



**KENDALL COUNTY HEALTH DEPARTMENT**  
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FOR OFFICE USE ONLY	
SEPTIC PERMIT # _____	_____/____/____
APPROVED BY _____	P _____ D _____ V _____ DATE ____/____/____
PAYMENT RECEIVED \$ _____	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH CHECK# _____
CORRESPONDING WELL PERMIT # _____	

**PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION**

**TYPE OF PERMIT REQUESTED:**

- PRIVATE/INDIVIDUAL NEW INSTALLATION \$300.00       PRIVATE/INDIVIDUAL REPAIR \$75.00       PRIVATE/INDIVIDUAL REPLACEMENT \$200.00  
 (Replacing Tank OR Seepage field)      (Replacing both Tank and Seepage System)

PROJECT ADDRESS \_\_\_\_\_ CITY (INCORP?) \_\_\_\_\_ PIN# \_\_\_\_--\_\_\_\_--\_\_\_\_--  
 TOWNSHIP \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_ UNIT/PHASE \_\_\_\_\_  
**OWNER** \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
 CURRENT MAILING ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_  
**BUILDER/G.C.** \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_  
**DIRECTIONS TO SITE:** \_\_\_\_\_

**STRUCTURE TO BE SERVED:**

PRIVATE RESIDENCE     MULTIFAMILY    # OF BEDROOMS \_\_\_\_\_    GARBAGE DISPOSAL:  YES  NO    HOT TUB:  YES  NO  
 OTHER USE (DESCRIBE) \_\_\_\_\_    EMPLOYEES/DAY: \_\_\_\_\_    EST. GAL/DAY \_\_\_\_\_    # MEALS/DAY \_\_\_\_\_  
 WHERE WILL H<sub>2</sub>O SOFTENER RECHARGE WASTES DRAIN? \_\_\_\_\_    WHERE WILL FOOTING WASTES DRAIN? \_\_\_\_\_  
 WATER SUPPLY:     PRIVATE WELL ON LOT     SHARED WELL     PUBLIC SUPPLY    PROXIMITY TO PUBLIC SEWER: \_\_\_\_\_

**SOIL REPORT INFORMATION:**

DESIGN GROUP: I II III IV V VI VII VIII IX X XI XII    LOADING RATE: \_\_\_\_\_ GPD/FT<sup>2</sup>    DEPTH TO SHALLOWEST LIMITING LAYER: \_\_\_\_\_

**SEPTIC SYSTEM INFORMATION:**

DESCRIBE THE SYSTEM TO BE INSTALLED IN DETAIL (INCLUDING ALL COMPONENT TYPES, MAKES, MODELS)

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

**NOTE: ALL PERTINENT MEASUREMENTS, COMPONENT SPECIFICATIONS, ELEVATIONS, AND OTHER CONSTRUCTION INFORMATION MUST BE PROVIDED ON SCALE DRAWING (RECOMMENDED THAT DRAWINGS BE PROFESSIONALLY ENGINEERED OR DESIGNS BE TRANSPOSED OVER TOPOGRAPHIC SURVEY)**

**OTHER CONSTRUCTION DETAILS:**

SEWER LINE CONSTRUCTION: \_\_\_\_\_    HEADER LINE CONSTRUCTION: \_\_\_\_\_    SEEPAGE FIELD CONSTRUCTION: \_\_\_\_\_  
 DEPTH OF GRAVEL/STONE UNDER SEEPAGE TILE (MIN 6 IN.) \_\_\_\_\_"    DEPTH OF GRAVEL/STONE OVER SEEPAGE TILE (MIN 2 IN.) \_\_\_\_\_  
 IS THE FINISHED GRADE OF THE SEEPAGE AREA TO BE LOWERED?  YES  NO    HOW MANY INCHES? \_\_\_\_\_"  
 IS THE FINISHED GRADE OF THE SEEPAGE AREA TO BE RAISED?  YES  NO    HOW MANY INCHES? \_\_\_\_\_"

**CONTRACTOR INFORMATION:**

SEWAGE DISPOSAL CONTRACTOR: \_\_\_\_\_    LICENSE NUMBER: 049- \_\_\_\_\_  
 ADDRESS/CITY/ZIP: \_\_\_\_\_    PHONE # (\_\_\_\_) \_\_\_\_\_

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE PRECEDING INFORMATION AND RELATED SCALE DIAGRAM ARE CORRECT AND COMPLETE. THE SEWAGE DISPOSAL SYSTEM WILL BE INSTALLED ACCORDING TO CURRENT APPLICABLE CODES AND AS OUTLINED IN THIS APPLICATION.

\_\_\_\_\_  
**SIGNATURE OF SEPTIC SYSTEM INSTALLER**      DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PROPERTY OWNER**      DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

(SCALE DRAWING MAY BE PROVIDED ON REVERSE SIDE OF THIS FORM OR SUBMITTED AS SEPARATE DOCUMENT)

FURNISH LOT PLAT OF SURVEY OR DRAW PROPOSED CONSTRUCTION SITE. INCLUDE LOT DIMENSIONS, SEPTIC SYSTEM, WATER WELL (INCLUDE NEIGHBORING WELLS IF NEARBY), DISTANCES TO BUILDING/PROPERTY LINES, LOCATION OF OTHER EXISTING SEPTIC SYSTEMS/REPAIRED/REPLACED COMPONENTS (IF APPLICABLE). PROVIDE MEASURED TOPOGRAPHY LINES.

**\*\*\*INCOMPLETE APPLICATIONS AND DRAWINGS WILL BE RETURNED\*\*\***