

PERMIT APPLICATION TO CONSTRUCT A PRIVATE NON RESIDENTIAL SEWAGE DISPOSAL SYSTEM

Whiteside County Health Department, 1300 W 2nd Street, Rock Falls, IL 61071

Phone: 815 772 7411 ext. 104 Fax: 815 772 4723

Permit Fee: \$280.00 **Daily Flows <100 gallons:** \$180.00

Owner: _____	Site Address: _____
Mailing Address: _____	City: _____, IL ZIP: _____
City: _____ State: _____ Zip: _____	PIN: _____
Owner Phone: _____	Subdivision: _____ Lot: _____
Contractor*: _____	Cell: _____ License Number: _____

***Non Residential Installations shall be completed 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 development prohibited in 100 year floodplain*

Water Supply

Private Well Semi-Private Well

Non-Community Water Supply Municipal Supply

Loading Rate (Gallons per day)

System to serve (Describe): _____

Loading Rate Calculations; see Section 905, Appendix A, Illustr. A (Record here or attach) Type of unit(per) _____

Number of units _____ × _____ gpd = _____ gpd

Softener: (Add min. 50 gal. or volume of regenerant wastewater/cycle)..... _____ gpd

Estimated Water Usage..... _____ gpd

Soils Information: Soil Investigation* (attach soil report) Application Rate: _____

***Soils information is not required for tank replacements or the installation of a holding tank.**

Soil Group: _____ Application Rate (GPD/ft²): _____ Depth to Limiting Layer: _____

Limiting Layer Type (seasonal high water table, etc.): _____

Primary Treatment

New Tank _____ gals Existing Tank _____ gals

Garbage disposal: yes no

Aerobic Treatment Unit (capacity _____ gals)

Make _____ Model _____

Multiple Tanks (total capacity _____ gals)

Specify Design: _____

Baffle Condition Good Replace w/4" Gas Deflect.

Pump Station (if Applicable)

Chamber: Attached Detached STEP*

Capacity: _____ gals (min. reserve cap. ½ day's design)

*STEP (septic tank effluent pumping) septic tank size 1½ times required 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

Holding Tank Only- No Secondary Treatment

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.

Applicant Name: _____ Date: _____

Office Use

Application Approved By: _____ Date: _____ Well Permit # _____

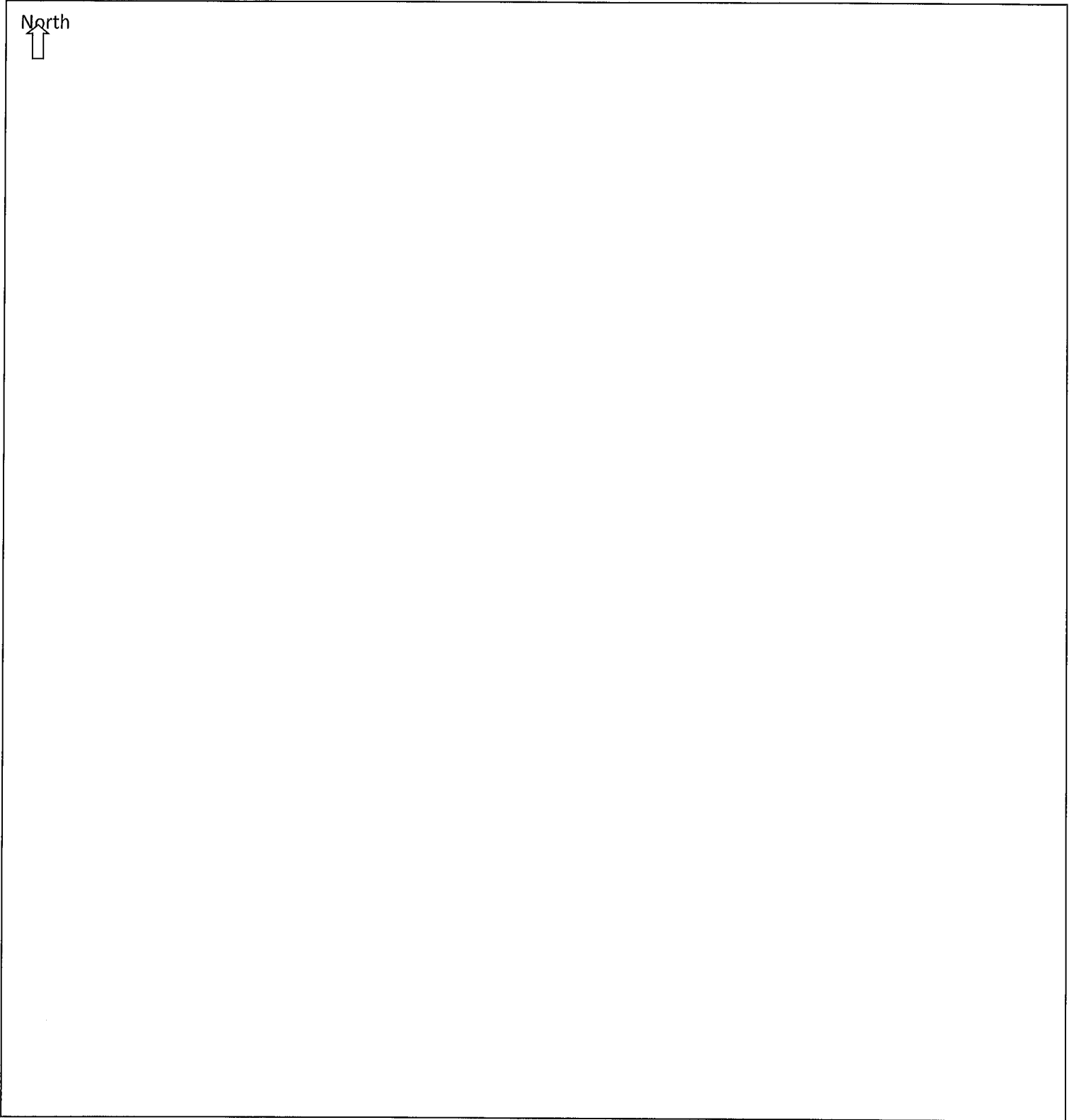
Stipulations/Approved Variances: _____

Permit # _____

SITE PLAN

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

North
↑



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 ____/____/____