



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

Knox County Health Department

**Knox County Health Department · 1361 West Fremont Street · Galesburg, Illinois 61401**  
**P: 309-344-2224 · F: 309-344-5049 · www.knoxcountyhealth.org**

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## **ONSITE WASTEWATER DISPOSAL PERMIT APPLICATION INSTRUCTIONS**

This is the permit application to construct or repair an onsite wastewater disposal system in Knox County. Permit fees are as follows:

- Licensed Contractor Installation     \$150
- Oak Run     \$150
- Homeowner Installation     \$250

If a permit is denied, the fee shall be returned to the applicant. A permit for construction will not be issued until a completed application and fee have been submitted to the Knox County Health Department and an onsite survey performed by Department personnel.

- **Please make checks payable to the Knox County Health Department.**
- **Permit must be issued before installation may begin.**

**THE HEALTH DEPARTMENT MUST BE NOTIFIED FOR A FINAL INSPECTION OF THE  
WASTEWATER DISPOSAL SYSTEM BEFORE BACKFILL.**

**FAILURE TO NOTIFY THE DEPARTMENT WILL RESULT IN LEGAL ACTION.**

**NOTE:** The Final Inspection will result in a statement as to whether or not the onsite wastewater disposal system meets current code. The Knox County Health Department does not guarantee any system, nor does the inspection or permit process result in any general, or implied warrant for use of the system.

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### **INSTRUCTIONS FOR APPLYING FOR A PERMIT**

**Please submit the following:**

- A. Property Description: Please submit a copy of the property description. This may be a copied deed, contract, tax receipt, etc.
- B. Plot Plan: Please submit a diagram of the proposed location of the private sewage disposal system. This plan is required to indicate the following:
  1. Lot dimensions and property lines
  2. Distances of proposed construction to the building served, property lines, existing wells, sewer lines, septic tanks, or other sources of contamination.
  3. Location of service utilities [required: water lines, gas lines, electrical lines, etc.]
  4. Slope of property [required: 1) House to Septic Tank 2) Septic Tank to Field 3) Slope of property
  5. Elevation of the tank at the: 1) inlet and 2) header pipe of the field
  6. Please submit soil investigation reports
- C. EPA National Pollutant Discharge Elimination System Permit (if applicable)

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PERMIT # \_\_\_\_\_  
FEE: \$150.00 (Licensed Contractor Install)  
\$150.00 (Oak Run)  
\$250.00 (Homeowner Install)  
**DO NOT SEND CASH**  
Payable to: Knox County Health Department

## ONSITE WASTEWATER DISPOSAL APPLICATION

Please check the appropriate spaces and fill in all additional information or insert N/A for not applicable.

Application is for:  Knox County  Oak Run (Spoon Valley Lake Sanitary District)  
 New Construction  Replacement  Repair

Reason for Replacement or Repair:  Failure  Resize

### PERMIT INFORMATION

Owner's Name: \_\_\_\_\_ Licensed Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Private Sewage Disposal License #: \_\_\_\_\_

### PROPERTY INFORMATION

Site Address (911): \_\_\_\_\_

Tax ID/ Parcel #: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Lot #: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

Directions to site: (Highway Number, Secondary Roads, Signs to Follow, etc.): \_\_\_\_\_

**Type of Dwelling:**  Single Family, Residential  Non-Residential, Select Type:  Restaurant  Office Bldg.  Church  
 Other, specify: \_\_\_\_\_  Camp  Mobile Home Park  School  
# of Units (employees, seats, etc): \_\_\_\_\_ Design Flow: \_\_\_\_\_ Gallons/day: \_\_\_\_\_

**Type of Use:**  Permanent  Seasonal  
**Sq. Ft. of Property:** \_\_\_\_\_ Basement \_\_\_\_\_ 1<sup>st</sup>Floor \_\_\_\_\_ 2<sup>nd</sup> Floor

**Other Information:** Garbage Grinder  Yes  No Basement Plumbing  Yes  No  
Jetted Tub (>125 Gallons) ...  Yes  No Discharges to: \_\_\_\_\_  
Water Softener ...  Yes  No Discharges to: \_\_\_\_\_

**Water Supply:**  Public Water  Existing Well  Proposed Well  
**Closed Loop Well:**  New  Existing  Proposed  N/A

**INSTALLATION PROPOSAL**

**PRIMARY TREATMENT**

**Septic Tank:** Capacity: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ IL#: \_\_\_\_\_  
Depth of Cover: \_\_\_in Type of Material: \_\_\_\_\_ # of Risers: \_\_\_\_\_

**Aerobic Treatment Tank:** Manufacturer: \_\_\_\_\_ IL#: \_\_\_\_\_  
Type of Material: \_\_\_\_\_ # of Risers: \_\_\_\_\_  
Daily Treatment Capacity: \_\_\_\_\_ GPD Discharge to: \_\_\_\_\_

**Distance to:** Nearest well: \_\_\_\_\_ft Foundation wall: \_\_\_\_\_ft Property line: \_\_\_\_\_ft Water line: \_\_\_\_\_ft

**SECONDARY TREATMENT**

\*\*\*\*\* **ATTACH SOIL INVESTIGATION REPORT** \*\*\*\*\*

Soil Absorption Rate: \_\_\_\_\_ Limiting Layer: \_\_\_\_\_ Depth of Limiting Layer: \_\_\_\_\_ Water Table: \_\_\_\_\_

**Distance to:** Nearest well: \_\_\_\_\_ft Foundation wall: \_\_\_\_\_ft Property line: \_\_\_\_\_ft Water line: \_\_\_\_\_ft  
Closed loop well: \_\_\_\_\_ft Other, specify: \_\_\_\_\_ Distance: \_\_\_\_\_ft

- Gravel system Sq. ft. \_\_\_\_\_ Trench Depth: \_\_\_\_\_
- Gravelless system Linear ft. \_\_\_\_\_ Trench Depth: \_\_\_\_\_
- Chamber system Linear ft. \_\_\_\_\_ Trench Depth: \_\_\_\_\_
- Sand Filter system Sq. ft. \_\_\_\_\_ Trench Depth: \_\_\_\_\_
- Raised Filter Bed Mantle Width: \_\_\_\_\_ft. Mantle Length: \_\_\_\_\_ft. Mantle bed area: \_\_\_\_\_sq.ft.  
Filter Bed Width: \_\_\_\_\_ft. Filter Bed Width: \_\_\_\_\_ft. Filter bed area: \_\_\_\_\_sq.ft.  
Quantity of Wastewater per day: \_\_\_\_\_ Percolation Time: \_\_\_\_\_min./in.
- Other: \_\_\_\_\_ Sq. ft. or Linear ft. \_\_\_\_\_

My signature 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 (please check one):**

- WILL enter waters of the United States**
- WILL NOT enter water 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.

- D. I certify that the attached information is complete and correct and that installation of said facilities will conform to the laws and/or ordinances of Knox County.

**I ACCEPT THE RESPONSIBILITY OF NOTIFYING THE HEALTH DEPARTMENT TO MAKE A FINAL INSPECTION OF THE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PRIOR TO BACKFILLING SAID INSTALLATION.**

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: THIS PERMIT IS VOID AFTER ONE (1) YEAR FROM DATE ISSUED**

**For Office Use Only**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

