

SUBMIT 2 COPIES OF PLANS
W/ SOIL REPORT AND THE
COMPLETED APPLICATION



Application Date _____

Permit Fee \$ _____

New _____ Repair _____

PRIVATE SEWAGE DISPOSAL SYSTEM APPLICATION

PERMIT NUMBER

Site Information

Address: _____ City: _____ Zip: _____
 P.I.N. # : _____ Township Name: _____ Section: _____
 Subdivision: _____ Lot #: _____

Owner Information

Contractor Information

Property Owner: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Company Name: _____
 Contractor Name: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____ Fax: _____
 State Lic#: _____ County Lic#: _____

IMPORTANT: The DeKalb County Health Department, does not guarantee trouble-free operation of this sewage treatment system by the issuance of an on-site sewage disposal system permit or final approval of the on-site sewage disposal system installation. Additional review may and can result in the permit being suspended or revoked. The property owner assumes full responsibility for any nuisance or health hazard that might result for its use.

Proposed Construction
 _____ Single Family Residence
 _____ Multi-Family Residence _____ # of Residences
 _____ Commercial/Government _____ (Type of Use) ↓

Proposed Construction
 (Check all of the following that apply)
 New _____ Tank _____ ATP _____ Field
 Repair Addition of _____ Ft. to field

Residential:
 # of Bedrooms _____
 Garbage Disposal _____

Commercial/Government
 No of Employees _____ Meals Per Day _____
 Seating Capacity _____ Showers _____

Subsurface System

<u>Septic Tank</u>	<u>Seepage Field/Bed</u>
Capacity _____ gal.	Total Length _____ lin ft.
Capacity #2 _____ gal	Trench Width _____ in.
Nearest well _____ ft.	Seepage Bed _____
To building _____ ft.	Seepage Area _____ sq.ft.
To lot line _____ ft.	To Well _____ ft.
To Building _____ ft.	To Lot Line _____ ft.

Mechanical Treatment System

<u>Aerobic Unit</u>	<u>Chlorinator</u>
Type _____	Type _____
Capacity _____	Contact Chamber _____ gal
Aeration _____	Discharge to _____
Nearest Well _____ ft	Nearest bldg _____ ft
Nearest Bldg _____ ft	Lot Line _____ ft
Evaporation Bed _____	

It is clearly understood that the owner assumes full responsibility in obtaining the inspection and final approval of the DeKalb County Health Department on all portions of this sewage disposal system installation prior to covering any portion of the system. In requesting an inspection call the DeKalb County Health Dept office at 815-758-6673 and give the permit number. I hereby certify that, to the best of my knowledge, the preceding information is correct. In addition, the sewage disposal system will be installed strictly as outlined in this permit application in conformance with the DeKalb County Septic Ordinance.

Signature, Sewage System Contractor

Signature Owner

Approved by

Date