

ID# \_\_\_\_\_  
Log# \_\_\_\_\_  
City \_\_\_\_\_  
cc'd Region \_\_\_\_\_

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
525 WEST JEFFERSON STREET  
SPRINGFIELD, IL 62761  
217-782-5830

This application can be mailed to the above address along with three copies of the plans. Attach properly identified supplementary sheets for information that cannot be placed in the blank spaces provided on these forms.

**CHECK ONE OF THE FOLLOWING**

- ( ) Original license to operate a manufactured home community - \$250 plus \$7 per mobile home site (Community in existence, but not currently licensed. Submit as built plans to scale of the community.)
- ( ) Permit to construct a new manufactured home community - \$500 (Submit 3 copies of complete plans sealed by an Illinois registered engineer or architect.)

ALL FEES ARE TO BE MADE PAYABLE TO THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH IN THE FORM OF A MONEY ORDER OR CHECK.

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**PART I - GENERAL**

- A. Name of Community \_\_\_\_\_
- B. Name of Applicant \_\_\_\_\_
- C. E-mail Address of Applicant \_\_\_\_\_
- D. Name of Partnership or Corporation (if applicable) \_\_\_\_\_

<u>Names of Partners or Officers</u>	<u>Addresses of Partners or Offices</u>
_____	_____
_____	_____
_____	_____
_____	_____

- E. Address of Applicant \_\_\_\_\_  
(Street) (City) (Zip Code)  
Telephone Number: ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

**IMPORTANT NOTICE**

This State agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 78-929. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

IL-042-0141

1/98

- F. Address of Manufactured Home Community \_\_\_\_\_
- G. Location of Manufactured Home Community \_\_\_\_\_

	(County)	(City)
(Township)	(Zip Code)	(Telephone)
Legal Description of Tract of Land _____		
_____		
_____		
_____		

G. Number of Manufactured Home Sites Specify the Sites in Each Category by Site Number

1. Existing Manufactured Home Sites	_____	_____
2. New Sites to be Constructed	_____	_____
3. Sites to be Eliminated	_____	_____
4. New Total	_____	_____

H. Manager

1. Name \_\_\_\_\_

2. Address: \_\_\_\_\_

(Street)	(City)	(Zip Code)
Telephone (____) _____	Fax Number (____) _____	

I. Zoning Requirements

1. Name of Zoning Board \_\_\_\_\_

2. Address \_\_\_\_\_

3. Is the manufactured home community properly zoned? ( ) Yes ( ) No

4. Location of manufactured home community ( ) inside municipality  
( ) outside municipal limits

**PART II GENERAL CONSTRUCTION**

A. Width of Roadway \_\_\_\_\_

B. Type of Roadway Surface \_\_\_\_\_

C. Traffic Flow Pattern \_\_\_\_\_

D. Parking Facilities \_\_\_\_\_

E. Type of Roadway Curbing \_\_\_\_\_

F. Manufactured Home Lot Size \_\_\_\_\_

(Minimum Length)	(Maximum Length)
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G. Type of Home Foundation ( ) Runner ( ) Slab ( ) Other

(Minimum Square Footage)

If other, explain \_\_\_\_\_

H. Type of Tiedown Anchors and Manufacturer \_\_\_\_\_

\_\_\_\_\_

**PART III WATER SUPPLY**

A. Municipal Water Supply ( ) Yes ( ) No    Public Water District ( ) Yes ( ) No

1. Name of Municipality or District \_\_\_\_\_

2. Size of Water Main Serving Community \_\_\_\_\_
  3. Copy of Water Agreement is Attached ( ) Yes ( ) No
  4. Pressure in Main at Point of Tap \_\_\_\_\_
- B. Private Water Supply\*
1. Location of Well \_\_\_\_\_
  2. Depth of Well \_\_\_\_\_
  3. Diameter of Well \_\_\_\_\_
  4. Length of Casing \_\_\_\_\_
  5. Type of Casing Material \_\_\_\_\_
  6. Type of Annular Seal \_\_\_\_\_
  7. Type of Well Seal \_\_\_\_\_
  8. Pitless Adapter \_\_\_\_\_  
 (Name of Manufacturer) (Model Number)
  9. Capacity of Test Pump (Gallons Per Minute) \_\_\_\_\_
  10. Pump Time \_\_\_\_\_
  11. Static Water Level \_\_\_\_\_
  12. Yield \_\_\_\_\_
  13. Drawdown \_\_\_\_\_
  14. Capacity of Pump Installed (Gallons Per Minute) \_\_\_\_\_
  15. Name or I.D.# of Licensed Well Driller \_\_\_\_\_
  16. Name or I.D.# of Licensed Pump Installer \_\_\_\_\_
  17. Have the well and pump been properly disinfected? \_\_\_\_\_
  18. Sampling
    - a. Has a sample of well water been submitted for bacterial analysis to a State laboratory? ( ) Yes ( ) No Lab Number of Sample \_\_\_\_\_
    - b. If sample has not been submitted, please specify address where sample bottles can be mailed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  19. Additional Treatment - If water treatment is proposed, plans and specifications must be submitted.
    - a. Is continuous disinfection of water supply proposed? ( ) Yes ( ) No
    - b. Is fluoridation of water supply proposed? ( ) Yes ( ) No
    - c. Is additional treatment/conditioning proposed? ( ) Yes ( ) No

\* Submit identical information on all additional wells that are to be used in this manufactured home community.

**PART IV WATER STORAGE** Plans must be submitted in accordance with Section 860.230 of the Manufactured Home Community Code.

- A. Type of Storage Proposed/Existing \_\_\_\_\_
- B. Capacity of Storage Proposed/Existing \_\_\_\_\_
- C. Maximum Pressure \_\_\_\_\_(psi) Minimum Pressure \_\_\_\_\_(psi)

**PART V WATER DISTRIBUTION SYSTEM**

- A. Length of Water Main \_\_\_\_\_ Feet
- B. Size of Water Main (Inside Diameter) \_\_\_\_\_ Inches
  1. Type of Water Main Material \_\_\_\_\_
  2. Testing Agency Approval Number (i.e. ASTM #) \_\_\_\_\_

- C. Size of Water Service Connection Lines (Inside Diameter) \_\_\_\_\_ Inches
1. Type of Water Connection Material (Illinois Plumbing Code Table A) \_\_\_\_\_
  2. Testing Agency Approval Number (i.e. ASTM #) \_\_\_\_\_
- D. Type of Water Service Riser \_\_\_\_\_
1. Name of Manufacturer \_\_\_\_\_
  3. Model Number \_\_\_\_\_
  3. Height of Riser Above Ground (Minimum 4 inches) \_\_\_\_\_
- E. Installation of Water Lines (Illinois Plumbing Code)
1. Distance separation between water and sewer main. (Minimum 10 feet)  
( ) Yes ( ) No - If no, indicate how the lines are installed. \_\_\_\_\_
  2. Indicate how crossings of water and sewer lines are constructed. \_\_\_\_\_

**PART VI SEWAGE SYSTEM**

- A. Municipal sewage system or sanitary district. ( ) Yes ( ) No
1. Name of Municipality or District \_\_\_\_\_
  2. Copy of agreement with city or sanitary district is attached. ( ) Yes ( ) No
- B. Private Sewage Disposal System (Private Sewage Disposal Code) Submit identical information on all private sewage disposal systems that are to be used in this manufactured home community.
1. Septic Tank Approval Number and Capacity \_\_\_\_\_  
(Approval #) (Capacity)
  2. Depth of Ground Water Table \_\_\_\_\_
  3. Percolation Tests Performed By \_\_\_\_\_
  4. Percolation Data  
 Test Hole #1 \_\_\_\_\_ hours \_\_\_\_\_ minutes  
 Test Hole #2 \_\_\_\_\_ hours \_\_\_\_\_ minutes  
 Test Hole #3 \_\_\_\_\_ hours \_\_\_\_\_ minutes  
 At least 3 percolation tests are required for each subsurface seepage disposal system.
  5. Installation/Maintenance must be done by a licensed private sewage disposal contractor.
    - d. Name of Contractor \_\_\_\_\_
    - e. I.D. # \_\_\_\_\_
  6. Calculations of Required Capacities
    - a. The number of sites times the volume per site per day divided by the percolation rate equals the required absorption area.  

$$\underline{\hspace{2cm}} \text{ Sites} \times 400 \text{ gallons/day/site} \div \underline{\hspace{2cm}} \text{ gallons/ft}^2/\text{day} = \underline{\hspace{2cm}} \text{ ft}^2$$
    - b. The absorption area divided by the trench width equals the lineal feet of absorption trench.  

$$\underline{\hspace{2cm}} \text{ ft}^2 \div \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \text{ Feet of trench needed.}$$
  7. Other Private Sewage Disposal Systems (Plans and specifications must be submitted.)
    - a. Sand Filter ( )
    - b. Package Treatment ( )
    - c. Three Cell Lagoon ( )
    - d. Other - Specify \_\_\_\_\_
    - e. If treated sewage discharges above ground, has a permit to alter/construct and operate a sewage treatment facility been obtained from the Illinois Environmental Protection Agency? ( ) Yes ( ) No

f. If treated sewage discharges to a stream, give name of stream:

\_\_\_\_\_ (Name of Stream)

\_\_\_\_\_ (NPDES Permit #)

**PART VII SEWAGE COLLECTION SYSTEM**

- A. Length of Mains in Community \_\_\_\_\_
- B. Size of Mains in Community \_\_\_\_\_
- C. Type of Sewer Main Material \_\_\_\_\_
- D. Testing Agency Approval Number of Sewer Main Material (i.e. ASTM#) \_\_\_\_\_
- E. Size of Sewer Riser \_\_\_\_\_
- F. Type of Sewer Riser Material (Illinois Plumbing Code Table A - Approved Building Drain Material), Testing Agency Approval Number (i.e. ASTM#) \_\_\_\_\_
- G. Elevation of sewer riser above finished grade. (4 inches minimum) \_\_\_\_\_

**PART VIII SOLID WASTE DISPOSAL** (Check A or B)

- A. Individual Service Containers ( )
  - 1. ( ) 1 - 40 gallon container per site
  - 2. ( ) 2 - 20 gallon containers per site
  - 3. ( ) 1 - 30 gallon container plus 1 - 10 gallon container
  - 4. ( ) 1 - 20 gallon containers per site with collection two times per week
  - 5. ( ) Other - Specify \_\_\_\_\_
- B. Bulk Containers ( )
  - 1. Size of container \_\_\_\_\_ gallons or \_\_\_\_\_ cubic yards  
( \_\_\_\_\_ gallons ÷ 202 gallons/yd<sup>3</sup> = \_\_\_\_\_ cubic yards)
  - 2. Number of bulk containers \_\_\_\_\_
  - 3. Bulk containers located within 250 feet of each site. ( ) Yes ( ) No

**PART IX LIGHTING** (Check A or B)

- A. Central ( )
  - 1. Height of Light \_\_\_\_\_
  - 2. Wattage \_\_\_\_\_
  - 3. Type of Light (i.e. sodium, mercury vapor) \_\_\_\_\_
  - 4. Average distance between lights \_\_\_\_\_
- B. Individual Lighting ( )
  - 1. Gas ( )
  - 2. Electric ( ) Wattage of Light \_\_\_\_\_

**PART X FIRE FIGHTING FACILITIES**

- A. Name of Local Fire Department \_\_\_\_\_
- B. Description of Facilities and Service \_\_\_\_\_
- C. (Communities constructed after January 1, 1998) Fire hydrants within 500 feet of any structure ( ) Holding pond ( ) Other - Specify \_\_\_\_\_

**PART XI ELECTRICAL DISTRIBUTION**

- A. Size of service supplied \_\_\_\_\_
- B. Location of conductors:
  - 1. Above ground - Height above vehicular traffic \_\_\_\_\_  
Height above pedestrian traffic \_\_\_\_\_
  - 2. Below ground - burial depth \_\_\_\_\_
- C. Type, size and number of conductors from the meter to the home \_\_\_\_\_
- D. Type and rating of service center \_\_\_\_\_

**PART XII FUEL GAS**

- A. Type of Pipe \_\_\_\_\_
- B. Burial Depth of Pipe \_\_\_\_\_
- C. Location of Meter and Service Valve \_\_\_\_\_

**SUBMIT 2 COPIES OF PLOT PLANS, DRAWN TO SCALE, SHOWING THE FOLLOWING:**

1. Boundaries of each manufactured home site
2. Site numbers for each site
3. Roadways and width
4. Location, sizes and materials of water lines
5. Location, sizes and materials of sewer lines
6. Typical water and sewer riser plans
7. Location and sizes of lighting
8. Garbage and refuse collection locations
9. Location(s) of water supply/wells
10. Locations of sewage treatment facilities and type
11. Elevation contours of the community
12. Provisions for surface drainage
13. Location of fire hydrants/holding ponds
14. Typical site plans indicating location of parking, foundation systems for the homes, utilities and lights.
15. Location of fuel supply systems and distribution lines

**PLANS OF THE MANUFACTURED HOME COMMUNITY SHOULD INDICATE ALL THE INFORMATION CONTAINED IN THIS APPLICATION.**