



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

**Bond County Health Department**  
1520 South Fourth Street • Greenville, IL 62246  
Phone (618) 664-1442 • Fax (618) 664-1744

**Application for Private Sewage Disposal System Construction Permit – 3 pages**

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Address where system will be installed: \_\_\_\_\_

Acreage: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Building Use: Full-time Residence \_\_\_\_\_ Part-time Residence \_\_\_\_\_ Other use \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

Garbage Grinder: Yes \_\_\_\_\_ No \_\_\_\_\_ Basement Plumbing: Yes \_\_\_\_\_ No \_\_\_\_\_

Water Softener: Yes \_\_\_\_\_ No \_\_\_\_\_ Hot Tub: Yes \_\_\_\_\_ No \_\_\_\_\_

Water Supply: Private Well \_\_\_\_\_ Public Water Line \_\_\_\_\_ Other \_\_\_\_\_

We are aware of the requirements for maintaining the proposed private sewage disposal system, and we accept the responsibility of servicing and maintaining the system.

\_\_\_\_\_  
Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\$75.00** permit fee – Make check payable to Bond County Health Department

Installer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ License Number: \_\_\_\_\_

---

(A soil classifier must determine that the soil characteristics are suitable for a subsurface seepage system before we issue a permit for a septic tank with laterals. A percolation test is not sufficient.)

---

**Proposed Private Sewage Disposal System:**

Septic Tank Size \_\_\_\_\_ gallons

Subsurface Seepage Field:

- Gravel System: Length \_\_\_\_\_ Width \_\_\_\_\_
- Gravelless System: 8" Lineal Feet \_\_\_\_\_  
10" Lineal Feet \_\_\_\_\_
- Chamber System: Lineal Feet \_\_\_\_\_  
Manufacturer \_\_\_\_\_

Buried Sand Filter: Width \_\_\_\_\_ Length \_\_\_\_\_  
Chlorination Tank \_\_\_\_\_ Gallons

Other \_\_\_\_\_

Aerobic Treatment Unit:

Manufacturer \_\_\_\_\_

Gallons per Day \_\_\_\_\_

Location of Audio/Visual Alarms \_\_\_\_\_

Effluent Discharge to: \_\_\_\_\_

Effluent Reduction Measures: \_\_\_\_\_

Chlorination Tank \_\_\_\_\_ Gallons

Other \_\_\_\_\_



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

Furnish plans or drawing to scale indicating lot size and dimensions. Show location of the system, type of system to be constructed. Include buildings, water lines, water wells, lot lines. Include distances from system to building, water line, well, property line, body of water. Show slope of property.

**CHECK LIST**

- Lot Size \_\_\_\_\_
- System Dimensions \_\_\_\_\_
- Materials Labeled \_\_\_\_\_
- Utilities Shown \_\_\_\_\_
- Water Supply Shown \_\_\_\_\_
- Required Distances Labeled \_\_\_\_\_
- Extraordinary Conditions Shown \_\_\_\_\_



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

My signature on page one of this application certifies that:

- A. I am aware of and assume responsibility for: proper upkeep and service of this private sewage disposal system in accordance with the Private Sewage Disposal Licensing Act (225 ILCS 225) and Section 905.20Q) of the Code (77 Illinois Adm. Code 905) and compliance with any USEPA and IEPA permits required for this system and compliance with all the requirements of said permits outlined in Section 905.115 of the Code.
- B. I am aware of the requirements of the NPDES permit program and am familiar with the definition of “Waters of the United States”.
- C. I have made the determination that the discharge of this system:
  - WILL enter “Waters of the United States”
  - WILL NOT enter “Waters of the United States”

If the discharge of this system WILL enter the “Waters of the United States”, I also certify that I have obtained from the USEPA coverage for this system under NPDES Permit No. ILG62.

Owners Initial's: \_\_\_\_\_