

SUBMIT 2 COPIES OF PLANS
W/ SOIL REPORT AND THE
COMPLETED APPLICATION



Application Date _____

Permit Fee \$ _____

New _____ Repair _____

PRIVATE SEWAGE DISPOSAL SYSTEM APPLICATION

Site Information

Address: _____ City: _____ Zip: _____
 P.I.N. # : _____ Township Name: _____ Section: _____
 Subdivision: _____ Lot #: _____

PERMIT NUMBER

Owner Information

Contractor Information

Property Owner: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Company Name: _____
 Contractor Name: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____
 Fax: _____
 State Lic#: _____ County Lic#: _____

Proposed Construction (Check one)
 _____ Single Family Residence
 _____ Multi-Family Residence _____ # of Units
 _____ Commercial (Type of Use)
 _____ Other _____

Proposed Construction (Check all of the following that apply)
 New / Repair _____ Tank _____ ATP
 (circle one) _____ Field _____ Addition to Field
 Type of Chambers _____

Residential
 # of Bedrooms _____ # of Bathrooms _____
 Garbage Disposal _____ (yes/no)
 Jacuzzi/ Hot Tub _____ (yes/no)

Commercial
 No of Employees _____ Meals Per Day _____
 Seating Capacity _____ Showers _____

Subsurface System

| Septic Tank | Seepage Field |
|------------------------|----------------------------|
| Capacity _____ gal. | Total Length _____ lin ft. |
| Capacity #2 _____ gal. | Trench Width _____ in. |
| To well _____ ft. | Seepage Area _____ sq.ft. |
| To building _____ ft. | To Well _____ ft. |
| To lot line _____ ft. | To Lot Line _____ ft. |
| To Building _____ ft. | Total Elevation _____ |

Mechanical Treatment System

Type _____ (Aerobic Unit)
 Capacity _____ gal.
 Nearest Well _____ ft.
 Nearest Bldg _____ ft.
 Subsurface discharge _____ (yes/no)
Surface discharge requires NPDES permit from IEPA

It is clearly understood that the owner assumes full responsibility in obtaining the inspection and final approval of the DeKalb County Health Dept on all portions of this sewage disposal system installation prior to covering any portion of the system. In requesting an inspection call the DeKalb County Health Dept office at 815-758-6673 and give the permit number. I hereby certify that, to the best of my knowledge, the preceding information is correct. In addition, the sewage disposal system will be installed strictly as outlined in this permit application in conformance with the DeKalb County Septic Ordinance/State Code.

| | |
|--|----------------------|
| _____ Signature, Sewage System Contractor | _____ Approved By |
| _____ Signature Owner | _____ Date |
| _____ Date | |

PRIVATE SEWAGE DISPOSAL MAINTENANCE REQUIREMENTS

The Illinois Department of Public Health (IDPH) incorporated maintenance requirements into the Private Sewage Disposal Code. Please read and become familiar with these maintenance and record keeping requirements.

SELECT ONE OF THE FOLLOWING:

RESIDENTIAL PROPERTY:

- **The system shall be evaluated within 3 years after the date of installation of the system.**
- These systems may be evaluated by the homeowner, a licensed Private Sewage Disposal System (PSDS) Installation Contractor, a licensed Environmental Health Practitioner, an IL licensed Professional Engineer, a representative of IDPH or an agent of IDPH or DeKalb County Health Department (DCHD).

NON-RESIDENTIAL PROPERTY WITH A SEPTIC TANK:

- **The system shall be evaluated within 3 years after the date of installation of the system.**
- These systems may be evaluated by a licensed PSDS Installation Contractor, a licensed Environmental Health Practitioner, an IL licensed Professional Engineer, a representative of IDPH, or an agent of IDPH or DCHD.

SELECT THE SYSTEM TYPE FOR THIS PROPERTY:

SEPTIC TANK TO SUBSURFACE SEEPAGE FIELD **SEPTIC TANK TO SAND FILTER TO SUBSURFACE SEEPAGE FIELD**

- After the first evaluation, the system shall be evaluated a minimum of once every 5 years for a residential property or every 3 years for a non-residential property.
- The tank and all of the compartments of the PSDS shall be evaluated to determine if scum and settled solids are greater than 33% of the liquid capacity of the tank.
- If the layers of scum and settled solids are greater than 33%, the tanks and compartments shall be pumped out and maintenance shall be performed.
- Depending on use, tanks & compartments may need to be evaluated and pumped more frequently.

AEROBIC TREATMENT UNITS (ATU's)

- ATU's require an evaluation and maintenance at least every 6 months.
- The homeowner of an ATU may conduct the inspection and maintenance, but the inspection and maintenance shall be performed per the manufacturer's requirements to assure proper operation.
- If the required inspections and maintenance are not performed, the system is in violation of the Illinois Department of Public Health Private Sewage Disposal Licensing Act and Code.

SAND FILTERS WITH SURFACE DISCHARGE **WASTE STABILIZATION POND WITH SURFACE DISCHARGE**

- The system shall be evaluated a minimum of once every year.
- The homeowner of a sand filter or waste stabilization pond may conduct the inspection and maintenance, but the inspection and maintenance shall be performed per the requirements of the Illinois Department of Public Health Private Sewage Disposal Licensing Act and Code.
- The tank and all of the compartments of the PSDS shall be evaluated to determine if scum and settled solids are greater than 33% of the liquid capacity of the tank.
- If the layers of scum and settled solids are greater than 33%, the tanks and compartments shall be pumped out and maintenance shall be performed.
- Depending on use, tanks & compartments may need to be evaluated and pumped more frequently.

All other PSDS's that are not listed shall be maintained in accordance with the manufacturer's specifications or based on a maintenance interval approved by IDPH & DCHD. The owner of a PSDS may submit an alternative maintenance interval for approval. IDPH & DCHD will evaluate the alternative interval on a case-by-case basis. The approval is not transferable from owner to owner. Change in ownership or use of the PSDS will void the approval.

PROPERTY OWNER SIGNATURE — ACKNOWLEDGEMENT & ACCEPTANCE OF MAINTENANCE REQUIREMENTS

I am aware of all maintenance requirements outlined in the Illinois Department of Public Health Private Sewage Disposal Code ("Code"), 77 Ill. Admin. Code 905, and I accept responsibility for servicing and maintaining the system as required by the Code. Further, I am aware of my obligation to, 1) prepare or obtain maintenance records, 2) maintain all maintenance records on forms approved by the Department of Health, 3) make such records available upon request, and 4) transfer the records to any subsequent homeowner.

SIGNATURE OF PROPERTY OWNER

DATE: _____