

FEE: \$150.00

Cash Credit Card Check # _____

FOR OFFICE USE ONLY:

Permit # _____

Approval Date: ____/____/____

Approved by: _____
(Signature)

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DeWitt-Piatt
Bi-County Health Department

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 ____ Other: _____

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 completed by homeowner (must own & occupy single family residence) must be done by a licensed contractor.**

Phone Number: _____ Estimated Date of Installation: _____

6. Septic Tank Specifications and Sizing:

Number of Bedrooms: ____ Number of Residents: ____ 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. (ATU: 500gal)	1125 gal.
3	1000 gal. (ATU: 500gal)	1500 gal.
4	1250 gal. (ATU: 500gal)	2000 gal.
5	1500 gal. (ATU: 750gal)	2200 gal.

Non-residential applications: 1 1/2 times the daily flow rate. A minimum 750gal tank shall be used. ATU not recommended.

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

Tank Manufacturer/Dealer: _____ IL# _____

Aerobic Treatment Unit (ATU) to be installed: Manufacturer: _____ Model: _____

Treatment capacity of ATU: _____ gal (see chart for minimum sizing requirements)

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

Note: Lift stations shall have 1/2 day capacity OR dual pumps

7. Seepage Field Specifications and Sizing

TABLE OF MINIMUM SEEPAGE FIELD REQUIREMENTS		
Soil Investigation Results (attach copy of report to application) APPLICATION RATE BASE ON SOIL REPORT: _____ GPD/sq. ft. *LEAST PERMEABLE SOIL BETWEEN TOP OF FIELD AND 2FT BELOW THE MAXIMUM TRENCH DEPTH * *PLEASE ATTACH A COPY OF THE SOIL REPORT COMPLETED BY SOIL SCIENTIST*	Application Rate (GPD)/Sq. Ft.	Sq. Ft. of Seepage Field per Bedroom
	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

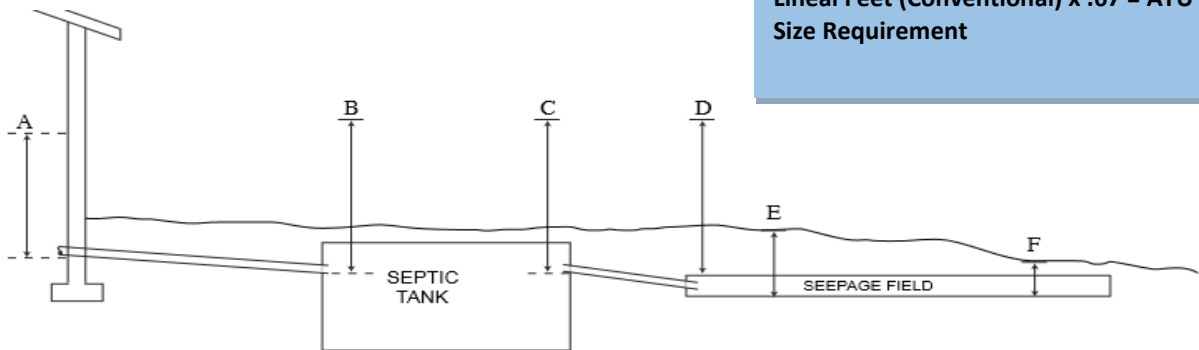
Total Sq. Ft. Required

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

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)

Note for Aerobic Treatment Units:
 Lineal Feet (Conventional) x .67 = ATU Field Size Requirement



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

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:

Check all that apply

- Curtain drain will be installed to address limiting layer. Will be installed a minimum of 24” below the maximum trench depth.
- 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.

Explain: _____

- 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: _____

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

NOTE: A minimum of forty-eight (48) hours notice is required prior to commencement of work. Notice must be provided by phone. Text messages are no longer considered acceptable.

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) Water well location/Geothermal location



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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 if utilizing a chlorination unit and annually for all other means of discharge.

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.

ATTENTION:

In order to obtain approval to receive a building permit from the county zoning office, the following information is required by the health department prior to a review process:

- 1) A completed copy of the Private Sewage System Application.***
- 2) A completed copy of the Private Water Well Application.***
- 3) A proposed layout drawing of the property showing the proposed water well location and private sewage system. If a geothermal system is to be installed, it must also be included on the sketch.**
- 4) Approximate setback distances from property lines and all utilities including the private water well, geothermal, and private sewage system.**

Note: A soil report is required on all private sewage system applications but not required prior to approval for obtaining a building permit. If a soil report is not provided and the soil is determined to be unsuitable for a subsurface field, the homeowner hereby acknowledges that alternative technology will be required. Additional approval may be required by the DeWitt-Piatt Health Department, the Illinois Department of Public Health, and/or the Illinois Environmental Protection Agency.

***Incomplete applications will not be reviewed and will be returned to the current mailing address of the property owner.**

If you have any questions please contact the DeWitt-Piatt Health Department at (217) 762-7911 or (217) 935-3427