

**PRIVATE SEWAGE DISPOSAL SYSTEM APPLICATION**  
SUBMIT 2 COPIES OF PLANS W/ SOIL REPORT AND THE COMPLETED APPLICATION

<b>Site Information</b>	Parcel Identification Number (PIN)					
	Address		City	State	Zip	
	Township		Section			
	Subdivision			Lot		
<b>Owner information</b>	Owner's Name			Phone		
	Address		City	State	Zip	
	Email					
<b>Contractor Information</b>	Company Name		State Lic#:			
	Contractor Name			Phone		
	Address		City	State	Zip	
	Fax		Email			
<b>Proposed Construction</b>	<input type="radio"/> Single Family Residence <input type="radio"/> Multi-Family Residence # of Units _____ <input type="radio"/> Commercial            Other _____					
	<b>Residential:</b> # of Bedrooms _____ # of Bathrooms _____ Garbage Disposal: Yes ___ No ___ Jacuzzi/Hot Tub: Yes ___ No ___					
	<b>Commercial:</b> # of Employees _____ Meals Per Day _____ Seating Capacity _____ Showers _____					
	New ___ or Repair ___ (Check all of the following that apply) Tank ___ ATP ___ Field ___ Addition to Field ___ <b>Field Type:</b> <input type="radio"/> Quick4 EQ36 Chambers <input type="radio"/> Quick4 Plus EQ36LP Chambers <input type="radio"/> Quick4 Plus Standard LP Chambers <input type="radio"/> EZflow Leachfield System <input type="radio"/> ATL <input type="radio"/> SDR 26 <input type="radio"/> SDR 35 <input type="radio"/> Sch 40 <input type="radio"/> Stone <input type="radio"/> Other _____					
<b>Subsurface System</b>	<b>Tank:</b>		<b>Seepage Field</b>		<b>Mechanical Treatment System</b>	
	Capacity _____ gal.	To Well _____ ft.	To House _____ ft.	To Lot Line _____ ft.	Lift Station _____ gal. (if used)	Total Length _____ lin ft. Trench Width _____ in. Trench Depth _____ in. Seepage Area _____ sq.ft. To Well _____ ft. To Lot Line _____ ft.
_____ <b>Signature, Sewage System Contractor</b>			_____ <b>Approved By</b>			
_____ <b>Signature Owner</b>			_____ <b>Date</b>			
_____ <b>Date</b>						
<b>Office Use Only</b>	Permit Fee \$		Permit Number			

It is clearly understood that the owner assumes full responsibility in obtaining the inspection and final approval of the DeKalb County Health Dept on all portions of this sewage disposal system installation prior to covering any portion of the system. In requesting an inspection call the DeKalb County Health Dept office at 815-758-6673 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 DeKalb County Septic Ordinance/State Code.