current Illinois Department of Public Health standards. The Mason County Health Department does not guarantee any system, nor do the inspection or permit result in any general or implied warranty for use of the system.

The Illinois Private Sewage Disposal Code requires that the area that is designated for the sewage disposal system **MUST** be protected prior to and during all phases of the construction process. The area must be secured to deter traffic, to prevent compaction of soil and to prevent removal or addition of soil.

**Mason County Health Department**  
**Application for Permit to Construct a Private Sewage Disposal System**

<b>Owner Info</b>	Name: _____ Phone Number _____ Work/Cell _____ Mailing Address: _____ City: _____ State: _____ Zip: _____
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<b>Contractor Info</b>	Name: _____ Telephone Number _____ IL Lic. #: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____
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<b>Property Info</b>	Property Address: _____ City _____ Zip _____ Sub. & Lot# _____ Township: _____ Range: _____ Section: _____ Parcel ID # _____ Directions To Site: _____ _____
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<b>Site Info</b>	Type of Installation:    ___ New ___ Renovation    Distance to Municipal Sewer _____ ft. Water Supply:    ___ Public    Individual Well:    ___ Existing    ___ Proposed <b>Residential Installation:</b> ___ Single Family    ___ Multi-family    # Bedrooms _____ Garbage Grinder:    ___ Yes    ___ No    Basement Plumbing:    ___ Yes    ___ No Hot Tub: _____ gallons    Discharging to: _____ Water Softener:    ___ gallons    Discharging to: _____ <b>Commercial Installation:</b> Type _____ # of Employees _____ Design Flow _____ gallons/day
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<b>Soil Info</b>	Loading rates (attach report) Boring #1 _____ Boring #2 _____ Boring #3 _____ Boring #4 _____ Depth to seasonal water table: _____ inches    Depth to other Limiting Layer: _____ inches
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<b>Contractor Signature</b>	<p><b>I certify that the attached information for this property is complete and correct and that installation of said facilities will conform with federal, state and/or local laws. I ACCEPT THE RESPONSIBILITY OF NOTIFYING THE HEALTH DEPARTMENT TO MAKE A FINAL INSPECTION OF THE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PRIOR TO BACKFILLING SAID INSTALLATION.</b></p> CONTRACTOR'S SIGNATURE: _____ DATE: _____
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<b>Owner's Signature</b>	<p><b>I certify that the attached information for this property is complete and correct. I also understand that as the property owner I am responsible and accept responsibility for service and maintenance of this sewage disposal system. Records of said maintenance and service must be transferred to next property owner. I must keep all records of maintenance and service for the life of the system.</b></p> OWNER'S SIGNATURE: _____ DATE: _____
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<b>Primary Treatment</b>	Septic Tank(s) Capacity: _____ Gal. IL. I.D. #: _____ Manufacturer _____  Aerobic Treatment Plant Capacity _____gpd Manufacturer _____
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<b>Subsurface Treatment</b>	Subsurface Disposal _____sq. ft. Anticipated Depth of Field _____inches  Gravel System Rock Source _____ Gravel-less System Size _____ Manufacturer _____ Chamber System Size _____ Manufacturer _____ EZ Flow Size _____ Low Pressure Pipe _____ Drip Irrigation _____ Other _____
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<b>At Grade/Above Grade</b>	Illinois raised Filter Beds _____ sq ft Peat Filters _____ Other _____
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<b>Other Components</b>	Pump Chamber _____gpd # of Pumps _____ Number of doses/day _____ Curtain Drain Anticipated Depth _____ Effluent Filter Manufacturer _____ Alarm Location _____ Dedicated Circuit Yes or No Other _____
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<b>Surface Discharge Components</b>	Sand filter Size _____ sq ft Sand Source _____ Chlorine Contact Chamber Size _____gallons Manufacturer _____ Evaopration Bed Size _____ sq ft  Note: You must attach Documentation that no other option is available in order to Discharge.
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<b>Surface Discharges</b>	Discharge Location _____ Distance to property line _____  IS AN NPDES PERMIT REQUIRED ? YES (Attach Copy of Notice of Intent) or NO
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Furnish plans or draw to scale the proposed construction indicating lot size with dimensions showing the system, the type and dimensions of the system to be installed, the type of pipe material, utilities, distances to water lines, water wells (existing and proposed), water wells on neighboring properties, water storage tanks, lot lines, locations of soil borings, site elevations and ground surface elevations sufficient to determine the elevation of system components and the slope of the ground surface, location of any sanitary sewer within 300 feet of the property and any other extraordinary conditions on the lot.

