

Montgomery County Health Department
11191 Illinois Route 185
Hillsboro, IL 62049
217-532-2001

Permit # _____
\$50 Application Fee _____
Date of Issue _____
Date of Pre-Evaluation _____

Application For Sewage Disposal Permit

Important Notice: The Montgomery County Health Department does not guarantee trouble-free operation of this sewage disposal system by the issuance of a permit or final approval of installation. The property owner assumes all responsibility for any nuisance or health issue that might result from its use.

Location of Installation _____ Township _____

Owner _____ Telephone _____

Mailing Address _____ City _____ Zip _____

Proposed Address _____ City _____ Zip _____

Building use Residence Business Type of Business _____

No. of employees, seating capacity, meals per day, or other necessary info _____	Family Units _____ Bathrooms _____ Bedrooms _____ Number of People _____ Garbage Disposal _____	Toilets _____ Urinals _____ Sinks _____ Showers _____ Maximum Capacity _____
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WATER SUPPLY

Private Well _____
Public Water _____

WELL INFORMATION

Type _____
Depth _____

SEPTIC TANK

Capacity _____
Aerobic Unit or _____
Tank Manufacturer _____
Nearest Well _____

SEEPAGE FIELD

Total Length _____
Trench Width _____
Seepage Area _____
Nearest Well _____

SURFACE DISCHARGE

Distance to Lot Line _____
Nearest Well _____
Rock Outlet _____
Chlorine Treated _____

Soil Classifier _____ Date Completed _____

CONSTRUCTION MATERIALS

Building Sewer to Tank _____
Tank to Seepage Field _____
Seepage Field/Sandfilter _____
Seepage Field to Chlorine Tank _____
Chlorine Tank/Final Treatment to Surface Discharge _____

Sketch of System: Include North, Buildings, Water Line, Wells, Roads, Property Lines, Slope, ect....

N

Lot/ Area/ Acreage _____ Width of lot _____ Length of lot _____

It is understood that the applicant assumes responsibility in obtaining the inspection and final approval of the Montgomery County Health Department on all portions of this sewage disposal installation prior to covering any portion of the system.

To request an inspection call 217-532-2001 two(2) working days prior to beginning of installation.

Installer _____ License # _____ Expiration Date _____

Address _____ Phone _____

I HEREBY CERTIFY that to the best of my knowledge, the preceding information is correct. In addition, the sewage disposal system will be installed as outlined in this permit application in conformance with the Private Sewage Disposal Licensing Act and Code of the State of Illinois, and the Montgomery County Private Sewage Disposal System Ordinance

X _____ X _____
Signature of Property Owner Date Signature of Licensed Installer Date

A Montgomery County Health Department Permit for the Sewage Disposal System to serve the property mentioned above is hereby granted. Permit expires ONE YEAR from date of issue.

APPLICATION APPROVED BY _____ DATE _____

FINAL INSPECTION AND APPROVAL/DISAPPROVAL BY _____ DATE _____