Moultrie County Health Department
202 South Main St
Sullivan, IL 61951
Phone 217-728-4114 Fax 217-728-2650

Permit Fee = $100.00
Permit Fee Pd [ ] Yes [ ] No

For Office Use Only
Permit # :
Permit Approval Date:
Approved By:
Inspection Date:
Final Approval By:

RESIDENTIAL Please fill out application with an ink pen

Application for permit to construct a private sewage disposal system

1. Prop. Owner's Name: _____ Day/Cell # : _____
2. Prop. Owner's Mailing Address: _____
3. Contractor's Name: _____ Day/Cell # : _____
4. Contractor's Mailing Address: _____ License # : _____
5. New Home [ ] Existing Home [ ] New System [ ] Repair of Existing System [ ]
6. Site Address: _____
7. Legal Description: Twp. Name: _____ Section # : _____ 1/4 1/4 1/4
   Twp. # : _____ (N)(S) Range # : _____ (E)(W) Lot Size: _____ Subdiv. Name: _____
8. Site has electricity [ ] Yes [ ] No
9. Part-time residence [ ] Full-time residence [ ] Area suject to flooding [ ]
10. Type of Water Supply: [ ] Public Water [ ] Private Water (Well) [ ] Cistern [ ] Holding Tank [ ] Spring
11. Directions to Site: _____
12. Building Info: # Bedrms: _____ # Bathrms: _____ Garbage Disposal [ ] Sump [ ] Lift Station [ ]
    Basement [ ] Pool [ ] Patio [ ] Deck [ ] Shed [ ] Garage [ ] Gazebo [ ] H. Tub [ ] Water Softener [ ]
13. Installing: Septic Tank(s) [ ] Seepage Field [ ] Buried Sand Filter [ ] Aerobic Treatment Plant [ ]
    _____ Other (Specify) Min. 1 cleanout/50' sewer line # of Cleanouts: _____
14. Sewer line type and size: _____ ASTM # : _____

For the IDPH Private Sewage Disposal Code go to: http://www.ilga.gov/commission/jcar/admincode/077/07700905sections.html

**The following sections are requirements for system components listed in #13 above. Fill out only sections that correspond to items checked in #13 above.

Minimum Septic Tank Liquid Capacity Requirements

# Bedrms	w/o G.D.	with G.D.
2 or less	750	1125
3	1000	1500
4	1250	2000
5	1500	2200
6	1750	2600
7	2000	3000

15. Capacity of septic tank(s) to be installed: _____ gallons
    _____ gallons
    Septic Tank Manufacturer: _____
    Existing Septic Tank to be used: [ ] Y [ ] N [ ] N/A
    Existing tank watertight, baffles in good repair: [ ] Y [ ] N [ ] N/A
    Tank has been pumped out: [ ] Y [ ] N [ ] N/A
    Approximate capacity of existing tank: _____ gallons

Note: Percolation tests may no longer be used to design subsurface disposal systems.

16. Name of Certified Soil Classifier hired for soil evaluation: _____ See attached soil eval. report
17. The least permeable soil layer between the top of the gravel, graveless, or chamber system and 2 ft. below the bottom of the trench shall be used to determine the size of the subsurface seepage system.
18. Soil Suitability for On-Site Sewage Disposal

Design Group	Min. Sep. to Lim. Layer	Permeability Range	Size of System	
			Residential (Sq.Ft./Bdrm)	Commercial (GPD/Sq.Ft.)
II	3 feet	Rapid	200	1
III	3 Feet	High Moderately Rapid	220	0.91
IV	3 Feet	Low Moderately Rapid	240	0.84
V	3 Feet	Very High Moderate	265	0.75
VI	3 Feet	High Moderate	290	0.69
VII	2 Feet	Moderate	325	0.62
VIII	2 Feet	Low Moderate	385	0.52
IX	2 Feet	High Moderately Slow	445	0.45
X	2 Feet	Low Moderately Slow	500	0.4
XI	2 Feet	Slow	740	0.27
XII	2 Feet	Very Slow	1000	0.2

Refer to 905.AppendixA Illustration M of sewage code for additional details

D. Groups I, XII, & XIII not recommended for subsurface sewage disposal

Design criteria for the installation of subsurface seepage chamber systems

Manufact.	Chamber System	Average Inside Bottom Dim.	Absorp. Area Sq. Ft./Lin. Ft.
ADS	BioDiffuser Bio2 (Bio2)	1	2.5
	ARC24	1.6	4
	BioDiffuser Bio3 (Bio3)	1.6	4
	BioDiffuser ARC36 (ARC36)	2.43	5
	BioDiffuser ARC36LP (ARC 36 LP)	2.43	5
Infiltrator	Equalizer 24 (EQ24)	1	2.5
	Equalizer 36 (EQ36)	1.6	4
	Qk4 Equalizer 24 (Qk4 EQ24)	1.09	2.7
	Qk4 Equalizer 36 (Qk4 EQ36)	1.6	4
	Qk4 EQ36 StraightLock (QK4 EQ36SL)	1.6	4
	Qk4 Plus EQ36 Low Profile (LP)	1.61	4
	Qk4 Plus Standard Low Profile (LP)	2.44	5

****Any construction or excavation performed by any individual other than the person who owns & occupies a single family dwelling shall be performed by a licensed Private Sewage Disposal System Installation Contractor or an individual under the direct supervision of a Licensed Private Sewage Disposal System Installation Contractor.**

19. Chamber Subsurface Seepage Field

Multiply:_____ (Sq. Ft./ Bdrm) X _____ (# Bdrms) Equals = _____ (Total Sq.Ft.) Divided By _____ (Sq.Ft/Lin.Ft. of Chamber) Equals = _____ (Total Lin.Ft. required)

SURFACE DISCHARGING SYSTEMS

Effective 02/10/14, all surface discharging private sewage disposal systems from which effluent enters into Water of the U.S. are required to be covered under the U.S.E.P.A. national pollutant discharge elimination system (NPDES) permit no. ILG62. A permit can be obtained from the U.S.E.P.A. (www.epa.gov/region5/water/npdestek/surfacedischarge/). Systems covered under general NPDES permit no. ILG62 shall be in compliance with the terms and conditions of the permit. To apply for NPDES permit coverage, a notice of intent (NOI) form must be submitted to U.S.E.P.A. Persons who submit a NOI in accordance with NPDES permit requirements are authorized to discharge under the terms and conditions of the permit 30 calendar days after the NOI is received by U.S.E.P.A. **Discharging into Waters of the U.S. : [ ] Yes [ ] No**

If Discharging into Waters of the U.S. is checked "Yes", NOI form must have been submitted to the U.S.EPA

NOI form must be sent by certified mail with signature of receipt.

Date Sent:_____

Certified mail signature card provided: [ ] Yes [ ] No

If Discharging into Waters of the U.S. is checked "No", Attachment A must be completely filled out and notarized.

Frequently Asked Questions on EPA's NPDES General Permit for New and Replacement Discharging Systems in Illinois is included with Attachment A.

*Any surface discharging system installed, repaired, renovated, or replaced shall have a sample port of at least 4" min. diameter which extends min. 3" above grade or a free-fall discharge of min. 12" located after the disinfection component.

Buried Sand Filter Requirements **Sizing =200 Sq. Ft./Bedroom**

20. Multiply 200 (Sq. Ft.) X _____ (# Bdrms) Equals = _____ (Total Sq.Ft. of Sand Filter) Sand Filter Dim. = _____ Ft. x _____ Ft.

21. Collection & Distribution Lines : **Collection line slope = 6"/100'** **Distribution line slope = level (+/- 1/2")**

collection lines (1/10ft. of width):_____ # distribution lines (3' centers & 1.5' from sidewalls):_____

22. # Vents:_____ *Min. 1 Vent located on the downstream end of the distibution lines required.

Aerobic Treatment Unit Requirements

Sizing Chart	
Bdrms	Min. GPD
1	400
2	400
3	500
4	500
5	750
6	900
7	1000
8	1200
9	1350
10	1500

23. Model: _____ Size: _____ Gpd

Audio/visual alarm: [ ] Alarm located outside building: [ ] 18" access manhole: [ ]

24. Effluent discharging to: [ ] Surface [ ] Lake, River, Pond, etc. [ ] Tile

[ ] Effluent reduction line(s) followed by a surface discharge.

[ ] Subsurface seepage field with no surface discharge.

[ ] Other Specify:_____

25. Initial 2 yr. service policy provided (Min. 4 service calls, one/six months): [ ]

Service Provider: _____

Owner's Manual provided: [ ] Service label provided: [ ]

***Subsurface seepage field shall be installed as shallow as possible while maintaining a min. 6" cover.**

***There shall be a min. 12" separation distance between the trench bottom and shallowest limiting layer.**

Disinfection Type: Chlorination [ ] U.V. Light [ ] Other: _____

Disinfection Equipment NSF/ANSI Approved: [ ] Contact Tank built-in to ATU: [ ] C.Tank type/size: _____ Gal.

Contact Tank baffled: [ ] Feeder access above grade: [ ] (Min. 30 Gal.)

***The effluent from any new, repaired, or replaced private sewage disposal system that is designed and approved to have a discharge point shall be disinfected prior to discharge.**

***Any disinfection process or equipment that does not meet the requirements of NSF Int./ANSI Standard 46, Section 11 or does not provide proper disinfection as determined by adequate third party testing will not be approved for installation.**

When the private sewage disposal system incorporates a discharge to a subsurface seepage field as a method to reduce the amount of effluent at the discharge point, the disinfection device shall be the last component prior to the discharge point.

Pressure Dosing Pump Type/Size: Pipe type/size:

Pumping chamber type and size: _____ (1/2 days design flow reserve capacity required if single pump used)

Access riser 6" above grade provided: [ ] Dosing volume = 5 x pipe volume of network + filling@ drainback of network.

High water alarm: [ ] Audible & visual signals with a test function on a separate circuit required. Located outside building: [ ]

Minimum Allowable Distances

System Component	Cistern, Water Well, Suction Line	Water Ln. (Pressure)	Lake, River, Pond, Swimming Pool	Building	Property Line	Artificial Drain/Tile
Building Sewer	50	10	25	0	0	0
Septic Tank, ATU	50	10	25	5	5	0
Distribution Box	75	10	25	10	5	0
Subsurface Seep. Tren.	75	25	25	10	5	10
Buried Sand Filter	75	25	15	10	5	10
Privy	75	25	25	20	5	10
Waste Stab. Pond	75	25	25	20	5	10
Surface Discharge Ln.	50	10	0	0	5	0
Effluent Rec. Trench	75	25	15	10	5	10
Effluent Discharge Pt.	50	10	0	20	25	25
Class V Inj. Wells	200	25	25	10	5	10

The building sewer or surface discharge effluent line may be located within 10ft. of a well or suction line from the pump to the well when cast iron pipe with mechanical joints or sch. 40 pvc pipe with watertight joints is used for the building sewer or surface discharge effluent line.

Service and Maintenance Requirements

After 01/01/14, as a condition of applying for an installation approval required by Section 905.190, the signature by the property owner(s) on the installation approval submission/construction permit for any private sewage disposal system being installed, repaired, or renovated serves as written acknowledgment that the property owner(s) are aware of and accept the responsibility to service and maintain the private sewage disposal system in accordance with the Act and this Part.

The property owner or the private sewage disposal system owner shall maintain all maintenance records on forms provided or approved by the department and make records available upon request by the department or local authority. These records shall be transferred from owner to owner. Records shall be kept for the life of the system.

1. After 01/01/14, private sewage disposal systems installed and permitted under Section 905.190 are required to be maintained and serviced to ensure proper operation in accordance with the following:
   - A. Septic tank to a subsurface seepage system or septic tank followed by a sand filter discharging to a subsurface seepage system.
     - *Residential properties shall be evaluated within 3 years of initial installation, then once very 5 years.
     - *Non-residential properties shall be evaluated within 3 years of initial installation, then once every 3 years.
   - B. An aerobic treatment unit (ATU) requires evaluation and maintenance at least once every 6 months.
   - C. Sand filters and waste stabilization ponds with surface discharges shall be evaluated at least once every year.
   - D. All other private sewage disposal systems that are not listed in Subsection (q)(3)(A) through (C) shall be maintained in accordance with the manufacturer's specifications or based on a maintenance interval approved by the department.
   - E. The owner of a private sewage disposal system may submit an alternative maintenance interval to the department for approval. The department will evaluate the alternative interval on a case-by-case basis. The approval is not transferrable from owner to owner. Change in ownership or use of the private sewage disposal system will void the approval.

Failure to operate, maintain, and provide routine service on a private sewage disposal system is a violation of the Act and this Part punishable by civil fines.

I acknowledge I have read and understood the service, maintenance, and record keeping requirements noted above. I accept the responsibility to service and maintain the private sewage disposal system I am applying to install for the life of the system or as long as I own the property.

Dated this _____ day of _____, 20

_____ Print (Property Owner)

_____ Signature (Property Owner)

Proposed Plot Layout

N

W E

S

Applicant, make a drawing of the proposed plot layout plan. Use the following check list as a guideline for the drawing. Place a check mark after each item below included on the drawing. Please use a ruler for the drawing.

1. Location of all buildings and structures on the property _____
2. Location of private sewage disposal system to be installed _____
3. Location of all water wells on the property and within 75ft. of property lines. _____
4. Location of all water lines on the property and within 25ft. of property lines _____
5. Location of all utility and drainage easements. _____
6. Location of footing tiles and sump/water softener discharge lines. _____
7. Location of all field tiles and subdivision tiles on the property. _____
8. Location of percolation/limiting layer test holes. _____
9. Location of all ponds, streams, rivers, lakes, waterways, etc. _____
10. Location of swimming pools on the property. _____
11. Indicate all min. distance requirements are met (See chart at bottom of pg. 2) _____
12. Indicate site elevations and slope. _____

*The soil classifier or Illinois licensed professional engineer shall be responsible for the accuracy of the information in soil investigations used to design private sewage disposal systems.

*All components of the private sewage disposal system shall be inspected by a representative of this department prior to backfilling the system. Sand filters require a min. of 2 inspections, one for collection lines and one for distribution lines.

*All slopes shall be verified with a laser or transit provided by the contractor or homeowner.

*48 hours notice is required prior to date inspection is needed.

I hereby certify that I have reviewed this permit application for the installation of a private sewage disposal system and agree that the information submitted herein is accurate to the best of my knowledge.

_____ _____

Signature Date

CERTIFICATION

SDS WITHOUT NPDES PERMIT

ATTACHMENT A

I HEREBY SWEAR:

1. I have read and understood the "Frequently Asked Questions on EPA's NPDES General Permit for New and Replacement Surface Discharging Systems in Illinois."

2. I am aware of and understand the requirements of the U.S.EPA NPDES permit program and have reviewed the definition of Waters of the United States.

3. I am aware of and accept full responsibility for proper upkeep and service of this private sewage disposal system in accordance with the Private Sewage Disposal Licensing Act (225 ILCS 225) and Code (77 Ill. Adm. Code 905.20 q). I am aware that if at any time my system has been determined by U.S.EPA or IEPA to be discharging into Waters of the United States, I will be subject to all NPDES permit requirements and/or possible fines as set forth in Section 905.115 of the Code.

4. I take full responsibility and attest that the effluent discharge of my system will not enter into Waters of the United States and therefore is not subject to U.S.EPA NPDES permit coverage. I accept full liability and responsibility of this claim and will hold harmless the Moultrie County Health Department.

_____

SIGNATURE

Sworn and subscribed to before me this_____day of_____A.D.20_____

_____}

NOTARY PUBLIC

_____

SEAL