

Boone County Health Department

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The mission of the Boone County Health Department is to serve our community by preventing the spread of disease, promoting equitable wellness & protecting the public's health.

SEPTIC PLAN CHECKLIST

ADDI	RESS:		
CONV (Chec	k each box to verify the requests must be sales are consistent thr Variance requests must be sales.	approved filter make, size ne rable) ays, pools, easements, draintation both drawn to an approve om on-site investigation or elevations on the completoughout the system profile abmitted in writing by the	and location nage areas, etc., which may impact d scale and the scale is indicated at least 4 corners of septic field & ted profile elevation form
	CONVENTIONAL SOIL P Aerobic treatment unit speci Ground surface contours on Soil bores located on plan Soil bore information, include	LANS MUST ALSO SU fications, i.e.: make/mode at least 5 ft. intervals	
	IR PLANS MUST ALSO C Include the location, depth a		
accura is mor	te representations of on-site of	bservations. In addition, I rty. Note: Plan will not b e	we and as presented on the plan are have verified that municipal sewer approved if it lacks any of the
Septic	Contractor Signature		Phone Number

Permit application fee must accompany septic plan. The plan will be reviewed and approved or disapproved within 7 working days and you will be notified by phone. If approved, a septic permit will be mailed. If disapproved, a written response and explanation will be mailed.