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Daniel Woodlock, D.D.S.
BOARD OF HEALTH PRESIDENT

Molly Peters, B.S., L.E.H.P.
PUBLIC HEALTH ADMINISTRATOR

Private Sewage Disposal System Permit Application / Information Packet

Enclosed for your review is a Private Sewage Permit Application and information packet required as per the IL Professions, Occupations, and Business Operations (225 ILCS 225/) Private Sewage Disposal Licensing Act. At this time there is no permit fee but the permit application is required to be completed, submitted and approved prior to any installation. An inspection of the installation by this Department prior to covering is required including a minimum of a 48-hour notice to allow a timely inspection.

Please review the information and if you choose to install a subsurface seepage system you will be required to have an approved soil investigation performed. A list of local approved soil classifiers is also included. A copy of the soils analysis will be forwarded to the Health Department prior to approval. Please note: if the soil is not suitable for a subsurface seepage system, a sandfilter system or an aeration system is an alternative option. Upon receipt of the soil analysis and permit application the Environmental Health Department then shall review and approve or consult with property owner as to a suitable system per the soils report.

The subsurface seepage field types generally used are the following:

- Gravel Field – Rock and perforated pipe in the trench
- Chamber system – no rock, chamber only in the trench
- Gravelless Pipe – no rock, 10" pipe with sock only in the trench
- Seepage Bed – a pit instead of trenches with perforated pipe and rock.

Preliminary site inspections and consultations are available upon request. If you have any questions, please contact me at the Greene County Health Department, 217-942-6961, Ext. 102 and business hours are 8:00 AM to 4:00 PM, Monday – Friday or by appointment if necessary.

Enc.

**GREENE COUNTY HEALTH DEPARTMENT – DIVISION OF ENVIRONMENTAL HEALTH
PRIVATE SEWAGE DISPOSAL SYSTEM**

Name: _____ Date: _____
Address: _____
Phone: _____ ☐ New Construction ☐ Alteration

Contractor: _____ License #: _____ Phone: _____

Note: Work performed by other than homeowner (must own & occupy personal single-family residence) must be done by a licensed contractor.

Location: Subdivision & Lot # _____ 5 acres or more? ☐ Yes ☐ No if no, Lot size _____
Township/Range _____ Section # _____ QTR Sections _____
Detailed Directions to Site: _____

Installation: ☐ Residence ☐ Other _____ Distance to Public Sewer _____
of Employees _____ Design Flow _____ GPD Other Wastewater Generators _____
of Family Units _____ # of Bedrooms _____ Basement? ☐ Yes ☐ No Foot Drains? ☐ Yes ☐ No
(If yes, drains to _____)
Garbage Grinder ☐ Yes Water Softener ☐ Yes Hot Tub ☐ Yes (#Gal. _____) Sewage Sump/Grinder Pump ☐ Yes
of Bathtubs _____ # of Showers _____ # of Toilets _____ Pump chamber size _____
Water Supply: ☐ Private Well ☐ Semi-private Well ☐ non-Community ☐ Municipal/Rural ☐ Cistern ☐ Artesian Well
Well type and depth _____ (drilled, dug, bored, sand point) Distance from septic _____
Soil Evaluation: soil classifier: _____ (attach copy of Soil Data Report to application)
Depth of Limiting Layer: _____ type of layer (water, clay, rock) _____
Type of Soils: _____

Type of System: ☐ Seepage Field ☐ Sand Filter ☐ Aerobic ☐ Other _____
a. Septic tank size _____ gallons, Illinois # _____ **e.** Chlorination Tank Constructed of _____
b. Subsurface Seepage Field type: _____ Treated Gallon Capacity _____
Gravel Field ☐ Gravelless ☐ Chamber System ☐ **f.** Chlorine Feeder Location: _____
Required sq. ft./Bedroom _____ Sq' ☐ Built In ☐ Install Prior to Chlorine Tank
Total Linear Ft. _____ Total Sq. Ft. _____ Sampling Port: ☐ Yes ☐ Not Required
Width of Trenches _____ **g.** Aerobic Treatment Plant: ☐ fiberglass ☐ Concrete ☐ Other
c. Seepage Bed _____ sq. ft. Manufacturer & Model: _____
d. ☐ Sand Filter ☐ Re-circulating Sand Filter _____ sq. ft. Treatment Capacity: _____ gallons per day
Width _____ Length _____ Depth _____ **h.** Location of Audio & Visual Alarms _____
#Collect. Lines _____ #Dist. Lines _____ **f.** Effluent discharged to _____

As property owner, my signature below certifies that I am aware of the requirements of the NPDES permit program and am familiar with the definition of "Waters of the United States". I am aware of and assume responsibility for: proper upkeep and service of this private sewage system in accordance with the Private Sewage Licensing Act (225 ILCS 225) and Section 905.20q) of the code (77 Ill. Adm. Code 905) and compliance with any USEPA & IEPA permits required for this system and compliance with all requirements of said permits as outlined in Section 905.115 of the code.

Specifications: Proposed Elevations

_____ Benchmark	_____ Chlorinator Inlet Invert
_____ Unit Inlet Invert	_____ Chlorinator Outlet Invert
_____ Unit Outlet Invert	_____ Discharge Point
_____ Inlet of Effluent Reduction Field	_____ High Water Elevation

Explanation: _____

Permit is hereby granted to construct a sewage disposal system on above-described property on the basis of the above information and the layout plan as shown on the next page. Deviation from approved application will automatically revoke this permit. This permit void if construction is not started within 12 months.

Application Approved by _____ Date _____

Property Owner's Signature _____ Date _____

LAYOUT SKETCH

Show lot, house, sewage system, and location of all water supplies within 75 feet of property. Include your well and neighbor's well(s) and show all dimensions, including US Waterway(s) distance, grades and elevations.

SETBACK CHECKLIST – include the items below upon the sketch

- | | | |
|--|---|--|
| ☐ Lot Size | ☐ Location of soil analysis | ☐ Materials Labeled |
| ☐ System Dimensions | ☐ All Water Supplies Identified | ☐ Extraordinary Condition Shown (specify) |
| ☐ Utilities Shown | ☐ Required Distance Labeled (neighboring wells, septic, property line, etc.) | |

I certify that I have carefully inspected this individual sewage disposal system prior to backfilling. It is my opinion that all construction has been completed as proposed.

Inspector's Signature _____ Date _____

Comments:

02/22