



**APPLICATION/PERMIT FOR PRIVATE SEWAGE DISPOSAL SYSTEM**

**FEE: \$225.00**

**Septic Permit Number** \_\_\_\_\_ **Date** \_\_\_\_\_

Property/Site Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Township \_\_\_\_\_ Legal Description \_\_\_\_\_ Subdivision \_\_\_\_\_

Lot # \_\_\_\_\_ Tax/Land ID# \_\_\_\_\_ Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Directions to site (from Eureka) \_\_\_\_\_

# Dwelling / Units \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Seasonal Use \_\_\_\_\_ Garbage Grinder: Yes \_\_\_\_\_ No \_\_\_\_\_

Non-residential \_\_\_\_\_ Number of employees \_\_\_\_\_ Gallons per day \_\_\_\_\_ Other wastewater generators \_\_\_\_\_

Type of Installation: New \_\_\_\_\_ Renovated \_\_\_\_\_ Dwelling/Unit: New \_\_\_\_\_ Existing \_\_\_\_\_ Lot Size \_\_\_\_\_

Water Supply: Private Well \_\_\_\_\_ Semi-Private Well \_\_\_\_\_ Community Well \_\_\_\_\_ Public Municipal Supply \_\_\_\_\_

Basement: Yes \_\_\_\_\_ No \_\_\_\_\_ Sewage Ejector: Yes \_\_\_\_\_ No \_\_\_\_\_ Sump Pump: Yes \_\_\_\_\_ No \_\_\_\_\_

Depth of stub-out below final grade \_\_\_\_\_ inches Water softener backwash water will discharge to: (circle A or B)

- A) A separate subsurface seepage system, provided that the seepage field is designed to accommodate the liquid capacity of the water softener on a daily basis. A septic tank is not required in front of a seepage field receiving flow from this device.
- B) A separate building drain, in accordance with the Illinois Plumbing Code, that will discharge to a subsurface seepage system, provided that the seepage field is designed to accommodate the flow from this device on a daily basis. A septic tank is not required in front of a seepage field receiving flow from this device.

Is the property located within 300 feet of a public sewage system? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the property located within a 100-year floodplain? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES – STOP – Contact Woodford County Zoning prior to submitting septic permit application

**SEPTIC TANK** (Primary Treatment)

Septic tank: New \_\_\_\_\_ Existing \_\_\_\_\_ Capacity \_\_\_\_\_ gallons Manufacturer \_\_\_\_\_ Type of Material \_\_\_\_\_

Distance to Nearest Well/Cistern \_\_\_\_\_ ft. Distance to Dwelling \_\_\_\_\_ ft. Distance to Water Line \_\_\_\_\_ ft.

Distance to Well Suction Line \_\_\_\_\_ ft.

Will septic tank outlet and inlet be 12 inches or less from ground surface? Yes \_\_\_\_\_ No \_\_\_\_\_ If the top of the septic tank is greater than 12" below the ground surface, risers on inlet and outlet shall be provided to bring access to within 12" of the ground surface.

NUMBER OF BEDROOMS	MINIMUM LIQUID CAPACITY OF TANK (GALLONS)	MINIMUM LIQUID CAPACITY OF TANK (GALLONS) WHEN GARBAGE GRINDER IS USED
2 or less	750	1125
3	1000	1500
4	1250	2000
5	1500	2200
6	1750	2600
7	2000	3000

**SECONDARY TREATMENT** (Please check or indicate appropriate system below and provide applicable information)

\_\_\_\_\_ **Gravel Trench System** or \_\_\_\_\_ **Gravelless Trench System (8" or 10")**

Total Trench Length \_\_\_\_\_ ft. Trench Bottom/Width (8" to 36") \_\_\_\_\_ in. Trench Spacing (Center to Center) \_\_\_\_\_ ft.  
Trench Bottom/Depth (18" to 36") \_\_\_\_\_ in. (Not to Exceed 36") Bedding Cover (Straw, Building Paper, Etc.) \_\_\_\_\_  
Total Sq. Feet of Absorption \_\_\_\_\_ sq. ft. Earth Cover/Backfill (6" to 24") \_\_\_\_\_ in.  
Distance to Nearest Well/Cistern \_\_\_\_\_ ft. Distance to Nearest Water Line \_\_\_\_\_ ft. Distance to Well Suction Line \_\_\_\_\_ ft.

\_\_\_\_\_ **Chamber System (absorption area = \_\_\_\_\_ 4 sq ft per lineal foot or \_\_\_\_\_ 5 sq ft per lineal foot)**

EQ 36 \_\_\_\_\_ Quick 4 EQ 36 LP \_\_\_\_\_ Quick 4 Plus SLP \_\_\_\_\_  
Total Lineal Feet \_\_\_\_\_ ft. Trench Width \_\_\_\_\_ in. Trench Depth \_\_\_\_\_ in.  
Trench Spacing (Center to Center) \_\_\_\_\_ ft. Earth Cover/Backfill Over Pipe (6" to 24") \_\_\_\_\_ in.  
Distance to Nearest Well/Cistern \_\_\_\_\_ ft. Distance to Nearest Water Line \_\_\_\_\_ ft. Distance to Well Suction Line \_\_\_\_\_ ft.

\_\_\_\_\_ **Seepage Bed**

Total Sq. Feet of Absorption \_\_\_\_\_ sq. ft. Size of Bed \_\_\_\_\_ (W X L)  
Number of Distribution Lines \_\_\_\_\_ Line Spacing (Center to Center) \_\_\_\_\_ ft. (Maximum 6 Feet Spacing)  
Bed Depth to Bottom (24" to 36") \_\_\_\_\_ in. Earth Cover/Backfill (12" to 24") \_\_\_\_\_ in.  
Bedding Cover (Straw, Building Paper, Etc.) \_\_\_\_\_ Distance to Nearest Well/Cistern \_\_\_\_\_ ft.  
Distance to Nearest Water Line \_\_\_\_\_ ft. Distance to Well Suction Line \_\_\_\_\_ ft.

\_\_\_\_\_ **Buried Sand Filter (number of vents \_\_\_\_\_)**

Size of Filter Bed \_\_\_\_\_ (W x L) Number of Distribution Lines \_\_\_\_\_ Number of Collection Lines \_\_\_\_\_  
Total Sq. Feet of Absorption \_\_\_\_\_ sq. ft. Bedding Cover (Straw, Building Paper, Etc.) \_\_\_\_\_  
Effluent Reduction Trenches \_\_\_\_\_ lineal feet Chlorine Contact Tank Capacity (minimum 52 gallons) \_\_\_\_\_ gallons  
Sample port (minimum 4" diameter) \_\_\_\_\_ System to Discharge to Evaporation Rock Bed \_\_\_\_\_ (W x L)  
Distance to Nearest Well/Cistern \_\_\_\_\_ ft. Distance to Nearest Water Line \_\_\_\_\_ ft. Distance to Well Suction Line \_\_\_\_\_ ft.

\_\_\_\_\_ **IL Raised Filter Bed** (An aeration batch treatment system that has been approved by NSF in accordance with NSF Standard 40 shall be used)

Size of Filter Bed \_\_\_\_\_ (W x L) Total Sq. Feet of Absorption \_\_\_\_\_ sq. ft.  
Number of Distribution Lines \_\_\_\_\_ Bedding Cover (Straw, Building Paper, Etc.) \_\_\_\_\_  
Soil Design Group \_\_\_\_\_ Size of mantle \_\_\_\_\_ (Width x Length)  
Distance to Nearest Well/Cistern \_\_\_\_\_ ft. Distance to Nearest Water Line \_\_\_\_\_ ft. Distance to Well Suction Line \_\_\_\_\_ ft.

The mantle shall be sized in accordance with the formula  $A = QT/25$ , where A = Mantle Area, Q = Quantity of wastewater per day, and T = Percolation time of the original soil in minutes per inch. The mantle shall be at least equal to the area of the filter bed. The mantle shall not be designed for a percolation rate equivalent that exceeds 90 minutes per inch. The mantle area is to be cut into original soil to a depth of 6" and back-filled with 12" of torpedo sand. The distribution piping (4 inch perforated pipe) shall be placed level to 15" centers in 12" of 3/4" stone. Sod shall be placed over the filter bed and mantle.

\_\_\_\_\_ **Drip Irrigation System**

Dosing tank (minimum 1000 gallons) \_\_\_\_\_ gallons Dosing pump type & size \_\_\_\_\_  
Time dosing (minimum 6 per 24 hours) \_\_\_\_\_ Total Drip Irrigation Tubing Length \_\_\_\_\_ ft.  
Drip irrigation tubing depth (6" to 12") \_\_\_\_\_ in. Number of drip emitters per lineal foot \_\_\_\_\_  
Trench Spacing Center to Center (2' or 3') \_\_\_\_\_ ft. Number of flush valves \_\_\_\_\_ A/V alarm \_\_\_\_\_  
Distance to Nearest Well/Cistern \_\_\_\_\_ ft. Distance to Nearest Water Line \_\_\_\_\_ ft. Distance to Well Suction Line \_\_\_\_\_ ft.

Drip irrigation tubing shall be installed a minimum of 12" above a limiting layer.

**Aerobic Treatment Plants and NSF International/ANSI Standard 40 Wastewater Treatment Systems**

Dealer \_\_\_\_\_ Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Gallons Per Day \_\_\_\_\_ gallons

Location of alarm in weather-proof box outside of the building served or on aerobic treatment plant \_\_\_\_\_

Effluent Reduction Trenches \_\_\_\_\_ lineal ft.

Chlorine Contact Tank Capacity (minimum 52 gallons) \_\_\_\_\_ gallons Sample port (minimum 4" diameter) \_\_\_\_\_

System to Discharge to Evaporation Rock Bed \_\_\_\_\_ (Width x Length)

Distance to Nearest Well/Cistern \_\_\_\_\_ ft. Distance to Nearest Water Line \_\_\_\_\_ ft. Distance to Well Suction Line \_\_\_\_\_ ft.

Initial service policy: A 2-year policy shall be furnished to the purchaser by the private sewage disposal installation contractor through the manufacturer or the distributor of the aerobic treatment unit. This policy shall provide:

- A) Four inspection/service calls, at least one every 6 months, that include inspection, adjustment and servicing of the mechanical and the applicable component parts to ensure proper function;
- B) An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow, and an examination for odors;
- C) Reporting to the owner immediately any improper operation that cannot be corrected at the time of the inspection or service call. This shall be followed by a written report to the owner that includes the date by which the condition will be corrected.

\_\_\_\_ **Other Approved System** (i.e. Serial Distribution) or Other Additional Information \_\_\_\_\_

Septic Tank and Aerobic Treatment Plant shall be no nearer than 50' to the nearest well/well suction line/cistern, 25' to swimming pool or other body of water, 25' to a public water supply line, 5' to a property dwelling, 5' to a property line

Absorption field shall be no nearer than 75' to the nearest well/well suction line/cistern, 25' to swimming pool or other body of water, 25' to a water supply line, 10' to a property dwelling, 10' to an artificial drain, 5' to a property line.

Distance between gravel trenches a minimum of 6 feet, depending upon width of trench. Depth of trenches a maximum of 36 inches. Length of trenches a maximum of 100 feet (From point of discharge into seepage system.) Trench bottom width a minimum of 8 inches. Trench bottom width a maximum of 36 inches.

Distribution pipe size a minimum of 4 inches. Bedding material depth a minimum of 6 inches beneath the pipe and a minimum of 2 inches over the pipe.

Buried sand filter shall be no nearer than 75' to the nearest well/well suction line/cistern, 15' to swimming pool or other body of water, 25' to a water supply line, 10' to a property dwelling, 10' to an artificial drain, 5' to a property line.

Aerobic treatment plants (ATP) and buried sand filters (BSF) shall have an evaporation bed installed after the system when ponding of effluent is likely to occur. The evaporation bed shall have a minimum size of 50 ft<sup>2</sup>/bedroom. An evaporation bed is not required in sandy soil. Treated Effluent Discharge Point must be a minimum of 25' from any property line.

Effluent reduction trenches for buried sand filters and aerobic treatment plants shall be installed prior to the chlorine feeder pipe and chlorine contact tank. For ATP's without an additional chlorine contact tank, the effluent reduction trenches will be installed prior to the end of the discharge pipe. The maximum amount of effluent reduction trench shall be 25 lineal feet per bedroom or the amount of space available at each proposed site and be set by the Health Officer or his/her designee. All surface discharges must be disinfected prior to discharge.

Is sufficient gravity drainage provided to allow surface effluent to discharge away from the filter bed or ATP?  
Yes\_\_\_\_ No\_\_\_\_ If no, a pumping chamber shall be installed.

Prohibited Influent – No sub-soil drainage, discharge from roof drains, or swimming pool wastewater shall be directed to the private sewage disposal system.

A copy of the Illinois Private Sewage Disposal Licensing Act and Code is on file at the Woodford County Health Department and may be examined on our website, [www.woodfordhealth.org](http://www.woodfordhealth.org), and prior to any installation. Please refer to Section 905.Appendix A, Illustration D of the code for additional minimal allowable distances.

**SOIL ANALYSIS/SOIL INVESTIGATION**

**Soil analysis/Soil investigations shall be conducted according to the provisions of the Illinois Private Sewage Disposal Licensing Act and Code, 2013, or latest edition thereof. At least 4 separate soil borings, a minimum of 50 feet apart, shall be performed at the site of each proposed septic system. Attach copy of signed soil analysis/soil investigation report.**

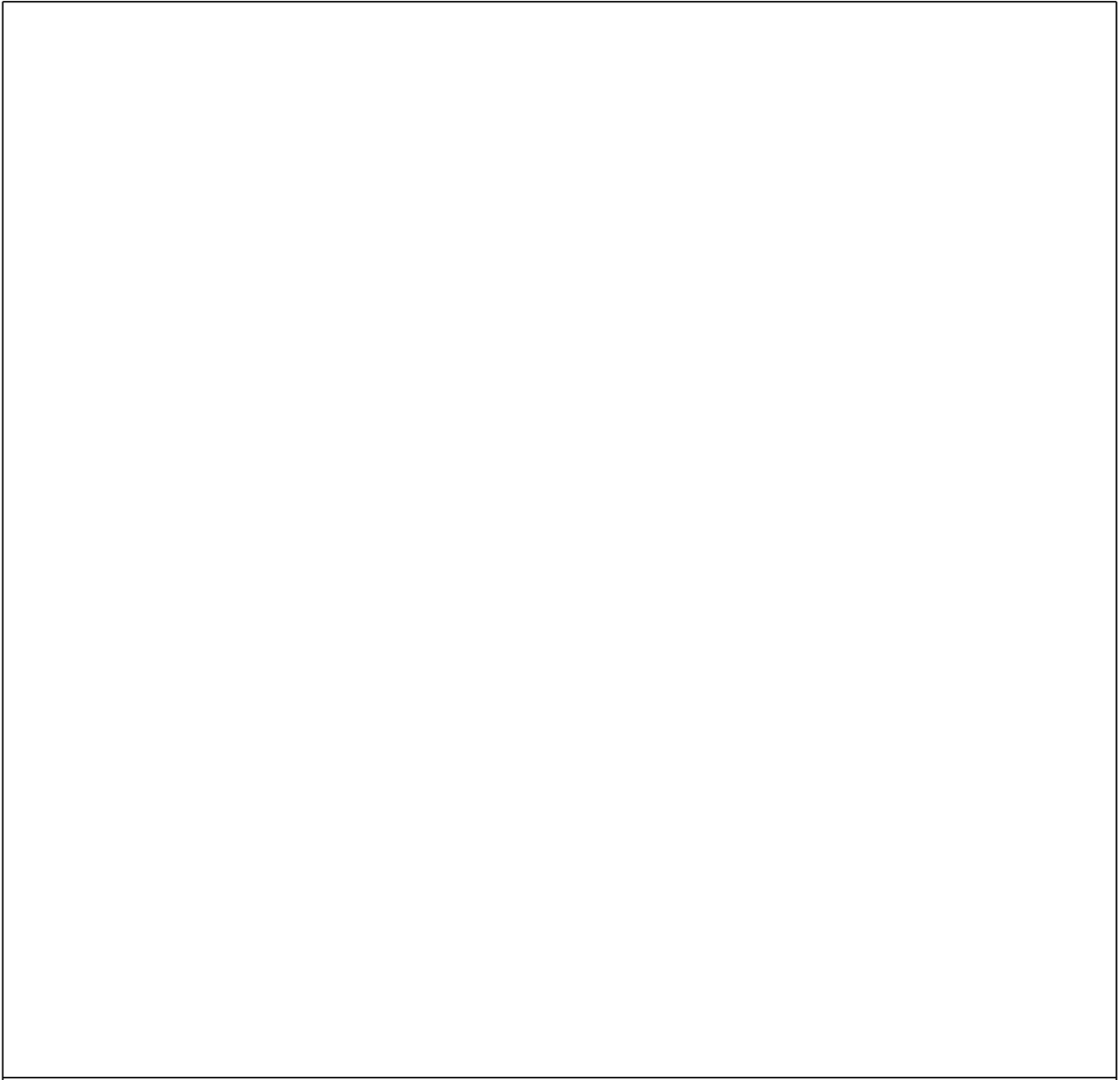
Name of Person Who Conducted Soil Analysis/Soil Investigation: \_\_\_\_\_

Date Soil Analysis/Soil Investigation Conducted: \_\_\_\_\_

PLEASE PROVIDE PLANS TO SCALE:

**PROPOSED SEPTIC SYSTEM LAYOUT**  
**ALL PLANS AND DIAGRAMS ON THIS APPLICATION MUST BE FILLED OUT BY THE INSTALLER.**

-- North --



**SCALE = \_\_\_\_\_ FT.**

Plans or drawings to scale indicating lot size with dimensions showing the location of the system, type of system to be constructed, the dimensions and the length of lateral to be installed showing type of backfill material if applicable, type of approved plastic pipe to be installed, distances to water lines, water wells, cisterns, potable water storage tanks and buildings, geothermal horizontal piping, geothermal vertical wells, site elevations and ground surface elevations sufficient to determine the elevation of system components and the slope of the ground surface, location of sanitary sewer, if available, within 300 feet of the property, 100-year floodplain/flood zone, and typical cross section of the system.

**SEWAGE DISPOSAL COMPLIANCE CERTIFICATE MUST BE ISSUED BEFORE OCCUPANCY  
APPLICANT MUST MAKE REQUEST FOR FINAL INSPECTIONS AT LEAST 48 HOURS IN ADVANCE**

Work authorized hereby must be in accordance with application. **Any work or change as authorized above but not substantially started within 12 MONTHS of date of issuance of this permit shall require a new permit and fee.**

This permit is granted upon the express condition that \_\_\_\_\_ agrees to faithfully comply with the rules and regulations established by the Woodford County Health Department, that said system shall be located in accordance with the above description, and that this permit covers only the construction described herein, and is subject to compliance with all laws, ordinances, and regulations of the State of Illinois, and Woodford County relative to public health.

Dated: \_\_\_\_\_ 20 \_\_\_\_\_ \_\_\_\_\_  
Health Department Representative

Visual inspections shall be made by a representative of the Woodford County Health Department to determine that all requirements of this ordinance are in compliance. Said representative shall have the authority to enter and inspect for health and sanitation purposes any facility for which a permit has been issued at any reasonable time. If, upon inspection, it shall be found that the permit holder has violated any provisions hereof, the Health Department representative shall have the power to revoke said permit or take corrective action.

Any violation of any provisions of this ordinance is a misdemeanor punishable by a fine of not more than \$100 for each offense, as provided by law. Each day the violation continues shall constitute a separate offense.

The private sewage disposal installation contractor is responsible for the sewage disposal system that is designed, constructed, and to abide by all portions of the private sewage disposal licensing act and code of the state of Illinois Department of Public Health and/or the standards of the Woodford County Health Department. All systems must be inspected by a representative of the Woodford County Health Department before final approval. Work authorized hereby must be in accordance with application.

For those surface discharging private sewage disposal systems from which effluent enters into the Waters of the United States that require a general NPDES permit, a permit can be obtained from the US Environmental Protection Agency (USEPA) or the Illinois Environmental Protection Agency (IEPA). Systems permitted under the general NPDES permit shall be in compliance with the terms and conditions of the general NPDES permit. A surface discharging private sewage disposal system that is required to be permitted under an individual NPDES permit shall be in compliance with the terms and conditions of the individual NPDES permit. Information about the applicability of the NPDES permit for surface discharging private sewage disposal systems shall be obtained from USEPA or IEPA.

**It is Woodford County Health Department policy that septic permit applications will not be approved while you wait. The applications will be reviewed in the order in which they are received. Depending on the number of permits received in the previous days and the availability of staff, it may take from 2-7 working days to review applications.**

We hereby certify that we have reviewed this septic permit application and understand the contents. In addition, the information submitted herein is correct to the best of our knowledge.

\_\_\_\_\_  
Owner's Name (Print)    Owner's Signature    Date

\_\_\_\_\_  
Installer's Name (Print)    Installer's Signature    Date

County License Number of Installer (If Licensed Contractor) \_\_\_\_\_

A licensed Private Sewage Disposal System Installation Contractor shall be present at the site during construction, installation, repair, modification or maintenance of a private sewage disposal system. Cleaning, pumping, disposing and hauling of waste from a private sewage disposal system shall be done by a licensed Private Sewage Disposal System Pumping Contractor.

Persons who construct, install, repair or modify a private sewage disposal system shall notify the Woodford County Health Department at least **48 HOURS** prior to commencement of the work.

OFFICE USE ONLY

Approved:

\_\_\_\_\_  
Department Representative Signature                              Permit Number                              Date Issued                              Permit Expiration