



PRIVATE SEWAGE DISPOSAL SYSTEM APPLICATION

\$300.00 Fee Payable to the St. Clair County Health Department

IMPORTANT: The St. Clair County Health Department does not guarantee trouble free operation of this sewage treatment system by the issuance of a sewage permit or final approval of the installation. The contractor is responsible for the installation in compliance with the Illinois Private Sewage Disposal Licensing Act and Code, and the current St. Clair County Private Sewage Disposal Ordinance 19-2. By signing this application, the property owner assumes full responsibility for maintenance and record keeping, as outlined in Section 905.20(q) of the Illinois Private Sewage Disposal Licensing Act and Code; and assumes full responsibility for any nuisance or health hazard that might result from the use of the system.

**ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED
 BEFORE A CONSTRUCTION APPROVAL FORM IS ISSUED.**

1. HOMEOWNER (mailing address)

Name: _____
 Address: _____
 _____ Zip _____
 Phone Number: _____
 Email Address: _____

2. LICENSED SEWAGE CONTRACTOR

Name: _____
 Address: _____
 _____ Zip _____
 Phone Number: _____ ID# _____
 Email Address: _____

3. Propose a new/renovated (circle one) sewage system at this address:

_____ which is a single-family dwelling/business (circle one).

4. LOCATION:

Township: _____ Acreage/Lot Size: _____
 Subdivision: _____ Lot #: _____

5. DIRECTIONS TO PROPOSED SITE: _____

6. SITE INFORMATION: (fill in all required information)

No. of Bedrooms _____ Garbage Disposal _____ Type of Business _____
 Basement _____ Water Softener _____ No of Employees _____
 Hot Tub _____ Operating Hours _____
 Water Supply: Public _____ Private _____

7. SOIL INVESTIGATION:

Conducted By: _____ Date: _____
 BORING 1 _____ BORING 2 _____ BORING 3 _____
 _____ (GPD/ft²) X _____ (# bedrooms) EQUALS _____ ft²

8. CHECK DESIRED PRIVATE SEWAGE DISPOSAL SYSTEM:

_____ Septic Tank with Subsurface Seepage System (**must include soils analysis results**)
 _____ Septic Tank with Buried Sand Filter
 _____ Aerobic Treatment Unit (**complete all questions**)
 Manufacturer of Aerobic Treatment Unit: _____
 Make & Model of Unit: _____ Size of Unit (GPD): _____
 Discharge to: _____
 Other: _____
 _____ Other Proposed System _____

9. Will the Discharge from the Private Disposal System, discharge to Waters of the United States? Yes No

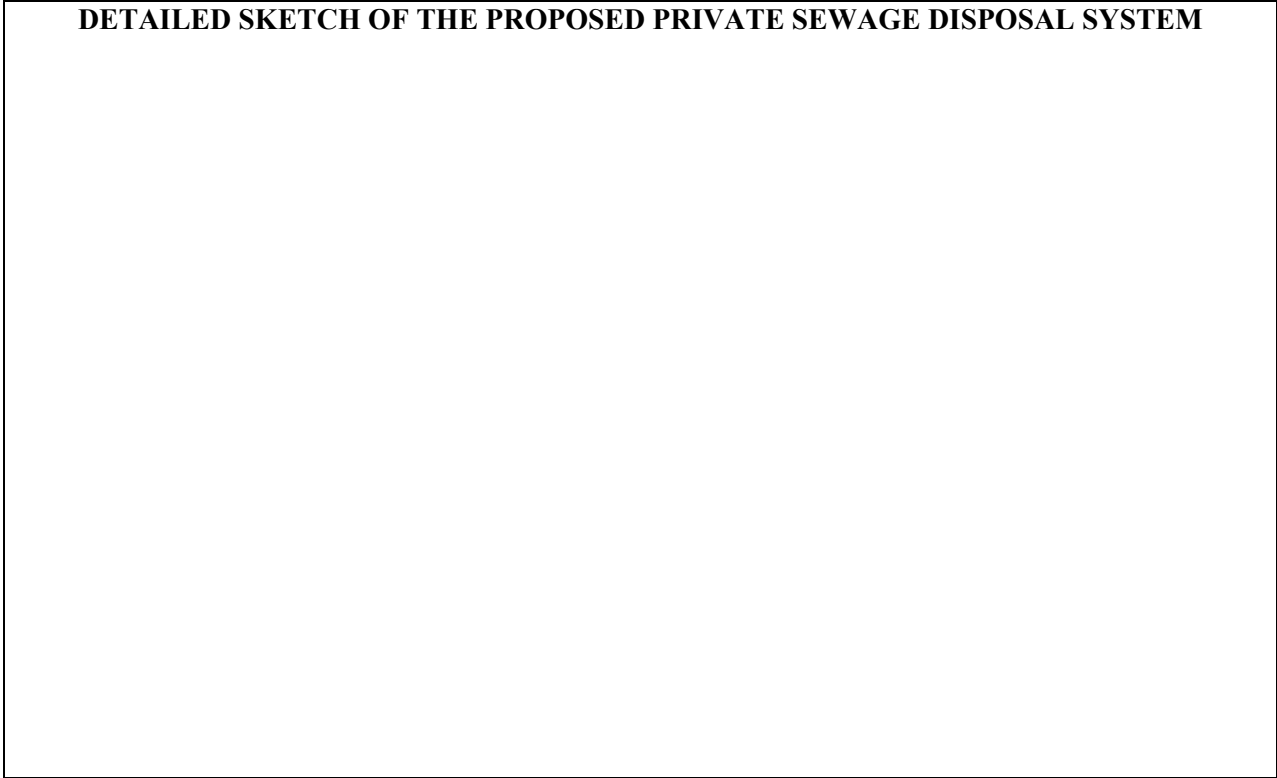
If yes, a National Pollutant Discharge Elimination System (NPDES) permit must be submitted to United States Environmental Protection Agency (USEPA)

Go to: www.epa.gov/region5/water/npdestek/surfacedischarge for application process.

THE FOLLOWING DISTANCES MUST BE OBSERVED:

1. The **SEPTIC TANK/AERATION UNIT** must be at least **5 feet** from the nearest **DWELLING**.
2. The **SEPTIC TANK/AERATION UNIT** must be at least **5 feet** from the nearest **PROPERTY LINE**.
3. The **SEPTIC TANK/AERATION UNIT** must be at least **50 feet** from the nearest **WELL/SINKHOLE**.
4. The **EFFLUENT REDUCTION** must be at least **10 feet** from the nearest **DWELLING**.
5. The **EFFLUENT REDUCTION** must be at least **75 feet** from the nearest **WELL/SINKHOLE**.
6. The **EFFLUENT REDUCTION** must be at least **5 feet** from the nearest **PROPERTY LINE**.
7. All **SURFACE DISCHARGES** must be a minimum **75 feet** from the nearest **BODY OF WATER**.
8. All **SURFACE DISCHARGES** must be a minimum **75 feet** from all **PROPERTY LINES**.
9. All wastewater must be connected to the private sewage disposal system (toilets; showers; sinks; laundry; garbage disposals; etc.). Do not direct clear water (sump pump, gutter drains, etc.) or water softener backwash (special requirements) to the private sewage disposal system.

DETAILED SKETCH OF THE PROPOSED PRIVATE SEWAGE DISPOSAL SYSTEM



MAKE SURE TO INCLUDE THE FOLLOWING INFORMATION IN THE DIAGRAM:

Water Supply _____ Neighbor's Well _____ Lot Slope _____ Location of Soil Borings _____
Distances Labeled _____ Buildings _____ Bodies of Water _____ Property Lines _____

By signing below, I certify that the attached information is complete and correct and that, if approved, the work will conform with the current Private Sewage Disposal Licensing Act and Code, and the current St. Clair County Private Sewage Disposal Ordinance 19-2. I understand that obtaining an NPDES permit from the U.S.EPA is required when discharging to Waters of the U.S. EPA's regulations at 40 C.F.R. § 122.2 defines Waters of the United States.

Signature of Owner

Date

Signature of Contractor

Date

OFFICE USE ONLY: Paid By: _____ **Date:** _____ **Check #** _____
Please Print
Amount \$ _____