PERMIT APPLICATION TO CONSTRUCT A PRIVATE RESIDENTIAL ON-SITE SEWAGE DISPOSAL SYSTEM FOR HOMEOWNER

Whiteside County Health Department, 1300 W 2nd Street, Rock Falls, IL 61071
Phone: 815 626 2230 Fax: 815 205 3653

□ ***Homeowner Installation Permit Fee****: $460.00 □ ***Tank Only:*** $360.00

Owner: _____ Site Address: _____

Mailing Address: _____ City: _____, **IL** Zip: _____

City: _____State: _____Zip:_____ PIN: _____

Owner Phone: _____ _____ _____ Subdivision: _____Lot: _____

Contractor: _____Cell: _____ _____ _____ License Number: _____

Unless individual owns and occupies single family dwelling, passes the homeowner test, installation shall be installed by a licensed contractor

Site Information

□ New Installation Inside 100 year floodplain □ No □ Yes*
□ Renovation □ Failure resulted in: □ Surfacing effluent
□ Sewage back-up □ N/A didn't fail
**New developments prohibited in 100 year floodplain*

Water Supply

□ Private Well □ Semi-Private Well
□ Non-Community Water Supply □ Municipal Supply

Water Usage (Gallons per day)

# of bedrooms:_____× 200 gal/day…… _____gpd
Hot Tub* (≥ 100 gallon capacity only)…… _____gpd
Softener (Add min 50 gal or volume of regenerant wastewater/cycle) ……. _____gpd
Estimated Water Usage……. _____gpd

*Wastewater from ≥ 100 gallon hot tubs shall bypass the septic tank and be routed directly to the subsurface seepage system

Soils Information: □ Soil Investigation (attach soil scientist report) □ N/A Tank replacement only □ N/A Holding tank only
Soil Group: _____ Application Rate (GPD/ft^2): _____ Depth to Limiting Layer: _____
Limiting Layer Type (seasonal high water table, etc.): _____

Primary Treatment (check any that apply)

□ New Tank _____ gals Garbage disposal: □ yes □ no
□ Existing Tank _____ gals
□ Reuse existing outlet baffle □ Replace w/4"Gas Deflection
□ Multiple Tanks 1st _____ gals + 2nd _____ gals
□ Holding Tank Only - No Secondary Treatment
□ Aerobic Treatment Unit (capacity _____ gals)
Make_____ Model_____

Pump Station (if Applicable)

Chamber: □ Attached □ Detached □ STEP*
Capacity: _____gals (min. reserve cap. ½ day's design)

*STEP (septic tank effluent pumping) tank size 1½ X req.d capacity

Secondary Treatment (check any that apply)

□ Subsurface Seepage Field _____Sq. ft.
□ Level □ Serial Distribution
□ Subsurface Seepage Bed _____ Sq. ft.
□ Gravel □ Gravelless (Chamber, EZ Flow, etc.)
Specify Make/Model: _____
□ Reuse Existing Seepage System
Specify Design: _____
□ Receiving Trench/Chlorinated Discharge
□ Alternative (Engineered) System- Attach Plans

Depth of seepage field/bed will not exceed_____"

Request For Variance (If Applicable). Specify Reason: _____

_____

I certify that the information provided in this application (including the site plan and lot/parcel size on the reverse side) and all attachments are correct. I certify no clear water (footing tile or rain water) will be routed to or above the proposed system. I also agree to not vary from the approved design (site plan) unless prior approval is granted. As the owner I am aware of and accept responsibility for servicing and maintaining the system

Applicant Name: _____ Date: _____

Office Use

Application Approved By: _____Date: _____Well Permit #_____

Stipulations/Approved Variances: _____

Permit #

SITE PLAN

To construct: _____ on-site sewage disposal system _____ well and pump _____ geothermal system (check one or more)
(lot/parcel dimensions required)

North
⇧

Please include: **1. Well/septic distances to each other and neighboring well/septic**
2. Structure distances to well/septic and/or lake/pond distance or other contamination site
3. Soil borings on diagram along with elevation sheet
4. Length of each line and distances to property line
5. Distance to water lines
6. Slope

Compliance Agreement: The undersigned affirms that the information denoted on this application is true to the best of his or her knowledge. If the installation plans change the undersigned agrees to submit a revised site plan prior to the installation. In the case of a well replacement the undersigned also agrees to assure that the decommissioned well will be abandoned in accordance with section 920.120 of the IDPH Water Well Construction Code.

Property owner/Contractor _____ Date: ____/____/____

---------- official use only ----------

Approved by _____ Date ____/____/____