

ENVIRONMENTAL HEALTH OFFICE 1300 W. 2nd St. Rock Falls, IL 61071 \$\display\$\display\$ PHONE: (815) 772-7411 EXT. 104 FAX: (815) 772-4723

Maintenance Agreement For Private Sewage Disposal System

As a condition of permit application approval for any septic system being installed, repaired, or renovated after January 1, 2014, the Illinois Department of Public Health requires that property owners acknowledge they are aware of and accept responsibility for servicing and maintaining their private sewage disposal system (Illinois Department of Public Health Private Sewage Disposal Code Sec. 905 20{Q}).

You, as the property owner or sewage disposal system owner, shall maintain all maintenance records. These records must be transferred from owner to owner and shall be kept for the life of the system.

Septic tanks serving both residential and non-residential properties shall be evaluated within three to five years of the date installation of the system. The system can be evaluated by any of the following:

- A. Private Sewage Disposal System Installation Contractor
- B. Illinois Licensed Environmental Health Practitioner
- C. Illinois Licensed Professional Engineer
- D. Representative of the Illinois Department of Public Health
- E. Agent of the Department or Local Health Department
- F. Homeowner

The evaluation shall determine whether the tank or tanks, and all of the compartments of the private sewage disposal system have layers of scum and settled solids greater than 33% of the liquid capacity of the tank. If the initial evaluation 3 to 5 years after installation reveals greater than 33% scum/solids, the tank or tanks, and compartments shall be pumped out and maintenance shall be performed. After the first evaluation, the system shall be evaluated at a minimum of once every 5 years if residential and every 3 years if non-residential.

Aerobic Treatment Unit (ATU) maintenance is covered under a separate operator's permit; these units must be inspected every 6 months. Alternative sewage disposal systems shall be maintained in accordance with the manufacturer's specifications or based on a maintenance interval approved by the Whiteside County Health Department. Proof of maintenance should be submitted to the Local Health Department.

Failure to properly operate, maintain, and have routine service conducted on a private sewage disposal system is a violation of the Illinois Private Sewage Disposal Licensed Act & Code

I/We do hereby agree that I/We acknowledge and accept the responsibility to service and maintain the private sewage disposal system at the properly address listed below and retain all related records. I understand that this signed form must be returned to the Whiteside County Health Department.

Street address or PIN#			
City:	State:	Zip Code:	
Print Name:	S	Signature:	