

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 \$100.00 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

Owner Info	Name: _____ Phone Number: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____
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Contractor Info	Name: _____ Phone Number: _____ IL Lic. #: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Email Address: _____ (permit will be emailed)
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Property Info	Property Address: _____ City _____ Zip _____ Sub. & Lot# _____ Township: _____ Range: _____ Section: _____ Parcel ID # _____ Directions To Site: _____ Is the home/building a new construction? _____ Yes _____ No
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Site Info	Type of Installation: ___ New ___ Renovation Distance to Municipal Sewer _____ ft. Water Supply: ___ Public Individual Well: ___ Existing ___ Proposed								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><u>Residential Installation</u></td> <td style="width: 50%; text-align: center;"><u>Commercial Installation</u></td> </tr> <tr> <td>_____ Single Family ___ Muti-family</td> <td>Establishment Type: _____</td> </tr> <tr> <td>_____ # of Bedrooms</td> <td># of Units (ie employee, toilet): _____</td> </tr> <tr> <td>Garbage Grinder: ___ Yes ___ No</td> <td>Total Design Flow: _____ gallons/day</td> </tr> </table>	<u>Residential Installation</u>	<u>Commercial Installation</u>	_____ Single Family ___ Muti-family	Establishment Type: _____	_____ # of Bedrooms	# of Units (ie employee, toilet): _____	Garbage Grinder: ___ Yes ___ No	Total Design Flow: _____ gallons/day
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_____ Single Family ___ Muti-family	Establishment Type: _____								
_____ # of Bedrooms	# of Units (ie employee, toilet): _____								
Garbage Grinder: ___ Yes ___ No	Total Design Flow: _____ gallons/day								
	Other Discharge: Hot Tub: _____ gallons Discharging to: _____ Water Softener: _____ gallons Discharging to: _____								

Soil Info	Loading rates (attach report) Boring #1 _____ Boring #2 _____ Boring #3 _____ Depth to seasonal water table: _____ inches Depth to other Limiting Layer: _____ inches
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Contractor Signature	<p>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.</p> <p>CONTRACTOR'S SIGNATURE: _____ DATE: _____</p>
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Owner's Signature	<p>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.</p> <p>OWNER'S SIGNATURE: _____ DATE: _____</p>
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Primary Treatment	Septic Tank: Capacity: _____ gal. Manufacturer: _____ IL.ID#: _____ Aerobic Unit: Capacity: _____ gal. Manufacturer: _____
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Subsurface Treatment	Required Disposal Area: _____ ft ² Anticipated Depth of Field: _____ in Chamber: Type/Size: _____ Lineal Feet required: _____ ft Gravel Trench: Gravel Source: _____ Trench Width: _____ ft Lineal Feet Required: _____ ft Gravel Bed: Gravel Source: _____ Bed Square Footage: _____ ft ² Other: _____
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At/Above Grade	Illinois Raised Filter Beds: Filter Bed: _____ ft ² Mantle: _____ ft ² Peat Filters: _____ Other: _____
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Other Components	Pump Chamber: _____ gpd # of Pumps _____ Number of doses/day _____ Curtain Drain: Anticipated Depth _____ Material: _____ Effluent Filter: Manufacturer _____ Alarm: Location _____ Dedicated Circuit Yes or No Distribution Box: ____ Yes ____ No Holding Tank only: ____ Yes (please complete supplemental form) ____ No Other: _____
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Surface Discharge	Sand filter: Size _____ ft ² Sand Source _____ Chlorine Contact Chamber: Size _____ gallons Manufacturer _____ Evaporation Bed: Size _____ ft ² Other: _____
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Surface Discharges	IS AN NPDES PERMIT REQUIRED? __ Yes - Attach required documents from EPA and statement that no other option is feasible. __ No – Discharge Location: _____ Number of Acres: _____ Number of Discharge Points: _____ Distance to Property Line: _____ *Owner is responsible to ensure discharge does not pond or create a nuisance*
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Include a diagram of the proposed construction. **Include the following components in your drawing:** DETAILED system specifics (length of each line etc....) – location of house/building – well and neighboring wells – nearby bodies of water – Soil Borings – water lines – elevation/slope – setback distances – lot lines – any other extraordinary conditions on the lot.

