

SUBMIT 4 COPIES OF
PLANS WITH SOIL
REPORT AND COM-
PLETED APPLIATION

KANE COUNTY HEALTH DEPARTMENT

1750 Grandstand Place, Suite 2 Elgin, IL 60123
PH (630) 444-3040 FAX (847) 888-6458

PERMIT FEE \$ _____ PRIVATE SEWAGE DISPOSAL SYSTEM APPLICATION

PERMIT NUMBER

Owner Information	Contractor Information
Date of Application: _____	Company Name: _____
Property Owner: _____	Contractor Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Phone: _____	Phone: _____ Fax: _____
Fax: _____	State Lic#: _____ County Lic#: _____

Builder Name: _____ Phone # _____ Mail To ? : Owner _____
Builder _____

Builder Address: _____

Subdivision: _____ Lot #: _____ Address: _____

P.I.N. # : _____ Section: _____ Township: _____ Range: _____

Directions: _____

IMPORTANT: The Kane 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.

<p>PROPOSED CONSTRUCTION</p> <p>_____ Single Family Residence</p> <p>_____ Multi-Family Residence</p> <p>_____ Commercial</p> <p>_____ Government</p>	<p>PROPOSED CONSTRUCTION (Check all of the following that apply).</p> <p>_____ New Tank _____ New ATP _____ New Field</p> <p>_____ New Surface Discharge _____ Add. of _____ Ft. to field</p>
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Residential:
of Bedrooms _____
Garbage Disposal _____

Commercial/Government
No of Employees _____
Seating Capacity _____
Meals per day _____

<u>Subsurface System</u>		<u>Mechanical Treatment System</u>	
<u>Septic Tank</u>	<u>Seepage Field/Bed</u>	<u>Aerobic Unit</u>	<u>Chlorinator</u>
Capacity _____ gal.	Total Length _____ lin Ft.	Type _____	Type _____
Capacity #2 _____ gal.	Trench Width _____ in.	Capacity _____	Contact Chamber _____ gal
To nearest well _____ ft.	Seepage Bed _____ X _____	Aeration _____	Discharge to _____
To building _____ ft.	Seepage Area _____ sq.ft.	Nearest Well _____ ft	_____
To lot line _____ ft.	To Well _____ ft.	Nearest Bldg _____ ft	Nearest bldg _____ ft
	To Building _____ ft.	Evaporation Bed _____ X _____	Lot Line _____ ft
	To Lot Line _____ ft		

It is clearly understood that the owner assumes full responsibility in obtaining the inspection and final approval of the Kane 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 Kane County Health Dept office at 630-444-3040 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 Kane County Septic Ordinance.

Signature, Sewage System Contractor

Signature Owner

Approved by

Date

SEPTIC FIELD AREA HAS BEEN STAKED OFF _____ YES _____ NO