



KENDALL COUNTY HEALTH DEPARTMENT
Environmental Health Services
 811 W JOHN STREET, YORKVILLE, IL 60560
 PHONE (630) 553-9100, Ext. 8026
 FAX (630) 553-9603
 www.kendallhealth.org

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

SEPTIC TANK ABANDONMENT PERMIT APPLICATION— \$50.00

State and local public health codes require that septic tanks, cesspools, pit privies, aerobic treatment plants (ATP's) and seepage pits that are no longer in use be completely pumped. The floor and walls shall be cracked or crumbled so that the tank will not hold water, and the tank shall be filled with sand or soil. If the tank is completely removed from the ground, the excavation shall be filled with soil.

This process requires the following steps. **1) The tank shall be pumped by a state licensed septic pumping contractor and a receipt of the pumping shall be provided to EHS. If the tank has already been pumped, please provide a copy of the receipt at the time of permit application. 2) The tank shall be cracked or crumbled and appropriately filled with sand or soil. A site inspection shall be scheduled with EHS to verify the abandonment.**

Complete the section below and submit this form to EHS along with the appropriate permit fee. This form shall be accompanied by a site drawing indicating the location of the buildings on the property and the location of the tank(s) to be abandoned.

PROPERTY OWNER'S NAME & PROJECT ADDRESS

| | |
|-------------------------------------------------------------------------------|------------------------|
| NAME: _____ | PHONE: _____ |
| ADDRESS: _____ | FAX: _____ |
| CITY: _____ | E-MAIL: _____ |
| INCORPORATED: <input type="checkbox"/> YES <input type="checkbox"/> NO | PARCEL #: _____ |

SIGNATURE OF PROPERTY OWNER

DATE

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FOR OFFICE USE ONLY | |
| Date of visual inspection: _____ | Receipt of pumping provided: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> Approved. <input type="checkbox"/> Not approved. <input type="checkbox"/> Approved with conditions. An onsite wastewater treatment systems is known to exist on the above listed property. However, it has not been physically located. Conditional approval granted. If the system is located during the demolition process or the public water connection process, immediately contact the Kendall County Health Department. The above listed requirements shall be met once the system is located. | |
| <input type="checkbox"/> Other: (see notes below) | |
| INSPECTION NOTES: | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |