

1. Name, current mailing address, city, zip code and telephone number of property owners.
2. Current mailing address city, state, zip code, telephone number and license number if application of individual installing the private sewage disposal system.
- 3. Sewage Disposal System site: Indicate the property's 911 address, city, TOWNSHIP, zip.** Also, give directions to the site as indicated on the publication.
4. Installation Type: Please indicate if the system is a new installation or a repair of an existing system.
6. Subsurface seepage fields shall be sized based on the estimated (Section 905.Appendix A, Illustration A of the Illinois Private Sewage Disposal Code), or the actual (from water meter readings) sewage flow from the business and the permeability of the soil. Soil permeability shall be determined by a soil investigation conducted by a licensed soil classifier. Application rates shall be determined by using the chart on the reverse side.
7. Sizing of septic tanks shall be based on Section 905.40 c) 2) of the Illinois Private Sewage Disposal Code.
8. Entirely complete plot plan with all the information requested. If an under-drain is proposed to lower the seasonal high water table, it would be located on this drawing.

## COMMERCIAL SEWAGE DISPOSAL SYSTEM

**COMMERCIAL:  
Soil Suitability for On-Site Sewage Design**

Soil Group (Most Limiting Layer)	Minimum Separation To Limiting Layer (1)	Institutional/Commercial Allowable Application Rate (GPD/ft <sup>2</sup> )
2A; 2B; 2K	3 feet	1.0
3B, 3K	3 feet	0.91
3A; 3C; 3L; 4B; 4K	3 feet	0.84
4A; 4C; 4D; 4L; 4M; 5B; 5D	3 feet	0.75
5C; 5E; 5K; 6F	3 feet	0.69
5A; 5H; 6D	2 feet	0.62
4N, 5I, 5L; 6A; 6E; 6G; 6K	2 feet	0.52
5J; 5M; 6C; 6H 6L; 7A; 7D; 7F	2 feet	0.45
6I; 7E; 7G; 8A	2 feet	0.40
5N; 6J; 6M; 7I; 7K	2 feet	0.27
7J; 7L; 8I	2 feet	0.20
<p><b>NOTE:</b></p> <p>(1) Limiting layers include fragipans; bedrock; compact glacial tills; seasonal high water table or other soil profile features that will materially affect the absorption of liquid from the disposal field.</p>		

# MACON COUNTY HEALTH DEPARTMENT

Environmental Health Office PH: 217-423-6988 FAX: 423-0992  
1221 E. Condit Street, Decatur, IL 62521-1405

**PERMIT FEE: \$150.00**

Check #: \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_ Initials \_\_\_\_\_

(Office Use Only)

## APPLICATION FOR PERMIT TO CONSTRUCT A COMMERCIAL SEWAGE DISPOSAL SYSTEM

Property Owner & Current Mailing Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contractor's License #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Sewage Disposal System Site:** TOWNSHIP NAME: \_\_\_\_\_ **Circle One:** NEW or REPAIR

911 ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

Directions to Site: (Highway Number, Secondary Roads, Signs to Follow, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**DETERMINING DAILY FLOW:** The method used to determine daily flow is (please check appropriate box):

A:  Estimated (Indicate formula to determine daily flow) \_\_\_\_\_

B:  Actual (From) \_\_\_\_\_ the average daily flow is \_\_\_\_\_ GPD.

### SYSTEM TYPE:

A.  Subsurface seepage field (**Soil investigation report must be submitted with the application.**)

Gravel \_\_\_\_\_ Trench Width  Chamber (Model) \_\_\_\_\_  Graveless

Septic Tank size to be installed: \_\_\_\_\_

Gallons Per Day \_\_\_\_\_ divided by Application Rate \_\_\_\_\_ = Sq. Ft. Required \_\_\_\_\_

**LINEAR FEET REQUIRED:** \_\_\_\_\_

B.  Sand Filter: GPD \_\_\_\_\_ X 1 Sq. Ft./Gallon = Total Sq. Ft. Required \_\_\_\_\_

Effluent Discharge: \_\_\_\_\_ Septic Tank Size to be Installed: \_\_\_\_\_

C.  Aeration: Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Rated Capacity: \_\_\_\_\_

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

**NOTE:** Aeration systems approved for commercial use must be followed by a buried sand filter with a surface area equal to 2 gallons per square foot per day.

I certify that the submitted information is complete and that the work will conform to the current Illinois Private Sewage Disposal Licensing Act and Code and the Macon County Private Sewage Disposal System Ordinance.

Installer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Office Use Only)  
Mail CC to:

Owner: \_\_\_\_\_

Contractor: \_\_\_\_\_

(Office Use Only)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**PLOT PLAN OF SEWAGE DISPOSAL SYSTEM**

<u>SITE ADDRESS:</u>	<u>PERMIT#</u>

INDICATE THE FOLLOWING:

1. Lot Size
2. Septic Tank Location, Size and Minimum Distances Required to the following:
  - a. Building . . . . . 5'
  - b. Seepage Field . . . . . 5'
  - c. Wells . . . . . 50'
  - d. Water Lines:
    - Pressure water line . . . . . 10'
    - Suction water line . . . . . 50'
  - e. Lake, Stream, Other Body of Water or in-ground swimming pool . . . . . 25'
3. Subsurface Field Location  
Dimensions and Minimum Distances Required to the following:

- a. Building . . . . . 10'
  - b. Wells . . . . . 75'
  - c. Water Lines:
    - Pressure water line . . . . . 25'
    - Suction water line . . . . . 75'
  - d. Artificial Drain . . . . . 10'
  - e. Property Line . . . . . 5'
  - f. Lake, Stream, Other Body of Water or In-ground Swimming Pool . . . . . 25'
4. Site Slope (please indicate approximate size and direction of slopes.)



FOR SANITARIAN ONLY:

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