

APPLICATION TO CONSTRUCT OR MODIFY A SEWAGE SYSTEM

LEE COUNTY HEALTH DEPARTMENT

309 South Galena Ave. • Suite 100 • Dixon, IL 61021 • (815) 284-3371

DATE _____ CONTRACTOR FEE \$125.00 HOMEOWNER FEE \$250.00 INITIAL _____ CHECK or RECEIPT # _____

1. Contractor Lic.: # _____ - _____

2. Property Owner – Current Mailing Address

Name _____ (Please type or print)

Name _____ (Please type or print)

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

(_____) _____
Area Code Phone Number

(_____) _____
Area Code Phone Number

3. Location: City: _____, Lee County, Illinois Township Name: _____

Street: _____ Directions: _____

Subdivision Name: _____ Lot # _____

PPN _____ - _____ - _____ - _____ - _____

4. Propose to (circle one) Construct New, Modify Existing , Reason for Modification _____

Type of Facility: _____ Garbage Grinder: Yes No

#Bedroom(s) _____ #Den(s) _____ or Flow Rate _____ GPD.

Water Supply: (circle one) Public Utilities, Community System, New Individual Well, Existing Individual Well

SOIL: Symbol _____ Name _____

Is location subject to flooding, ponding? YES NO

What is the depth of the seasonal high water table? _____

5. PROPOSED SYSTEM
to be completed by Contractor

Type of System _____ Construction Material _____

Tank/Aeration Gallon Capacity _____ License/Serial Number _____

Absorption Area _____ ft² or _____ Lineal ft. Trench Width: _____ Trench Depth: _____

VARIANCE REQUEST _____

COMMENTS: _____

6. I certify that a site evaluation was conducted, all information is complete and correct, and that, if approved, the work will conform with the current Lee County Sewer and Sewage Disposal ordinance.

Office Use Only

Approved by Health Dept. Representative _____

Date: _____ Variance: Approved, Denied.

Signature of Contractor _____ Date _____

PERMIT NO. _____