NOTE: This application must be completed in its entirety and submitted to the Monroe County Health Department for approval prior to preliminary subdivision plat approval by the Monroe County Zoning Department. All private sewage disposal systems shall be installed in accordance with the IDPH Sewage Disposal Licensing Act and Code and Monroe County Sewage Codes.

SECTION I - GENERAL INFORMATION

1. Name(s) of developer: Address: Phone:

________________________________________________________________________
________________________________________________________________________

2. Name of Subdivision:

________________________________________________________________________

3. Legal Description of Property:

________________________________________________________________________
________________________________________________________________________

4. Indicate lot size of smallest proposed home site:

Dimensions: Acres:

5. Water Supply to Serve Subdivision

Public Supply Private Wells

_________________________ _________________________
SECTION II- (Complete only if you plan to utilize subsurface sewage disposal)

SOIL SUITABILITY—Subsurface seepage fields will not be permitted unless the absorption capacity and treatment capabilities of the soil is determined by an onsite soil investigation conducted by a Certified Professional Soil Classifier or an Illinois licensed Professional Engineer and shows suitable soil conditions for subsurface disposal. Copy of soil evaluation report must be submitted with this application.

1. Person responsible for soil evaluation

Name:_________________________________ Title: __________________________

List major soil types in proposed subdivision:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Depth of seasonal high groundwater level ___________________________ Inches

SECTION III- (Complete only if you plan to utilize surface discharging systems)

1. If aeration treatment units (aeration systems/ ATUs) are proposed, please provide information below.
   a. Manufacturer _________________________________
   b. Capacity ________________________
   c. Chlorination of effluent? Yes _____ No _____

Note: If ATUs are to be followed by subsurface seepage disposal, onsite soil investigation must be provided in Section II of this application.

   d. Please indicate where the surface discharge will be directed i.e. natural drain way, ravine, etc. Indicate such for each lot.
      ___________________________________________________________________
      ___________________________________________________________________

   e. Will effluent affect any lake, stream, storm sewer or other body of water? NPDES permit from EPA will be required. Please see MCHD personnel for rules/ regulations. _____________________
SECTION IV-

Other proposed private sewage disposal systems (complete only if you plan to utilize a system not listed in Sections II or III.)

Description of other proposed system:

________________________________________________________________

________________________________________________________________

_________________________________

Application Submitted By

Name _______________________________________

Signature ______________________________________

Title ___________________________________

Date ______________________

FOR OFFICIAL USE ONLY

Onsite Evaluation Necessary? Yes ___  No ___  Date conducted: ___________

Conducted by: ________________________  In presence of: ________________________

Comments:

________________________________________________________________

________________________________________________________________

Check all that apply:

○ Approved ____________ Date

○ Not approved __________ Date

○ More information necessary __________________________

○ Letter sent to Monroe County Zoning Department

○ Copy sent to mapping & platting

○ Copy sent to Monroe County Hwy Dept.

Reviewed By: __________________________________________

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