

LIVINGSTON COUNTY PUBLIC HEALTH DEPARTMENT

310 E. Torrance Ave., * Pontiac, IL 61764 * Ph. 815-842-5916 * TDD 1-800-526-0844 * FAX 815-842-4070

Erin Fogarty, PhD, MPH, MCHES

Administrator

The attached form must be completed before any construction to avoid impairing the operation of your existing sewage disposal system. The completed form must be returned before the zoning office can issue their building permit.

If the proposed construction will interfere with the operation of the sewage disposal system, alterations may be required.

If the proposed construction requires a building permit and your private sewage disposal does not comply with current rules and regulation, your system will have to be upgraded to conform to the Livingston County Private Sewage Disposal System Ordinance. Return the attached to the Livingston County Health Department. You will be notified by this department of any further action necessary.

If you have any questions or plan to construct a new building or intend to reconstruct your sewage disposal system, please contact the Livingston County Public Health Department.

Amy Necheles, L.E.H.P.

Director of Environmental Health

LIVINGSTON COUNTY PUBLIC HEALTH DEPARTMENT

310 E. Torrance Ave., * Pontiac, IL 61764 * Ph. 815-842-5916 * TDD 1-800-526-0844 * FAX 815-842-2408

APPLICATION TO USE EXISTING PRIVATE SEWAGE DISPOSAL SYSTEM

NAME: _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

LOCATION OF SEPTIC SYSTEM: _____
(Street Address, Subdivision, Lot, Quarter Section, Township)

PROPERTY ID # _____ PROPOSED CONSTRUCTION: _____
(Number of bedrooms, family room addition, garage, shed, etc.)

PREPARE A DRAWING SHOWING:

1. Size and location of septic tank.
2. Location and size of seepage field
3. Indicate distances from fixed objects such as buildings, well and water lines.
4. Show the proposed location of the construction in relation to the sewage system.

PLEASE INDICATE NORTH, SOUTH, EAST AND WEST ON DRAWING

FOR OFFICE USE ONLY

Corrections to the existing sewage disposal system required? YES _____ NO _____ **Permit #** _____

Amy Necheles L.E.H.P
Director of Environmental Health

Date

Zoning Notified