
ONSITE WASTEWATER TREATMENT SYSTEM PLAN APPLICATION

PERMIT # _____

DATE RECEIVED: _____

- New OWTS
- Alteration-Replacement OWTS
- Replacement OWTS
- Repair to OWTS

- Alteration-Repair to OWTS
- Conceptual OWTS
- Atypical Flow/Non-Soil Based OWTS
- Pre-Treatment Component Elimination

PROPERTY INFORMATION

P.I.N. _____

Street Address _____

of Bedrooms _____

SYSTEM DESIGNER

Name _____

Address _____

Phone _____ License # _____

PROPERTY OWNER

Name _____

Address _____

Phone _____ Email _____

Release Permit To _____

Applicant Signature _____ Date _____

The applicant's signature serves as written acknowledgement that the property owners are aware of and accept the responsibility to service and maintain the private sewage disposal system in accordance with the Illinois Private Sewage Disposal Licensing Act.