ST. CLAIR COUNTY HEALTH DEPARTMENT
19 PUBLIC SQUARE, STE 150
BELLEVILLE IL 62220 618/233-7769
www.health.co.st-clair.il.us

SEWAGE PERMIT #: _____

PARCEL #:_____

PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION

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

PERMITS ARE NON-REFUNDABLE

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 Illinois Environmental Protection Agency

Go to: https://epa.illinois.gov/topics/forms/water-permits/npdes.html 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 of **75 feet** from the nearest **BODY OF WATER.**
8. All **SURFACE DISCHARGES** must be a minimum of **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 Illinois 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**

PERMITS ARE NON-REFUNDABLE

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

Amount $ _____

Rev 09/2024 LA