



**Public Health**  
Prevent. Promote. Protect.

**Henry & Stark County Health Department**  
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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 (Describe \_\_\_\_\_)  
 Septic Tank   Manufacturer \_\_\_\_\_ IL # \_\_\_\_\_ Material \_\_\_\_\_  
Capacity \_\_\_\_\_ gallons   Existing Tank Cracked/Filled/Disconnected  Yes  No  
 Aerobic Treatment   Manufacturer/Model # \_\_\_\_\_ Gallons per day \_\_\_\_\_  
Surface Discharge Location (Notice of Intent attached) \_\_\_\_\_  
 Alarm with Dedicated Circuit   Location \_\_\_\_\_  
 Evaporation Bed   Size \_\_\_\_\_ sq. ft.  
 Effluent Reduction Trench \_\_\_\_\_ (\_\_\_\_\_ ft. x \_\_\_\_\_ ft.)  
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 (Describe \_\_\_\_\_)

**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 **DIMENSIONS** 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 \_\_\_\_\_

Sample Port Provided Location \_\_\_\_\_

Curtain Drain Anticipated Depth \_\_\_\_\_

Other \_\_\_\_\_

\*\*Please use separate variance form if needed.

## Sketch of Property

Provide a sketch of the proposed plot layout plan which shall include the following and all components shall be **labelled**.

- **Lot size/acreage with dimensions**
- **Slope of ground surface/Site elevations**

**Location** of the following:

- Yes  N/A --Septic System (Primary & Secondary)
- Yes  N/A --Soil Borings
- Yes  N/A --Water wells
- Yes  N/A--Driveways/Roads
- Yes  N/A-- Nearest Sanitary Sewer

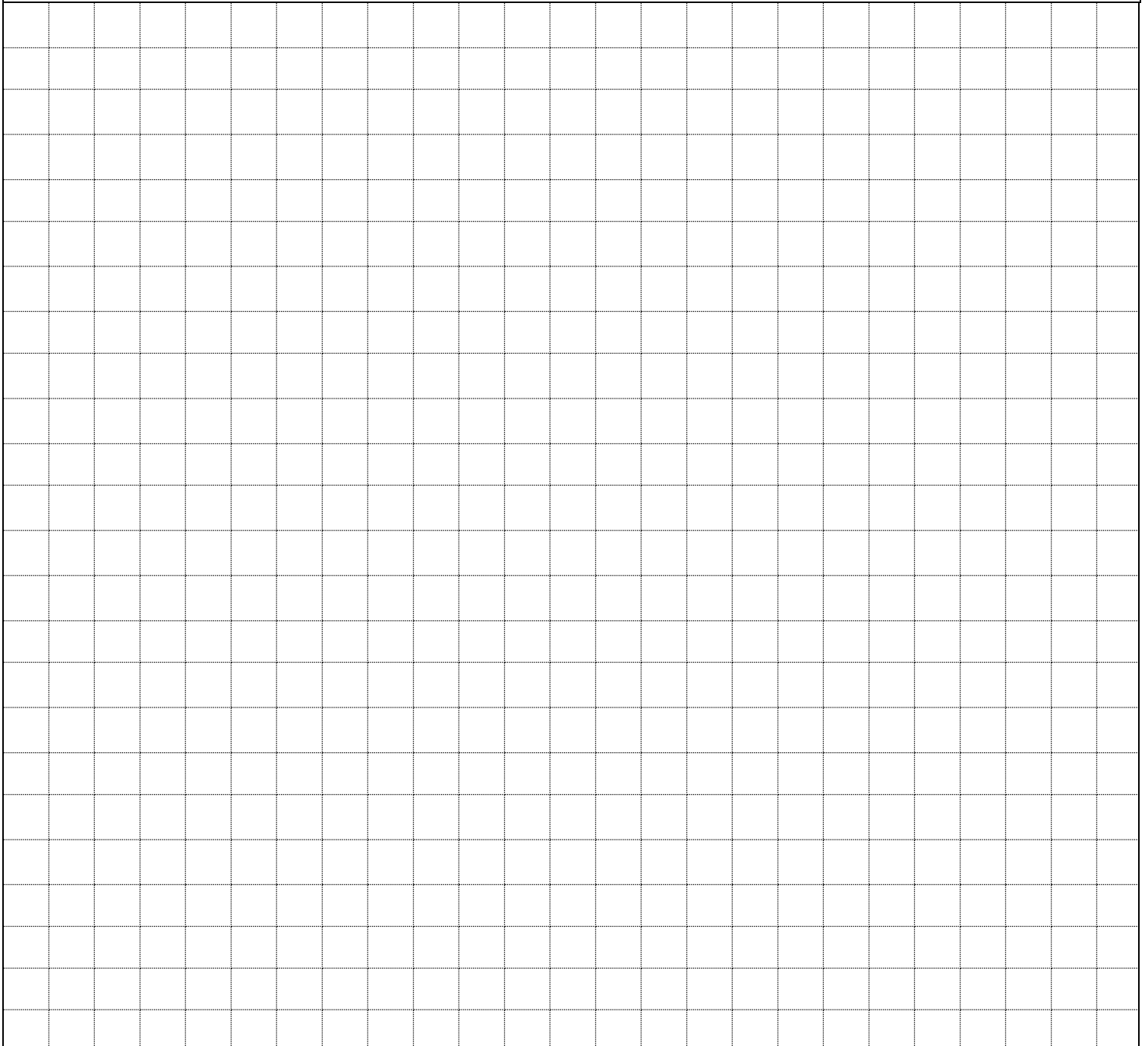
**Size/Length/Label** of:

- Yes  N/A--Tank
- Yes  N/A--Seepage Field
- Yes  N/A--Seepage Field Type
- Yes  N/A--Lateral Pipes
- Yes  N/A--Perimeter Drains

**Distance** from primary/secondary treatment to:

- Yes  N/A--Water Well/Water Lines/Water Tanks
- Yes  N/A--Property Lines
- Yes  N/A--Buildings
- Yes  N/A--Between Components of the System

**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.

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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 \_\_\_\_\_