

SEWAGE PERMIT #: \_\_\_\_\_

Parcel #: \_\_\_\_\_

**EAST SIDE HEALTH DISTRICT**  
**650 NORTH 20TH STREET**  
**EAST ST. LOUIS, IL 62205**

New System  
 Replacement

**PRIVATE SEWAGE DISPOSAL SYSTEM**  
**PLAN REVIEW APPLICATION**

**IMPORTANT: East Side Health District does not guarantee trouble free operation of this sewage treatment system by the issuance of a sewage permit or final approval of the installation. The contractor is responsible for the installation in compliance with the Illinois Private Sewage Disposal Licensing Act and Code. By signing this application the property owner assumes full responsibility for maintenance and record keeping, as outlined in Section 905.20(q) of the Illinois Private Sewage Disposal Licensing Act and Code; and assumes full responsibility for any nuisance or health hazard that might result from the use of the system.**

**PLAN REVIEW INSTRUCTIONS:** All portions of this plan review must be completed before a Construction Approval Form is issued.

**1. OWNER:** (current address)

**2. CONTRACTOR:**

(Must be a licensed PSDS installation contractor by the State of Illinois )

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

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

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

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

\_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

IDPH ID # \_\_\_\_\_

Phone Number: \_\_\_\_\_

**3. Propose to:** Construct/Extend (circle one) a sewage system at this address.

\_\_\_\_\_ which is (circle one)  
single family dwelling / business

**4. Location:** Township \_\_\_\_\_ Section \_\_\_\_\_ Acreage \_\_\_\_\_  
Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**5. Directions to proposed site:**

\_\_\_\_\_  
\_\_\_\_\_

**6. Site Information:** (Check all that apply)

Residential Dwelling \_\_\_\_\_ Business \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_  
Number of Persons/Employees \_\_\_\_\_ Garbage Grinder \_\_\_\_\_ Hot tub \_\_\_\_\_ Water Softener \_\_\_\_\_ Garbage  
Grinder \_\_\_\_\_ Dishwasher \_\_\_\_\_ Basement \_\_\_\_\_ **Water Supply:** Private \_\_\_\_\_ Public \_\_\_\_\_

**7. Soil Evaluation (Attach Soil Evaluation Report to Application)**

**8. Check desired private sewage disposal system:**

\_\_\_\_\_ Septic tank with lateral field

\_\_\_\_\_ Septic tank with buried sand filter

\_\_\_\_\_ Aerobic Treatment System (please complete all questions)

Manufacturer of Aeration Unit: \_\_\_\_\_

Size of Unit \_\_\_\_\_ Chlorination Tank \_\_\_\_\_

Discharges to: \_\_\_\_\_

Does this system discharge into the "Waters of the United States" as defined in the US  
Environmental Protection Agency regulations 40 C.F.R. § 122.2? Y\_\_N\_\_

Other: \_\_\_\_\_

**9. Sketch of Location of Proposed Sewage System:** Sketch location of house, well, and proposed Private Sewage System, along with their respective distances. Do not forget to check the location of your neighbor's well.

The following distances must be observed:

1. The SEPTIC TANK must be at least 5' from the nearest dwelling.
2. The SEPTIC TANK must be at least 5' from the nearest PROPERTY LINE.
3. The DISPOSAL FIELD must be at least 10' from the nearest building.
4. The DISPOSAL FIELD must be at least 75' from the nearest WELL.
5. The SEPTIC TANK must be at least 50' from the nearest WELL.
6. The DISPOSAL FIELD must be at least 10' from the nearest PROPERTY LINE.
7. All wastewater drains MUST be connected to the sewage system, excluding perimeter tile, ground water, gutter drains.

DETAILED SKETCH:

\_\_\_\_\_  
N  
O  
R  
T  
H

\_\_\_\_\_  
Is the ground where the system is to be constructed: sloping\_\_\_\_\_, on a hillside\_\_\_\_\_, flat surface\_\_\_\_\_  
( Check correct area )

Make sure to check the following list ( to be included in diagram ): Lot size\_\_\_\_\_ Water supply shown\_\_\_\_\_  
Utilities Shown\_\_\_\_\_ Distances Labeled\_\_\_\_\_ Lot Slope Indicated\_\_\_\_\_ Location of Soil Tests\_\_\_\_\_  
Extraordinary Conditions\_\_\_\_\_

**10.** Partial list of general requirements for private sewage disposal systems:

- A. 2 bedrooms-min. 750 gal. S.T. 3 bedrooms-min. 1000 gal. S.T. 4 bedrooms-min. 1250 gal. S.T.
- B. If a garbage disposal is used special requirements must be met.
- C. Subsurface lateral lines must be level.
- D. Clean outs are required every 50' from the house to the tank.

**By signing below I certify that the attached information is complete and correct and that, if approved, the work will conform with the current Private Sewage Disposal Licensing Act and Code. I understand that obtaining an NPDES permit from the USEPA is required when discharging to Waters of the US. EPA's regulations at 40 C.F.R. § 122.2 defines Water of the United States.**

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
East Side Health District