

**Rock Island County Health Department**  
**2112 25<sup>th</sup> Avenue, Rock Island, IL 61201**  
309-558-2840 Fax 309-558-2846

**APPLICATION TO INSTALL OR REPAIR PRIVATE SEWAGE DISPOSAL SYSTEM**

( ) Renovation ( ) New Construction ( ) Tank Only ( ) Mini ( ) Tank Demo

**Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Township:** \_\_\_\_\_ **PIN #:** \_\_\_\_\_

**Subdivision:** \_\_\_\_\_ **Lot#:** \_\_\_\_\_

If new construction, builder name & telephone#: \_\_\_\_\_

**BUILDING INFORMATION**

Residential Dwelling: # Bedrooms: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_ Seasonal?: \_\_\_\_\_

Garbage Disposal: Yes ( ) No ( ) Walk-out Basement Yes ( ) No ( )

Basement Fixtures: Yes ( ) No ( ) If yes, drainage by Gravity ( ) or Pump ( )

Non-Residential or Commercial Building: Type \_\_\_\_\_

# Of Employees: \_\_\_\_\_ Design Flow: \_\_\_\_\_ Gallons/day

Fixtures in Building: \_\_\_\_\_

**WATER SUPPLY**

Water Supply: Public: \_\_\_\_\_ Community Well: \_\_\_\_\_ (#homes \_\_\_\_\_)

Private Well: \_\_\_\_\_ New Well: \_\_\_\_\_ Existing Well: \_\_\_\_\_

**SOILS EVALUATION**

Soil Borings made by: \_\_\_\_\_ Date: \_\_\_\_\_

Soil type(s) identified: \_\_\_\_\_

Attach copy of onsite soils investigation report to this application.

Depth to limiting layer (if applicable): \_\_\_\_\_ if variance needed, attach written request.

Limiting conditions encountered? Describe: \_\_\_\_\_

Will the seepage field area be altered (cutting, filling, or heavy traffic)? \_\_\_\_\_

**PROPOSED PRIVATE SEWAGE DISPOSAL SYSTEM**

**A:** Septic Tank Capacity: \_\_\_\_\_ gallons Existing tank to be used?: \_\_\_\_\_

**B:** Subsurface Disposal: Maximum trench depth: \_\_\_\_\_ Total linear footage (except bed): \_\_\_\_\_  
Gravel fields: \_\_\_\_\_ sq. ft. Seepage bed: \_\_\_\_\_ sq. ft. Chambers: \_\_\_\_\_ sq. ft.

**C:** Aerobic Treatment Plant Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_  
Additional Treatment \_\_\_\_\_

I certify that the attached information is complete and correct and that the installation will conform to the laws and/or ordinances of Rock Island County and the State of Illinois.

Contractor: \_\_\_\_\_ License: \_\_\_\_\_

**SITE PLAN-SKETCH THE PROPOSED CONSTRUCTION WITH DIMENSIONS AND SEPARATION DISTANCES**

- Location and lay-out of proposed sewage system-show tank, seepage fields, curtain drain, pump station, discharge points, etc.
- Show wells and septic systems on this or adjacent properties, compass direction, lot lines and buildings, soil boring sites, utilities, roads, driveways, streams or rivers, ravines, existing or proposed well(s) and water lines, footing or farm drain tiles.
- Show the location of any geothermal or closed loop heating/cooling systems.

N

Health Department Use Only

Approved: As Shown ( )

With Noted Changes ( )

Health Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_