





SUBDIVISION APPROVAL APPLICATION

NOTE: This application MUST BE COMPLETED IN ITS ENTIRETY and returned to the St
Clair County Health Department along with a fee for review of the subdivision plat
made payable to St. Clair County Health Department per Ordinance 19-2-(b):

1 - 10 lotsTwo Hundred Dollars(\$200.00)11 - 25 lotsThree Hundred Dollars(\$300.00)26 - 50 lotsFour Hundred Dollars(\$400.00)51 lots or greaterFive Hundred Dollars(\$500.00)

Submission of a topography plat map of the proposed subdivision is required.

The St Clair County Health Department must approve the final subdivision plat prior to approval from the St. Clair County Highway Department.

All private sewage disposal systems shall be installed in accordance with the St. Clair County Private Sewage Disposal Ordinance #19-2.

NAME:	ADDRESS:	PHONE:
Jame of Subdivision:		
Attach legal description to	the application.	
ndicate size of all lots. Be erviced by municipal water one (1) acre usable spublished with no availatisposal system shall be to	e sure to include the smallest lot size ater for a residential structure requi ace in size excluding lakes, ponds ar able municipal water for a resident	. Minimum lot size within a subdivision ring a private sewage disposal system so deasements. Minimum lot size within a sal structure requiring a private sewage scluding lakes, ponds and easements.
erviced by municipal wa be one (1) acre usable sp ubdivision with no avail lisposal system shall be t	e sure to include the smallest lot size ater for a residential structure requi ace in size excluding lakes, ponds ar able municipal water for a resident three (3) acres usable space in size e	ring a private sewage disposal system s d easements. Minimum lot size within a al structure requiring a private sewage scluding lakes, ponds and easements.

(for additional room please attach list to application)

Will there be additional phase	ses to this subdivision? If	yes, indicate number of	f lots and acreage for each.
Is the proposed subdivision If yes, list the municipal stating that municipal stating the statin		Provid	nunicipality? le a letter from the municipality
• Water Supply:			
	by:*private wells r *private wells r Public Health Illinois W		ocated in accordance with the n Code.
Proposed Private Sewage Disp	osal Systems:		
	•	rtment of Public Heal	St. Clair County Private th Private Sewage Disposal
Septic Tank and Subsurface S Lots:Soil investig	,	ots with subsurface se	epage systems.
Class I Aerobic Treatment Un	it:		
Discharges to:	Natural Drainage Lake	Ravine Stream	Effluent Reduction Other Body of Water
Will the Discharge from the Priv			
	a National Pollutant Discl		e <u>Disposal System Permit, the</u> m (NPDES) permit to United State
Go to: www.epa.	gov/region5/water/npdeste	ek/surfacedischarge for a	application process.
All Aerobic Treatment Un		ntenance agreement w the system.	vith the manufacturer for the
Other: (i.e. Buried Sand Filter Type of System: Lots:			
	VILL BE REQUIRED H		RMINED BY THE ST. CLAIR

COUNTY HEALTH DEPARTMENT.

ON-SITE EVALUATIONS BY A HEALTH DEPTARTMENT REPRESENTATIVE FOR ALL LOTS IS REQUIRED BEFORE APPLICATION APPROVAL.

By signing below I certify that the attached information is complete and correct and that, if approved, the work will conform with the current Private Sewage Disposal Licensing Act and Code, and the current St. Clair County Private Sewage Disposal Ordinance 19-2. I understand that obtaining an NPDES permit from the U.S.EPA is required when discharging to Waters of the U.S. EPA's regulations at 40 C.F.R. § 122.2 defines Waters of the United States.

Application Submitted By: Signature Print Name Title Phone Date Submitted Email FOR OFFICE USE ONLY Topography Plat Map Attached: Soils Investigations Submitted: Date Approved: Date Denied: Reviewed By: Subdivision Card: Copy to St Clair County Highway Dept: Check/Cash:	
Title Phone Date Submitted FOR OFFICE USE ONLY FOR OFFICE USE ONLY Topography Plat Map Attached: Soils Investigations Submitted: Date Approved: Date Denied: Reviewed By: Subdivision Card: Copy to St Clair County Highway Dept: Check/Cash:	
Date Submitted Email FOR OFFICE USE ONLY Topography Plat Map Attached: Soils Investigations Submitted: Date Approved: Date Denied: Reviewed By: Subdivision Card: Copy to St Clair County Highway Dept: Check/Cash:	
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Subdivision Card: Copy to St Clair County Highway Dept: Check/Cash:	
NPDES:	
Subdivision Requirements:	