

**PRIVATE SEWAGE DISPOSAL SYSTEM APPLICATION**

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

<b>Site Information</b>	Parcel Identification Number (PIN)																	
	Address		City	State	Zip													
	Township	Subdivision		Lot #														
<b>Owner information</b>	Owner's Name			Phone														
	Address		City	State	Zip													
	Email																	
<b>Contractor Information</b>	Company Name		State Lic#:															
	Contractor Name			Phone														
	Address		City	State	Zip													
	Fax		Email															
<b>Proposed Construction</b>	<input type="radio"/> Single Family Residence <input type="radio"/> Multi-Family Residence # of Units _____ <input type="radio"/> Commercial            Other _____																	
	<b>Residential:</b> Number of Bedrooms: _____ Jacuzzi Tub: Yes ___ No ___ Garbage Disposal: Yes ___ No ___ Water Softener: Yes ___ No ___ (water softeners discharge line <b>MUST</b> bypass the septic tank)																	
	<b>Commercial:</b> Number of Employees: _____ Meals Per Day: _____ Seating Capacity: _____ Number of Bathrooms: _____ Floor Drains: Yes ___ No ___ Showers: Yes ___ No ___																	
	New ___ or Repair ___ (Check all of the following that apply) Tank ___ ATP ___ Field ___ Addition to Field ___ <b>Field Type:</b> <input type="radio"/> Quick4 EQ36 Chambers <input type="radio"/> Quick4 Plus EQ36LP Chambers <input type="radio"/> Quick4 Plus Standard LP Chambers <input type="radio"/> EZflow Leachfield System <input type="radio"/> ATL <input type="radio"/> SDR 26 <input type="radio"/> SDR 35 <input type="radio"/> Sch 40 <input type="radio"/> Stone <input type="radio"/> Other _____																	
<b>Subsurface System</b>	<b>Tank:</b>		<b>Seepage Field</b>		<b>Mechanical Treatment System</b>													
	Capacity _____ gal.	To Well _____ ft.	To House _____ ft.	To Lot Line _____ ft.	Lift Station _____ gal. (if used)	Holding Tank _____ gal. (if used)	Total Length _____ lin ft.	Trench Width _____ in.	Trench Depth _____ in.	Seepage Area _____ sq.ft.	To Well _____ ft.	To Lot Line _____ ft.	Type _____ (Aerobic Unit)	Capacity _____ gal.	Septic Tank Capacity _____ gal. (if used)	To Well _____ ft.	To House _____ ft.	Surface Discharge _____ (yes/no)

\_\_\_\_\_  
Signature, Sewage System Contractor

\_\_\_\_\_  
Signature Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date

<b>Office Use Only</b>	Permit Fee \$	Permit Number
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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.

# 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: \_\_\_\_\_