



Public Health
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Henry & Stark County Health Department
110 N Burr Blvd. Kewanee, IL 61443
309-852-0197 ext. 270
eh@henrystarkhealth.org www.henrystarkhealth.com

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Henry County Stark County

PERMIT APPLICATION TO INSTALL/REPLACE/REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

HOMEOWNER INFORMATION

Owner's Name _____ Phone Number _____
Mailing Address _____ City _____ Zip Code _____
Site Address _____ City _____ Township _____ Section # _____
Parcel # _____ Lot Size _____ Additional Directions to Site _____

CONTRACTOR INFORMATION

Contractor's Name _____ Phone Number _____ IL License # _____

SITE INFORMATION

Building: New House Existing House New Building Existing Building Seasonal Residence
Stub-out Depth Below Final Grade: _____ inches
 Residential: # of Bedrooms _____ # of Bathrooms _____
 Non-Residential: Building Use _____ Design Flow _____
of Employees _____ # of Seats _____ Gallons per day _____
 Garbage Disposal Yes No
 Water Softener Yes No Gallons _____ Discharge Location _____
 Hot Tub Yes No Gallons _____ Discharge Location _____

Water Supply: Public Water Supply (City) Or Private Well (select one from below)
 New Well Existing Well Semi-private Well Community Well Non-Community Well

Other Information: Geothermal Closed Loop Well Basement Plumbing Ejector Pump Sump Pump

PRIMARY TREATMENT

Type: New Existing Repair Replacement
 Septic Tank
Manufacturer _____ IL # _____ Material _____ # of Risers _____
Capacity _____ gallons Depth of Cover _____ in. Existing Tank Cracked/Filled Yes No
If Keeping Existing Tank, Describe Condition of Tank _____
 Aerobic Treatment
Manufacturer _____ Model # _____
Daily Treatment Capacity _____ GPD Alarm Location _____
Discharge to: 2/3 Size Subsurface System
 Evaporation Bed Size _____ sq. ft.
 Effluent Reduction Trench (_____ ft. x _____ ft.)
 Raised Filter Bed
 Method of Disinfection for Surface Discharge: Chlorine Feeder Chlorine Contact Tank UV Light
Manufacturer _____ Model # _____ Size _____ gallons

PRIMARY TREATMENT DISTANCES

Distance To: Nearest Well _____ ft. Water Line _____ ft. Property Line _____ feet Foundation Wall _____ ft.
Geothermal Well _____ ft. Body of Water _____ ft. Other(specify) _____/_____ ft.

SECONDARY TREATMENT

Soil Absorption Rate _____ Soil #(s) System Installed In _____ Limiting Layer _____ Water Table _____

Type: New Existing Repair Replacement

Subsurface Seepage Field Level or Serial

Gravel System Grave-iless System Chamber System

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

Number of Lines _____ Length of Lines _____ Total Linear Feet _____

Distance Between Lines _____ ft. Chamber Manufacturer _____

Chamber Dimensions _____ Chamber Absorption Area 4sq. ft./Ln. ft 5sq.ft./Ln. Ft.

Pipe Diameter _____ in. Pipe Approval Number _____ 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 _____

Buried Sand Filter or Re-circulating Sand Filter

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

of Distribution Lines _____ # of Collection Lines _____ # of Vents _____

Distance Between Distribution Lines _____ ft. Distance Between Collection Lines _____ in.

Media Sources _____

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

Other (Coco Filter, Peat Filter, Waste Stabilization Pond, Drip Irrigation, etc.) Please attach design guide

SECONDARY TREATMENT DISTANCES

Distance To: Nearest Well _____ ft. Water Line _____ ft. Property Line _____ ft. Foundation Wall _____ ft.
Geothermal Well _____ ft. Body of Water _____ ft. Other(specify) _____/_____ ft.

ADDITIONAL COMPONENTS

Pump Chamber

Size _____ gallons Manufacturer _____ Model # _____

Sample Port Location _____

Curtain Drain Depth _____ in. Discharge Location _____

SKETCH OF PROPERTY

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

Location and size of the following:

- Existing Septic System N/A
- Proposed Primary & Secondary Treatment
- All Soil Borings
- Water wells
- Driveways/Roads
- Nearest Sanitary Sewer N/A
- Curtain Drain N/A
- Lot size/acreage
- Slope of ground surface/Site Elevations

Distance from primary& secondary treatment to:

- Water Well/Water Lines/Water Tanks
- Property Lines
- Buildings On Property
- Distance Between Components of the System

One Square = _____ feet

A large grid for sketching the property layout plan. The grid consists of 20 columns and 20 rows of squares. The grid is intended for drawing the proposed plot layout plan, including components like septic systems, water wells, and property lines.

CONTRACTOR AGREEMENT

I hereby agree to install such facilities in conformance with the laws and 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. I understand if my application is incomplete, it will be denied.

Please allow a minimum of 7 working day for review of permit application

- \$200.00 – Licensed Contractor Apply – Septic System
- \$250.00 – Licensed Contractor Apply – Non-Residential Septic System
- \$325.00 – Licensed Contractor Apply – Surface Discharge Septic System
- \$325.00 – Homeowner Apply – Septic System

You will be notified when approval is granted. 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: _____

HOMEOWNER 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: _____

Permit Information

- Maintain all isolation distances. Keep system level as shallow as possible, meeting all depth requirements.
- Install a minimum of _____ square feet of subsurface seepage system
- 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.
- 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.
- 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.
- 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 _____