



Public Health
Prevent. Promote. Protect.

Henry & Stark County Health Department
Environmental Health
4424 US Hwy 34, Kewanee, IL 61443
309-852-0197--309-852-3115
www.henrystarkhealth.com

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Henry County Stark County

PERMIT APPLICATION TO INSTALL OR REPLACE A PRIVATE SEWAGE SYSTEM

Contact Information

Owner's Name _____ Home Phone _____ Cell Phone _____
Mailing Address _____ City _____ Zip Code _____
Site Address _____ City _____ Township _____ Section # _____
Legal Description _____ Parcel # _____ Lot# _____
Lot Size/Acreage _____ Directions to Site _____

Contractor's Name _____ Phone Number _____ IL Lic. # _____
Mailing Address _____ City _____ Zip Code _____
Email Address _____

Site Information

Building: New House Existing House New Building Existing Building Seasonal Residence
Stubout Depth Below Final Grade _____ inches
 Residential: # of Bedrooms _____ # of Bathrooms _____
 Non-Residential: # of Employees _____ # of Seats _____ # of Meals Served Daily _____
Design Flow _____ Gallons per day _____
 Garbage Disposal Water Softener Gallons _____ Discharge Location _____
 Hot Tub or Similar Device Gallons _____ Discharge Location _____

Water Supply: Public Water Supply Private Well
 New Well Existing Well Semi-private Community Non-community

Other: Geothermal Closed Loop Well (existing or to be installed)
 Basement Plumbing Ejector Pump Sump Pump

Primary Treatment

Type: Existing New Repair Replacement
 Septic Tank Manufacturer _____ IL # _____ Material _____
Capacity _____ gallons
 Aerobic Treatment Manufacturer/Model # _____ Gallons per day _____
Surface Discharge Location (Notice of Intent attached) _____
Method of Disinfection (Chlorine, UV, Sizing, Manufacturer, etc) _____
 Other Human Waste Disposal System Manufacturer _____
 Privy Re-circulating Toilet Incinerator Toilet Compost Toilet

Distances: Nearest Well _____ feet Property Line _____ feet Foundation Wall _____ feet
Geothermal Closed Loop Well _____ feet Other _____ / _____ feet

Secondary Treatment

Type: Existing New Repair Replacement

Subsurface Seepage Field (Level or Serial)

Gravel System Gravelless System Chamber System

Trench Width _____ in. Trench Depth _____ in. Sq. Feet of Absorption _____

of Lines _____ Length of Lines _____ feet each

Distance Between Lines _____ feet Total Linear Feet _____

Diameter of Pipe _____ inches Pipe Approval Number _____

Manufacturer and **SIZE** of Chamber _____

Gravel Source _____

Subsurface Seepage Bed

Total sq. ft. _____ (_____ ft. x _____ ft.) # of Lines _____

Distance Between Lines _____ feet Distance from Wall _____ inches

Illinois Raised Filter Bed

Total sq. ft. of bed _____ (_____ ft. x _____ ft.)

Total sq. ft. of mantle _____ (_____ ft. x _____ ft.) Mantle Depth _____ inches

of Distribution Lines _____

Soil Design Group _____ # of Vents _____ Sand Source _____

Drip Irrigation

Dosing Tank Capacity _____ gallons # Doses per Day _____ Flush Valve Yes No

Waste Stabilization Pond

Total sq. ft. _____ (_____ ft. x _____ ft.) Depth _____ feet

Freeboard Height _____ feet

Buried Sand Filter or Re-circulating Sand Filter

Total sq. ft. _____ (_____ ft. x _____ ft.)

of Distribution Lines _____ Distance Between Distribution Lines _____ feet

of Collection Lines _____ Distance Between Collection Lines _____ inches

Media Sources _____ # of Vents _____

Distance from Wall _____ inches Re-circulation Tank Volume _____ gallons

Surface Discharge Location (Notice of Intent attached) _____

Method of Disinfection (Chlorine, UV, Sizing, Manufacturer, etc) _____

Other (Coco Filter, Peat Filter, etc. Please attach design guide.)

Distances:

Nearest Well _____ feet Property Line _____ feet Foundation Wall _____ feet

Geothermal Closed Loop Well _____ feet Body of Water _____ feet

Additional Components

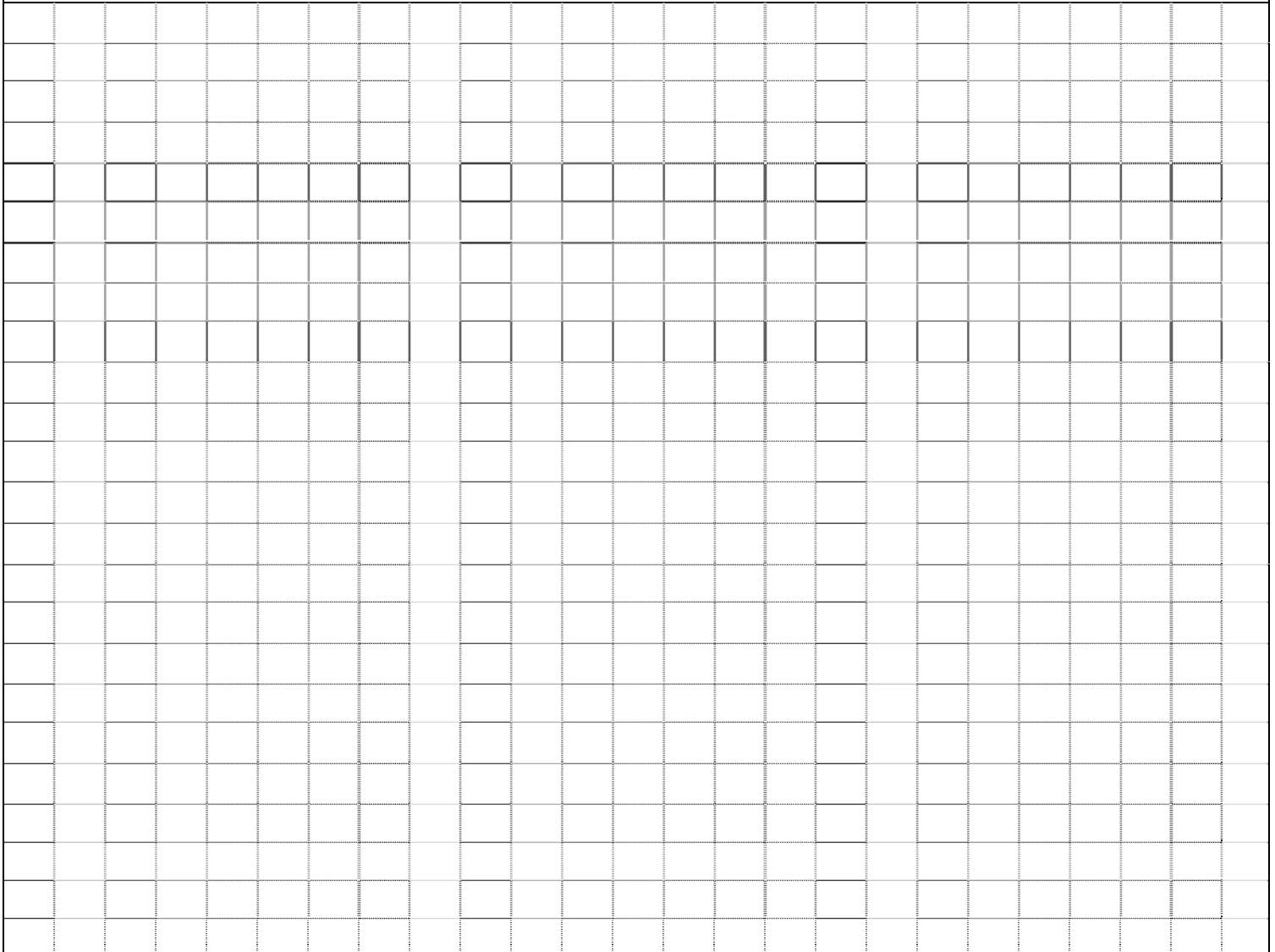
- Pump Chamber Size _____ gallons Manufacturer _____
Pump Type, Manufacturer and Model _____
- Effluent Reduction Trench _____ (_____ ft. x _____ ft.
- Evaporation Bed Size _____ sq. ft.
- Sample Port Provided Location _____
- Alarm with Dedicated Circuit Location _____
- Curtain Drain Anticipated Depth _____
- Other _____

**Please use separate variance form if needed.

Sketch of Property

Provide plans to scale showing location, size and type of system in relationship to the building served. Indicate lot size, building setbacks, and isolation distances between the system and the sources of water, property lines, and buildings. Show site elevations and ground surface elevations sufficient to determine the elevation of system components and the slope of the ground surface.

One Square = _____ feet



Agreement

- Soil Analysis Results attached** **Notice of Intent attached** **Variance Form attached**

I hereby agree to install such facilities in conformance with the laws and/or ordinances of Henry & Stark Counties and the State of Illinois. I accept responsibility of notifying the health department to make a final inspection of the system 24 hours before covering the field.

- \$175.00 – Licensed Contractor Apply – Septic System (New/modified/repared/replaced)**
 \$300.00 – Licensed Contractor Apply – Surface Discharge Septic System (New/modified/repared/replaced)
 \$225.00 – Licensed Contractor Apply – Non-residential Septic System (New/modified/repared/replaced)
 \$300.00 – Homeowner Apply – Septic System (New/modified/repared/replaced)

NOTE: Installation may not begin before approval is granted. Construction permit fees are non-refundable and non-transferable from property to property or from contractor to contractor that does not work within the same company.

Contractor Signature: _____

Date: _____

Agreement and Certification

My signature below certifies that:

- A. I am aware of and assume responsibility for: proper upkeep and service of this private sewage disposal system in accordance with the Private Sewage Disposal Licensing Act (225 ILCS 225) and Section 905.20 q) of the Code (77 Ill. Adm. Code 905) and compliance with any USEPA & IEPA permits required for this system and compliance with all requirements of said permits as outlined in Section 905.115 of the Code.
- B. I am aware of the requirements of the NPDES permit program and am familiar with the definition of "Waters of the United States."
- C. I have made the determination that the discharge of this system:
 WILL enter waters of the United States.
 WILL NOT enter waters of the United States.

If the discharge of this system **will** enter the waters of the United States, I also certify that I have obtained from the USEPA coverage for this system under NPDES Permit No. ILG62.

I hereby agree that the attached information for this property is complete and correct. As the property owner, I understand that I accept the responsibility for service and maintenance of this sewage disposal system. I, the current property owner shall keep all records of said service and maintenance to transfer to the next property owner.

Homeowner Signature: _____

Date: _____

OFFICE USE ONLY

- Maintain all isolation distances. Keep system level as shallow as possible, meeting all depth requirements.
- Install according to plot plan. Any deviations must receive prior approval from Henry or Stark County Health Department.
- Curtain drain must be installed to the specific design requirements and inspected by the Henry or Stark County Health Department.
- Backwash waters from water softener and hot tub must be discharged according to Illinois Private Sewage Disposal Code.
- The subsurface system is being installed when there is a limiting layer present. The subsurface systems must be installed at a maximum depth of _____ to meet the minimum separation distance from the limiting layer.
- This permit is null and voided if the house location and the use of the system is changed or interferes with the approved sewage disposal system area.
- Divert roof drains and surface water from drain field area.
- Remove all maple trees and other hydrophilic (water loving) plants from within 10 feet of the drain field area.
- This property is located in a subdivision zoned (R-1) or rural parcel that has designated 1 acre minimum lot size with 6,000 square feet of usable area for a private sewage disposal system.
- This property is located in a subdivision zoned (R-2) or rural parcel that has designated 15,000 square foot minimum lot size with 6,000 feet of usable area for a private sewage disposal system.
- Property owner shall maintain all maintenance records on forms provided and made available upon request by local authority. These records shall be transferred from owner to owner and shall be kept for the life span of the system.

The Henry and Stark County Health Department does not guarantee length of service or trouble free operation of this private sewage disposal system by the issuance of this approval. The contractor and property owner are responsible for an installation that is in compliance with the Illinois Private Sewage Disposal Licensing Act and Code. The property owner assumes full responsibility for any nuisance or health hazard that might result from its use.

Application Approved: Yes No By: _____ Date _____

Permit # _____ Date Issued _____ Expiration Date _____

Construction Approved: Yes No By: _____ Date _____

Final Approval: Yes No By: _____ Date _____