



KENDALL COUNTY HEALTH DEPARTMENT
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SEPTIC PERMIT # _____	_____ / _____ / _____	FOR OFFICE USE ONLY
APPROVED BY _____	P _____ D _____ V _____	DATE _____
PAYMENT \$ _____	CASH <input type="checkbox"/> CREDIT <input type="checkbox"/> CHECK# _____	INVOICE # _____

ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION

TYPE OF PERMIT REQUESTED

NEW OR REPLACEMENT PERMIT \$340.00
 REPLACING OWTS TANK & SOIL ABSORPTION

FIELD/SOIL ABSORPTION REPAIR PERMIT \$200.00
 REPLACING OWTS SOIL ABSORPTION ONLY

TANK REPLACEMENT \$100.00
 REPLACING OWTS TANK ONLY

PROJECT ADDRESS _____ CITY _____ PIN# _____

TOWNSHIP _____ **INCORPORATED: YES NO** SUBDIVISION _____ LOT # _____

OWNER _____ PHONE _____

CURRENT MAILING ADDRESS _____ CITY/ZIP _____

BUILDER/G.C. NAME _____ PHONE _____

MAILING ADDRESS _____ CITY/ZIP _____

STRUCTURE TO BE SERVED

PRIVATE RESIDENCE
 MULTI-FAMILY
 OTHER USE: _____

NUMBER OF BEDROOMS: _____ EST. GALLONS PER DAY: _____ EMPLOYEES PER DAY: _____ NUMBER OF MEALS PER DAY: _____

H2O SOFTENER: YES NO
 DRAINS TO: SEPARATE SEEPAGE SYSTEM
 SEPARATE BUILDING DRAIN
 EST. GPD FOR SOFTENER: _____

GARBAGE DISPOSAL: YES NO
 HOT TUB: YES NO
 BURIED LAWN SPRINKLING SYSTEM: YES NO
 (IF YES, CONTACT KCHD)

CLEAR WATER DRAINS TO: _____

WATER SUPPLY

PRIVATE WELL
 SEMI-PRIVATE WELL
 NON-COMMUNITY

SHARED WELL
 PUBLIC WATER SUPPLY
 OTHER: _____

SOIL REPORT INFORMATION

DESIGN GROUP: I II III IV V VI VII VIII IX X XI XII
 LOADING RATE: _____ GPD/FT²
 DEPTH TO SHALLOWEST LIMITING LAYER: _____

SEPTIC SYSTEM INFORMATION - DESCRIBE THE SYSTEM TO BE INSTALLED. INCLUDE DETAILS OF ALL COMPONENTS.

NOTE: ALL PERTINENT LOT AND SEPTIC SYSTEM MEASUREMENTS, COMPONENT SPECIFICATIONS, TOPOGRAPHY, SYSTEM ELEVATIONS AND OTHER CONSTRUCTION DETAILS, INCLUDING THE LOCATION OF NEARBY WATER WELLS, MUST BE PROVIDED ON A PLAT OF SURVEY OR SCALE DRAWING. KCHD RECOMMENDS THAT DRAWINGS BE PROFESSIONALLY ENGINEERED OR DESIGNS BE TRANPOSED OVER A TOPOGRAPHIC SURVEY.

OTHER CONSTRUCTION DETAILS

SEWER LINE CONSTRUCTION: _____ HEADER LINE CONSTRUCTION: _____ SEEPAGE FIELD CONSTRUCTION: _____

DEPTH OF STONE UNDER SEEPAGE TILE: _____ DEPTH OF STONE OVER SEEPAGE TILE: _____

FINAL GRADE OF THE SEEPAGE AREA TO BE LOWERED: YES NO N/A
 HOW MANY INCHES: _____

FINAL GRADE OF THE SEEPAGE AREA TO BE RAISED: YES NO N/A
 HOW MANY INCHES: _____

CONTRACTOR INFORMATION & SIGNATURE

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE PRECEEDING INFORMATION AND ACCOMPANYING DOCUMENTS ARE ACCURATE AND THAT THE PRIVATE SEWAGE DISPOSAL SYSTEM WILL BE INSTALLED ACCORDING TO ALL APPLICABLE CODES & ORDINANCES.

CONTRACTOR NAME: _____ LICENSE NUMBER: 049- _____

ADDRESS: _____ PHONE: _____

DATE: _____

SIGNATURE OF INSTALLER/CONTRACTOR

SEE PAGE 2 FOR PROPERTY OWNER SIGNATURE AND MAINTENANCE REQUIREMENTS

OWTS MAINTENANCE REQUIREMENTS

The Illinois Department of Public Health (IDPH) incorporated maintenance requirements into the IL Private Sewage Disposal Code. Please read and become familiar with these maintenance and record keeping requirements.

SELECT ONE OF THE FOLLOWING:

RESIDENTIAL PROPERTY:

- **The system shall be evaluated within 3 years after the date of installation of the system.**
- These systems may be evaluated by the homeowner, a licensed Private Sewage Disposal System Installation Contractor, a licensed Environmental Health Practitioner, an IL licensed Professional Engineer, a representative of IDPH or an agent of IDPH or Kendall County Health Department (KCHD).

NON-RESIDENTIAL PROPERTY WITH A SEPTIC TANK:

- **The system shall be evaluated within 3 years after the date of installation of the system.**
- These systems may be evaluated by a licensed Private Sewage Disposal System Installation Contractor, a licensed Environmental Health Practitioner, an IL licensed Professional Engineer, a representative of IDPH, or an agent of IDPH or KCHD.

SELECT THE SYSTEM TYPE(S) FOR THIS PROPERTY:

SEPTIC TANK TO SUBSURFACE SEEPAGE

- After the first evaluation, the system shall be evaluated a minimum of once every 5 years for a residential property or every 3 years for a non-residential property.
- The tank and all of the compartments of the system shall be evaluated to determine if scum and settled solids are greater than 33% of the liquid capacity of the tank.
- If the layers of scum and settled solids are greater than 33%, the tanks and compartments shall be pumped out and maintenance shall be performed.
- Depending on use, tanks & compartments may need to be evaluated and pumped more frequently.
- If the system contains an effluent filter in a septic tank, annual maintenance is required.

AEROBIC TREATMENT UNITS (ATU's)

- ATU's require an evaluation and maintenance at least every 6 months.
- The homeowner of an ATU may conduct the inspection and maintenance, but the inspection and maintenance shall be performed per the manufacturer's requirements to assure proper operation.
- If the required inspections and maintenance are not performed, the system is in violation of the Illinois Department of Public Health Private Sewage Disposal Licensing Act and Code.
- If the system contains an effluent filter in a septic tank, annual maintenance is required.

OTHER SYSTEMS NOT LISTED HERE SHALL BE MAINTAINED IN ACCORDANCE WITH THE MANUFACTURER'S SPECIFICATIONS OR BASED ON A MAINTENANCE INTERVAL APPROVED BY IDPH & KCHD.

- The owner of a OWTS may submit an alternative maintenance interval for approval.
- IDPH & KCHD will evaluate the alternative interval on a case-by-case basis.
- **Contact KCHD if you are unsure of the specific maintenance requirements for your OWTS.**

A Private Sewage Disposal Installation Contractor can provide you with all maintenance requirements for your system.

PROPERTY OWNER SIGNATURE — ACKNOWLEDGEMENT & ACCEPTANCE OF MAINTENANCE REQUIREMENTS

I am aware of all maintenance requirements outlined in the Illinois Department of Public Health Private Sewage Disposal Code ("Code"), 77 Ill. Admin. Code 905, and I accept responsibility for servicing and maintaining the system as required by the Code. Further, I am aware of my obligation to,

- 1) prepare or obtain maintenance records for this on-site wastewater treatment system,
- 2) maintain all maintenance records on forms approved or provided by the Health Department,
- 3) make such records available upon request,
- 4) transfer the records to any subsequent property owner.

SIGNATURE OF PROPERTY OWNER

DATE: _____