



DeWitt-Piatt
Bi-County Health Department

FOR OFFICE USE ONLY:

Permit # _____
 Approval Date: ____/____/____
 Approved by: _____
(Signature)

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www.dewittpiattthealth.com

APPLICATION FOR PERMIT TO CONSTRUCT or MODIFY A PRIVATE SEWAGE DISPOSAL SYSTEM

1. Owner's Name: _____ Phone # () _____

2. Property Address (installation site): _____

3. Type of facility: New House ____ Existing House ____ Non-Residential ____ Design Flow (GPD) ____

4. Township ____ Section ____ Range ____ Subdivision Name: _____

Detailed Directions to Site: Highway Numbers, Secondary Roads, Signs to Follow, Etc. _____

5. Installation Contractor _____ License Number _____

****Work not done by homeowner (must own & occupy single family residence) must be done by a licensed contractor.**

Phone Number: _____

6. Septic Tank Specifications and Sizing

Number of Bedrooms: ____ Number of Employees: ____ Seating Capacity: ____

**** Any room(s) planned for use as a den, study, etc., having a closet and can be readily converted into a bedroom, must be classified as a bedroom.**

| TABLE OF MINIMUM SEPTIC TANK LIQUID CAPACITY REQUIREMENTS | | |
|---|----------------------------|-------------------------|
| Number of Bedrooms | Without a Garbage Disposal | With a Garbage Disposal |
| 1 or 2 | 750 gal. | 1125 gal. |
| 3 | 1000 gal. | 1500 gal. |
| 4 | 1250 gal. | 2000 gal. |
| 5 | 1500 gal. | 2200 gal. |

***for non-residential applications, 1 1/2 times the daily flow**

Liquid capacity of septic tank(s) to be installed (based upon above table): gal.

Tank Manufacturer/Dealer: _____ IL# _____

Aerobic Treatment Unit to be installed: Manufacturer _____ Model _____

Additional Equipment: Chlorinator Trash Tank Lift Station D-Box
 Gas/Oil Interceptor

7. Seepage Field Specifications and Sizing

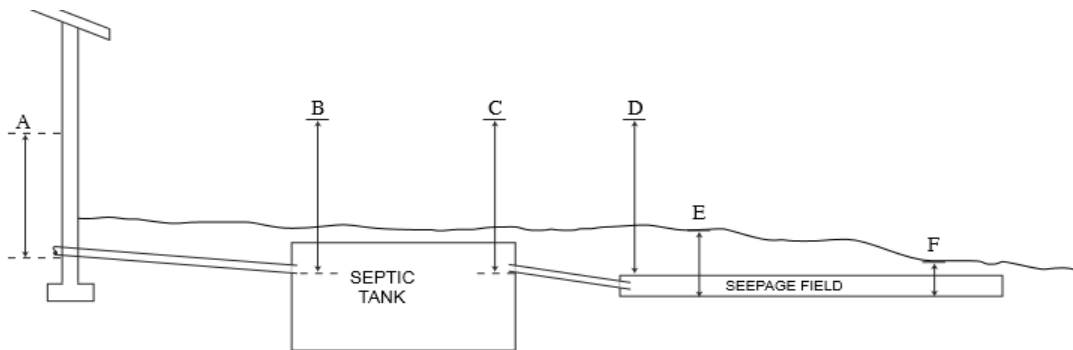
| TABLE OF MINIMUM SEEPAGE FIELD REQUIREMENTS | | |
|--|-----------------------------------|---|
| Soil Investigation Results (attach copy of report to application) | Application Rate (GPD)/Sq. Ft. | Sq. Ft. of Seepage Field per Bedroom |
| APPLICATION RATE BASE ON SOIL REPORT: _____ GPD/sq. ft. *REFER TO SOIL RANGE THAT IS 2FT BELOW THE MAXIMUM TRENCH DEPTH (#16)* | 1.00 | 200 |
| | 0.91 | 220 |
| | 0.84 | 240 |
| | 0.75 | 265 |
| | 0.69 | 290 |
| | 0.62 | 325 |
| | ----- Marginal Soils Range ----- | |
| | 0.52 | 385 |
| | 0.45 | 445 |

a) Multiply _____ X _____ =
 Square feet of seepage field required per bedroom (see table above) Number of bedrooms Total Sq. Ft. Required

b) Type of seepage field to be installed (check one): Chamber _____ Gravelless _____
 Gravel _____

c) Chamber or Gravelless Pipe to be installed: Manufacturer _____
 Model _____

d) Total lineal feet to be installed: _____
 Note: Required Sq. Ft divided by absorption area of chamber (4:1, 5:1, etc)



A to B: Distance _____ Fall _____
 C to D: Difference between invert of outlet and top of gravel or gravelless pipe. _____
 E Trench bottom maximum depth to existing grade. _____
 F Trench bottom minimum depth to existing grade. _____

8. Limiting Layer and Curtain Drain Information

Soil Analysis by Soil Scientist _____ (attach soil analysis)

REMINDER: Soil Percolation Tests are no longer allowed.

LIMITING LAYER:

In accordance with Section 905.190 b) (3) of the IDPH Private Sewage Licensing Act and Code, I certify that a limiting layer does not exist within the distances provided in Section 905.60 a) (7). The box(es) checked below describe the steps taken to identify limiting layers or the site specific information that demonstrates the lack of a limiting layer.

A soil analysis report indicates a limiting layer at _____ inches based on the soil characteristics observed by the soil professional on the day of the testing. However, the following conditions are present at the site which have nullified the presence of the limiting layer: (Continued next page.)

Check all that apply

- Field tiles and other artificial drains have been installed close enough to the proposed leach field to effectively lower the seasonal water table to a depth 2-3 feet below the bottom of the leach field.
- Topography or landforms are present that are effective in lowering the seasonal high water table to depths 2-3 feet lower than the bottom of the leach field.

Explain: _____

Other: _____

The DeWitt-Piatt Bi-County Health Department does not guarantee trouble free operation of this sewage treatment and disposal system by the issuance of a permit or final inspection of the sewage installation. The contractor is responsible for installation in compliance with the Illinois Private Sewage Disposal Licensing Act and Code.

I (we) hereby certify that all documented information is correct and agree that any changes may require resubmittal of the permit application (fee exempt)

Owner's Name (Print)

Installer's Name (Print)

Signature of Owner

Signature of Installer

Date

Date

Proposed Plot Layout:

N

Please include the following information:

- 1) Location of all buildings
- 2) Location of private sewage system
- 3) Setback distances
- 4) Utility and drainage easements
- 5) Location of existing septic systems
- 6) Field tiles and curtain drains
- 7) Soil Borings
- 8) Geothermal Systems



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MAINTENANCE AGREEMENT

In 2014, the Illinois Department of Public Health amended a section of the Private Sewage Disposal Code. This amendment requires that all homeowners accept the responsibility of maintaining and servicing their private sewage system. Records shall be maintained on all new systems and transferred when the home is sold.

In order to comply with IDPH Regulations, private sewage systems serving residential properties shall be evaluated within three (3) years of installation and every five (5) years after the initial evaluation. Non-residential properties shall be evaluated within three (3) years of installation and every three (3) years after the initial evaluation. Aerobic Treatment Units for residential properties shall be evaluated and serviced every six (6) months.

Septic systems must be evaluated by one of the following individuals:

1. Homeowner
2. Private Sewage Installation Contractor
3. Licensed Environmental Health Practitioner (LEHP)
4. Representative of the Illinois Department of Public Health
5. Illinois Licensed Professional Engineer

NOTE: The owner of a property utilizing an Aerobic Treatment Unit may conduct the inspection and maintenance of the unit however all maintenance shall be performed per the manufacturer's requirements.

When completing an assessment please be sure to obtain a "Site Visit Evaluation Form" from one of our locations. If a contractor is completing the assessment, please submit a copy of the assessment. We are located at:

DeWitt Location:

**5924 Revere Road
PO Box 518
Clinton, IL 61727**

Piatt Location:

**1020 S. Market Street
Monticello, IL 61856**

Please detach this form and provide to homeowner

Once reviewed by both the homeowner and contractor is complete, please sign permit application. These signatures act as a confirmation of adherence to the stipulations of this Agreement.