

**DOUGLAS COUNTY BUILDING PERMIT
CHECK-OFF LIST**

This check-off list is meant to be a planning tool to assist the property owner in obtaining all the necessary permits prior to construction.

Owner's Name _____

Mailing Address _____

Proposed New Address _____

Legal Description Sec. _____ T _____ R _____

Telephone _____

_____ New Building _____ Remodel/Addition

_____ Private Sewage _____ Public Sewage

_____ Private Well _____ City Water

The Douglas County Health Department, 1250 E US HWY 36, Tuscola, IL 61953 (217-253-4137) should receive the following information and applications.

_____ Soil Evaluation Received

(A soil evaluation is required of anyone installing a septic system as stated in the Douglas County Private Sewage Disposal System Ordinance.)

Soil Evaluator _____

Date of Evaluation _____

Date received by Health Department _____

(Please attach the soil evaluation if it is available and the health department is not in possession of it.)

_____ Septic Permit Application Received

(Illinois Private Sewage Disposal Licensing Act and Code)

_____ Water Well Permit Application Received

(Illinois Water Well and Pump Installation Codes)

The Douglas County Supervisor of Assessment Office, Room 103 - Douglas County Court House, Tuscola, IL (217-253-3031) should receive the following:

_____ Building Permit Application Received

Illinois Soil Classifiers – Douglas County

Name	Address	City	E-mail	Phone
Roger Windhorn	P.O. Box 6232	Champaign	Soiltech43@yahoo.com	217-433-5293
Lester J. Bushue	1911 Scottsdale Drive	Champaign	ljbushue@aol.com	217-359-7447
Wiley Scott	411 N Dorchester Dr	Mahomet	jwscts@earthlink.net	217-586-4233
Earl Voss	4009 Farhills Dr.	Champaign	e.voss@insightbb.com	217-352-3089

**Douglas County Health Department
Private Sewage Disposal System
Plan Review Application**

Date: _____

Permit fee \$75.00

Log/Permit No: _____ **Township:** _____
(office use only) (office use only)

1. Owner: _____ Telephone No: _____
Address: _____

2. Contractor: _____ License No: _____ Telephone No: _____
Note: Work not done by homeowner (must own & occupy personal single family residence) must be done by a licensed contractor.

3. Address: _____ **City:** _____

Subdivision and Lot #: _____ **Township name:** _____

Township: _____ **Range:** _____ **Section #** _____ **Quarter:** _____ **Quarter:** _____ **Quarter:** _____

4. Detailed directions to site: Highway No., Secondary roads, signs to follow, etc:

5. Site Information

(check all that apply)

Renovation: _____ New System: _____
Residential Dwelling: _____ Seasonal: Yes _____ No _____ No. Of Residents _____ No of bedrooms _____
Garbage Grinder: Yes _____ No _____ Water Softner: Yes _____ No _____ Hot Tub: #Gallons _____
Non-Residential: _____ #of employees _____
Water Supply: Private Well: _____ Semi-private well: _____ Non-community: _____ Municipal: _____
Percolation Test: Date(s) _____ Conducted by: _____
Hole #1: Depth: _____, _____ min/6", Hole #2: Depth: _____, _____ min/6" Hole #3: Depth _____, _____ min/6"

Average min/6" fall: _____ (Rerun or use highest value if difference is greater than 30 min)

Depth of limiting layer: _____ Soil Type: _____

Soil Scientist Data: Name of Soil Investigator: _____

Attach copy of soil data report to application

6. Proposed Private Sewage Disposal System

- a. Septic Tank Size: _____ Gallons
Illinois No: _____
- b. Subsurface Seepage Field/bedroom: _____ Sq. ft.
Total Subsurface Seepage Field: _____ Sq. ft. _____ Lin. ft _____ Width
- c. Gravel-less Seepage Field 8": _____ Lin. ft 10": _____ Lin. ft.
- d. Chamber System Manufacturer: _____
Sq. ft. per Lin. ft: _____ Total Lin. ft: _____
- e. Seepage Bed: _____ Sq. ft.
- f. Waste Stabilization Pond: _____ Length _____ Width _____ Depth
- g. Buried Sand Filter/Recirculating Sand Filter: _____ Sq. ft. _____ Width _____ Length
distribution lines: _____ # of collection lines: _____
- h. Wisconsin Mound Basal Area: _____ Sq. ft.
- i. Chlorination Tank: _____ Gallons
- j. Aerobic Treatment Plant: _____ Manufacturer & Model: _____
Treatment Capacity: _____ Gallons per day
- k. location of audio and visual alarms: _____
- l. Effluent discharge to: _____
- m. lift station: _____ pump chamber size: _____

Other: _____

**Private Sewage Disposal System
Plan Review Application
Page 2**

Lot Diagram and Sewage System Plan:

Furnish plans or draw to scale the proposed construction indicating lot size with dimension showing the system, type of system to be constructed the dimensions of the system to be installed showing type of material, utilities, distance to water lines, water wells (including wells on neighboring property if they are near the property line), potable water storage tanks, buildings, lot lines, location of percolation holes, site elevations & ground surface elevations sufficient to determine the elevation of system components & the slope of the ground surface, location of sanitary sewer, if available, within 200 feet of the property, depth of limiting layer and any other extraordinary conditions on the lot.

Checklist

- Lot Size _____
- System Dim. _____
- Materials Labeled _____
- Utilities Shown _____
- Location of Perc. Test _____
- Water Supply Shown _____
- Required Distances Labeled _____
- Depth of Limiting Layer _____
(i.e., seasonal high water table,
rock formation)

Distances:

- Well to _____
- Tank: _____
- Seepage field: _____
- Sand Filter: _____
- Effluent Discharge: _____
- Waterline to _____
tank: _____
- Seepage field: _____
- Sand filter _____
- Effluent discharge: _____

Elevations of the System Components:

- Benchmark & Elevation: _____
- Elevation to Invert of Building Drain: _____
- Elevation to Invert of Tank Inlet: _____
- Elevation of Ground Surface over Tank: _____
- Lowest Elevation of Ground Surface over Field: _____
- Highest Elevation of Ground Surface over Field: _____
- Length of Building Sewer (House to Tank): _____
- Extraordinary Condition Shown: _____

N
+ 1"= _____

Important: The Douglas County Health Department does not guarantee trouble free operation of this sewage treatment and disposal system by the issuance of this permit or final approval of the system installation. The contractor is responsible for installation in compliance with the Illinois State Private Sewage Disposal Licensing Act and Code and the Douglas County Private Sewage Disposal Ordinance. The property owner assumes full responsibility for any nuisance or health hazard that might result from its use.

I as Contractor agree to notify the Douglas County Health Department 48 hours before any construction work is to begin and I further agree that I will call for final inspection and approval of this system before covering. I hereby agree 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 in conformance with the Douglas County Sewage Disposal Ordinance.

Signature of contractor _____ Date _____
Application Approval:
Approved: ___ Yes ___ No
By: _____
Date: _____
Fee: \$ _____ Check # _____ Cash _____

Signature of Homeowner _____ Date _____
Construction Approval
Approved: ___ Yes ___ No
By: _____
Date: _____



APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL

DO NOT SEND CASH

PERMIT FEE: \$ _____

Local Health Department _____ Address _____ City/State/Zip Code _____ Phone Number _____ Fax Number _____	FOR OFFICIAL USE ONLY TYPE OR PLACE LABEL WITH NEEDED INFORMATION
--	---

If this box is checked, the permitting authority plans to complete a comprehensive inspection and shall be notified of any scheduling changes.

Owner _____	Owner Phone Number _____
Mailing Address _____	Owner Fax Number _____
City _____ State _____ Zip Code _____	

Well Site: Property Address _____ Township Name _____

City _____ Zip Code _____ County Property Identification # _____

County _____ Subdivision _____ Lot # _____

Township _____ Range _____ Section _____ 1/4 of the _____ 1/4 of the _____ 1/4

Directions to the Site _____

WATER WELL INFORMATION

Permit To: Construct Deepen Repair Seal **well type:** Dug Driven Bored Drilled

for a: A. Private Well B. Semi-Private Well C. Non-Community Well D. Non-Potable Well

use: Residential Commercial Livestock Irrigation Other _____

Complete if B or C checked: Number of people served _____ Type of facility _____

(If C is checked, an application For Permit to Construct, Alter or Extend a Non-Community Public Water Supply must be submitted.)

Check if anticipated pumping capacity is greater than 100,000 gallons per day.

WELL CONSTRUCTION OR ABANDONMENT INFORMATION

1. If well log is available, attach the log to this form.
2. If well log is not available, well must be sealed from bottom to top.

Borehole: Size (in/ft) _____ depth (ft) _____ Size (in/ft) _____ depth (ft) _____

Aquifer: Sand & Gravel Limestone Sandstone Other _____

Casing: Type _____ Size (in/ft) _____ Estimated Amount (ft) _____

Liner: Type _____ Size (in/ft) _____ Estimated Amount (ft) _____

Top of Liner (ft) _____ Type Seal _____ Bottom of Liner (ft) _____ Type Seal _____

Existing water well on property? Yes No Will it be used? Yes No Is it to Code? Yes No

Existing well to be sealed: Well in building Well in pit Pit retained Pit eliminated by: Contractor Owner

Is well free of obstruction? Yes No If No, at what depth is obstruction? _____ ft

FOR OFFICIAL USE ONLY	Construction Permit Number _____ / _____ / _____ FIPS Code Number Year
Approved by _____ Date _____	Sealing Permit Number _____ / _____ / _____ FIPS Code Number Year



APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL

ATTACH A SHEET WITH DIAGRAM OF WELL SITE SHOWING DIMENSIONS

Furnish septic system plot or draw the proposed construction site with dimensions showing the water well, direction of slope, distances to buildings and property lines, sewer lines, all septic system components including septic tanks and seepage fields, and other sources of contamination, e.g., abandoned wells, storm water dry wells and underground storage tanks. Indicate distance to community water supply, if available. If there is an existing well on the property, indicate location and status.

WATER WELL PUMP INFORMATION

Pump Type _____ Capacity _____ gpm Storage/Pump Cycle _____ gallons

WORK SCHEDULE*

Estimated scheduled date to start work on water well (MM/DD/YR): _____

***NOTE:**

Illinois Water Well Construction Code, Section 920.130 g) Notification. Any person who contracts or deepens a water well for which a permit has been issued under this Part, shall notify the Department, or approved local health department, or approved unit of local government by telephone or in writing at least two days prior to commencement of the work.

LICENSED CONTRACTOR CERTIFICATION

I certify that the attached information is complete and correct and that the work will conform to the current Illinois Water Well Construction Code and to the current Illinois Water Well Pump Installation Code.

Licensed Water Well Contractor

Print Name of Licensed Water Well Contractor		License Number
Address		City, State, Zip Code
Office Phone Number	Fax Number	Cell Phone Number
Signature Licensed Water Well Contractor / Property Owner		Date

Licensed Water Well Pump Installation Contractor

Print Name of Licensed Water Well Pump Installation Contractor		License Number
Address		City, State, Zip Code
Office Phone Number	Fax Number	Cell Phone Number
Signature Licensed Water Well Pump Installation Contractor / Property Owner		Date

COPIES

THREE COPIES ARE RETURNED TO THE LOCAL HEALTH DEPARTMENT WHERE THE PERMIT IS ISSUED

- One copy is retained by the health department where the permit is issued
- One copy of the approved application is sent to Illinois State Water Survey
- One copy is sent to the water well contractor

IMPORTANT NOTICE

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of the information is mandatory. This form has been approved by the Forms Management Center