

CLINTON COUNTY HEALTH DEPARTMENT

930 a Fairfax Street Carlyle, Illinois 62231

Phone: 618-594-2723

FAX: 618-594-5474

HOMEOWNERS INFORMATION PACKET

\$75.00 PERMIT FEE

1. All private sewage disposal systems, either new installations, remodeling or modified MUST possess a valid construction permit issued from the Clinton County Health Department.

2. General recommended steps to follow to obtain a valid private sewage installation permit:

A. Notify the Clinton County Health Department of your private sewage disposal system intentions. The Health Department can provide the homeowner information regarding private sewage systems, types of systems in your area, and soil conditions. On-site inspections may be requested at no charge, with the sanitarian.

B. A Soil Evaluation must be completed for all subsurface disposal systems. **The majority of Clinton County Soils are unsuitable for subsurface lateral fields.** Check Soils Map before contacting a Soil Scientist for Soil Evaluation.

C. The Soil Evaluation, completed application, and \$75.00 permit fee needs to be submitted to the Clinton County Health Department. Upon satisfactory review a Construction Permit will be issued.

D. Contact the Health Department at least 1 or 2 days prior to construction for an inspection. An onsite inspection is required for compliance with County and State Private Sewage Disposal Act and Code prior to covering.

3. Unless the Homeowner is installing the system, the system must be installed by a State Licensed Private Sewage Disposal Contractor. The Health Department has an attached list of licensed contractors working in Clinton County.

4. Soil Evaluations are necessary to determine the size of the seepage field and depth to the High Water Table. The bottom of lateral fields can not be within 2 - 3 feet of the High Water Table. Attached is a list of Soil Scientists working in Clinton County.

5. Effluent Reduction is required on all surface discharging systems. The ER is based on 150 Square Feet per Bedroom. NO Soil Evaluation is required for surface discharging systems. The ER may be reduced in non-residential areas. Surface discharge point must be at least 25 feet on the owners property.

6. Minimum Distance Allowable (Feet):

	Well	Water Line	Lake/Stream	Building	Property Line
Building Sewer	50	10	25	-	-
Septic/Aeration Tank	50	10	25	5	5
Seepage Field	75	25	25	10	5
Surface Discharge	50	10	25	10	25
ER Trench	75	25	25	10	5

CLINTON COUNTY HEALTH DEPARTMENT  
930A Fairfax, Carlyle, Illinois 62231  
618/594-2723  
PRIVATE SEWAGE DISPOSAL SYSTEM  
PLAN REVIEW APPLICATION

PERMIT FEE \$75.00

New System

Renovation

LOG NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_

1. Owner: \_\_\_\_\_ Current Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ City/ZIP \_\_\_\_\_

2. Contractor: \_\_\_\_\_ License Number \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

3. Location - County \_\_\_\_\_ City \_\_\_\_\_ Street \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

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

5. Site Information: \_\_\_\_\_  
Residential \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_ Garbage Disposal Yes \_\_\_\_\_ No \_\_\_\_\_ Basement Yes \_\_\_\_\_ No \_\_\_\_\_  
Commercial \_\_\_\_\_ No of Employees \_\_\_\_\_ Design Flow \_\_\_\_\_

Soil Evaluation Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Soil Type: \_\_\_\_\_ HWT: \_\_\_\_\_ Loading Rate: \_\_\_\_\_

6. Proposed Private Sewage Disposal System:

a.) Septic Tank Size _____ Gallons, IL. # _____	h.) Waste Stabilization Pond _____ Length _____
b.) Subsurface Seepage Field/Bedroom _____ Sq. Ft.	_____ Width _____
Total Subsurface Seepage Field _____ Sq. Ft.	i.) Wisconsin Mound Basal Area _____ Sq. Ft.
c.) Gravel-Less Seepage Field - L.F. 8" _____ L.F.10" _____	j.) Chlorination Tank _____ Gallons
d.) Seepage Bed _____ Sq. Ft.	k.) Aeration Treatment Plant Manufacturer _____
e.) Seepage Pit _____ Sq. Ft.	_____
f.) Buried Sand/Recirculating Filter _____ Sq. Ft.	l.) Location of Audio & Visual Alarms _____
g.) ERT _____ Sq. Ft.	_____

7. I certify that the attached information is complete and corrected and that, if approved, the work will conform with the current Private Sewage Disposal Licensing Act and Code.

Signature of Applicant (Owner or Contractor) \_\_\_\_\_ Date \_\_\_\_\_

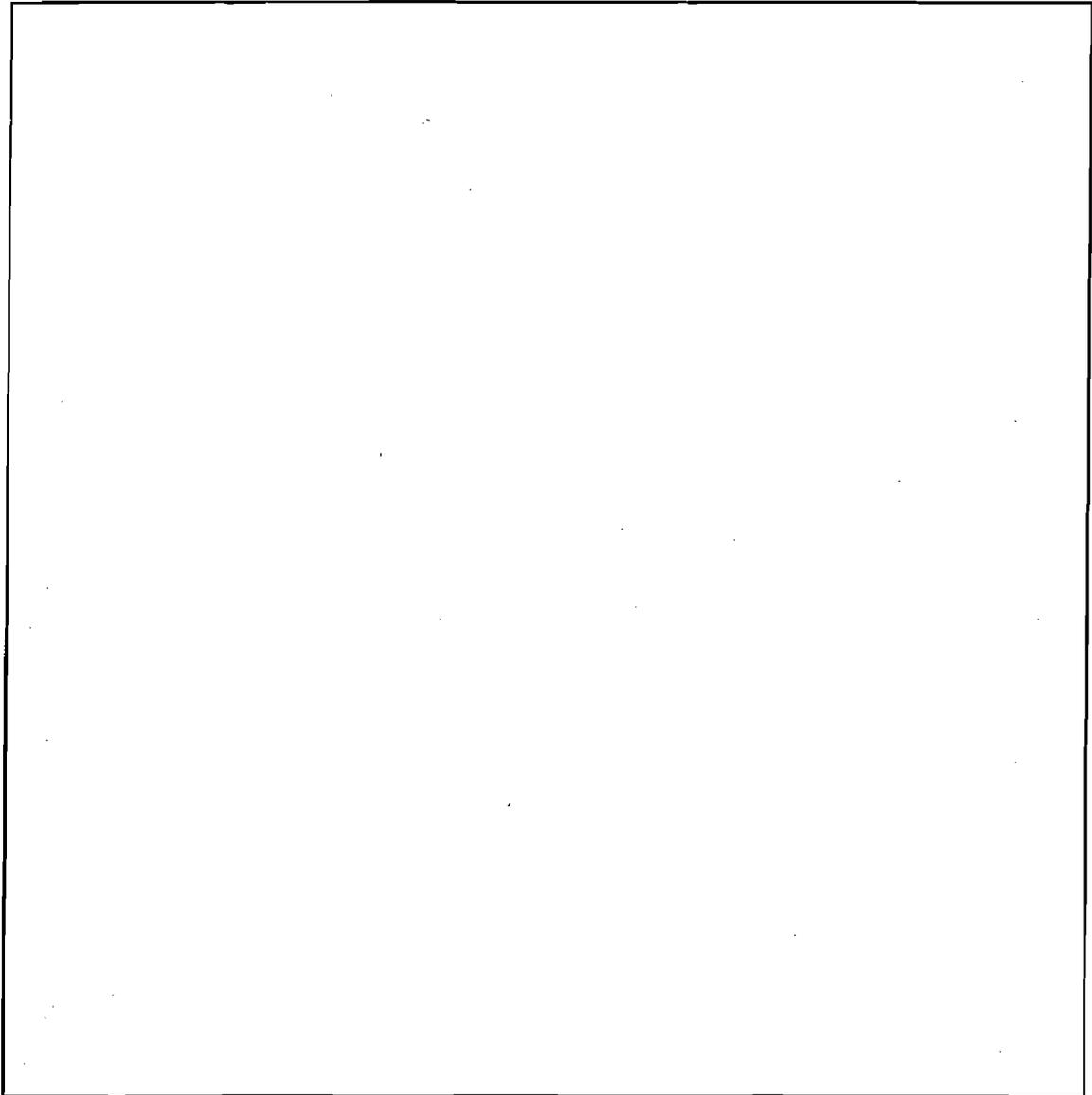
IMPORTANT NOTICE:  
This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 84-670. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

PRIVATE SEWAGE DISPOSAL SYSTEM  
PLAN REVIEW APPLICATION

8. Lot Diagram and Sewage System Plan:

Furnish plans or draw to scale the proposed construction indicating lot size with dimensions showing the system, type of system to be constructed, the dimensions of the system to be installed showing material, utilities, distance to water lines, water wells, portable water storage tanks, buildings, lot lines and typical cross section of the system.

North



1" = \_\_\_\_\_

- CHECKLIST - Check Off
- Lot Size Indicated \_\_\_\_\_
  - System Dimensions \_\_\_\_\_
  - Materials Labeled \_\_\_\_\_
  - Utilities Shown \_\_\_\_\_
  - Soil Evaluation Locations \_\_\_\_\_
  - Water Supply \_\_\_\_\_
  - Required Distance Labeled \_\_\_\_\_
  - Extraordinary Condition Shown \_\_\_\_\_