



# Southern Seven Health Department

Administrative Office

37 Rustic Campus Drive

Ullin, IL 62992-2226

Phone: (618) 634-2297

TDD: (800) 526-0844

Fax: (618) 634-9394

[www.southern7.org](http://www.southern7.org)

## MEMORANDUM

TO: Contractor/ Homeowner

RE: Private Sewage System Installation Application Packet  
Procedures for Septic System Installation and Repairs

Please submit all completed forms in the attached application packet and a \$150.00 fee made payable to Southern Seven Health Department.

A request for variance from the Southern Seven Health Department is required at the time the application packet is submitted if:

- a. The requirements of the Private Sewage Disposal Licensing Act and Code cannot be met; **OR**
- b. The lot is less than one (1) acre in size.

Your application packet must be approved by the Southern Seven Health Department **BEFORE** construction begins on a new installation or repair of an existing system. Your approved permit will be issued upon final inspection.

Two inspections may be required:

1. Initial inspection (if circumstances warrant); **AND**
2. Final inspection of the installation or repair of existing system is **REQUIRED** prior to back filling.

## A FULL 48 HOURS NOTICE IS REQUIRED FOR FINAL SEPTIC SYSTEM INSPECTIONS

If you have any questions, please contact Southern Seven Health Department Environmental Health Division at 618-634-2297 ext. 110.



Southern Seven Health Department is an Equal Opportunity Employer and Provider, complies with applicable Federal civil rights laws, and does not discriminate on the basis of race, color, national origin, age, disability, or sex





Southern Seven Health Department
APPLICATION FOR A PERMIT TO CONSTRUCT, INSTALL OR
REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

Owner Information

Property Owner: Phone Number:
Property Address: County:
Mailing Address: Date:

Contractor Information

Contractor: Phone Number:
State of Illinois Private Sewage System Installation License Number:

Site Information

Renovation New System County Building Permit Number:
Detailed Directions to Site:

Number of Acres: Size of Lot: X
Name of Subdivision:
Residential: Number of Bedrooms: Business: Other:
Number of People or Employees: Garbage Grinder Water Softener
Water Supply: Private Public Other:
Perk Test for Oxidation Pond Test Results:
Soil Site Evaluation: Yes No Conducted By:

Proposed Type of Sewage System to be Installed

Design Flow: GPD per bedroom Septic Tank Size: gallons Concrete Fiberglass
Illinois Number: Will Use Existing Tank Replace Septic Tank Only
Subsurface Seepage Field Chamber Total Square Foot: Total Linear Feet:
Square Foot Required per Bedroom: Total Square Foot: Total Linear Feet:
Waste Stabilization Pond Length: Width: Depth:
Total Square Feet to be Installed: Rectangular Oval
Buried Sand Square Feet Length: Width:
Filter:
Aerobic Treatment Plant: Model Number: GPD:
Alarm Location: Effluent Discharge To:
Receiving Trenches: Square Feet
Chlorination Unit: Gallons In-Line
Holding Tank:
Other Type of System:

Comments:



## Southern Seven Health Department DRAWING OF PROPOSED PRIVATE SEWAGE DISPOSAL SYSTEM

Drawing of Proposed System: Drawing must be as close to scale as possible and must include lot size and/or property lines; water well and or water supply lines; ponds; slope of ground; type and location of system to be installed; buildings; roads; utilities; location of percolation holes; roads; distances from the septic system to the water well and/or supply lines; structures; ponds; etc.

Indicate direction  
North with an arrow.

Is the private sewage disposal system installed according to the application?  Yes  No  
 If no, please explain changes and draw with the revisions. \_\_\_\_\_

**Elevations**

House: \_\_\_\_\_

Aeration Unit Entrance: _____	and Exit: _____	Chlorination Unit: _____	Surface Discharge: _____
Lagoon Entrance: _____	and Exit: _____	Chlorination Unit: _____	Surface Discharge: _____
Sandfilter Entrance: _____	and Exit: _____	Chlorination Unit: _____	Surface Discharge: _____
Septic Tank Entrance: _____	and Exit: _____	Receiving Trench: _____	

I certify that the information provided is complete and correct and all work will conform to the Current Private Sewage Disposal Licensing Act and Code.

Homeowner	Date	Contractor	Date
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**Location of System**

Township	Range	Section	¼ Section	Permit No.	Expiration
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## Southern Seven Health Department

### PROCEDURES FOR OBTAINING A PERMIT TO INSTALL A PRIVATE SEWAGE SYSTEM

Alexander;  Hardin;  Johnson;  Massac;  Pope;  Pulaski; or  Union County, IL.

**Please read all instructions carefully to prevent a delay in obtaining your permit.**

The permit shall in no way be construed as a contract between the permit holder and the contractor to perform the work which is the subject of the permit. The permit shall only authorize the permit holder and the contractor to perform and complete the work in accordance with applicable health and safety laws.

1. Only the homeowner or a **State of Illinois Private Sewage System Installation Contractor** may apply for a permit and construct, alter or extend a private sewage disposal system.
2. A **\$150.00** fee shall be paid to Southern Seven Health Department (S7HD) prior to any construction work.
3. The homeowner or contractor must complete the application in entirety and submit drawing on (back) page of the application including all items on the check-off list. Signatures of **both** the homeowner and contractor are required.

**NOTE:** If a Geothermal well, water softener, swimming pool or hot tub will be installed on site, additional information will be required **BEFORE** a permit is issued.

4. If the property is less than one acre in size, other documents may be required.

**PLEASE NOTE: A permit will not be issued without the foregoing documents / information.**

5. A permit to construct a private sewage disposal system is valid for 6 months after issuance date. An extension of time may be obtained only if it is submitted in writing prior to the expiration date.
6. Southern Seven Health Department is to be **notified 48 hours prior to beginning construction** in order that routine field visits may be made to determine if construction meets current guidelines.

**IMPORTANT:** The Southern Seven 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 sewage installation. The licensed contractor is responsible for, and must be present during installation in compliance with the Illinois Private Sewage Disposal Licensing Act and Code and the County Private Sewage System Disposal Ordinance. As per Section 905.20 of the Illinois Code, the homeowner's signature on the construction permit for any system being installed, repaired or renovated serves as written acknowledgement that the property owner(s) is aware of and accepts the responsibility to service and maintain the sewage system in accordance with the act, and to maintain all maintenance records. The property owner assumes full responsibility for any nuisance or health hazard that might result from system

use. Property owner certified that he/she approves all information on this Application, and acknowledges that it is his/her responsibility to obtain an NPDES permit if required.

I, as the Contractor, agree to notify the Southern Seven Health Department at least **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 County Private Sewage System Disposal Ordinance.

I understand that if I construct or repair a surface discharging system and the waste water enters into Waters of the United States that I am required to obtain an NPDES permit from the US EPA.

- YES, my waste water will enter into the Waters of the United States and requires an NPDES permit.
- NO, my waste water will not enter into the Waters of the United States and does not require an NPDES permit.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
State of Illinois Private Sewage System  
Installation License Number

Approved       Not Approved

\_\_\_\_\_  
Signature of Approving Authority

\_\_\_\_\_  
Date