

APPLICATION TO INSTALL OR REPAIR PRIVATE SEWAGE DISPOSAL SYSTEM

() New System () Renovation () Repair () New Construction

Owner: _____ Date: _____
Present
Address: _____ Home Phone: _____
Property
Address: _____ Cell/work phone: _____
Township: _____ Section: _____ Parcel#: _____
Subdivision: _____
Lot#: _____
If new construction, builder name & telephone #: _____

BUILDING INFORMATION

Residential Dwelling: #Bedrooms _____ # Bathrooms _____ Seasonal? _____
Garbage Disposal: Yes () No () Walk-out Basement: Yes () No ()
Basement Fixtures: Yes () No () If yes, drainage by Gravity () or Pump ()
Non-Residential or Commercial Building: Type _____
of Employees _____ Design Flow: _____ Gallons/day
Fixtures in Building: _____

WATER SUPPLY

Water Supply: Public _____ Community Well _____ (# homes _____)
Private Well _____ New Well _____ Existing Well _____

SOILS EVALUATION

Soil Borings made by: _____ Date: _____
Soil type(s) identified: _____
Attach copy of onsite soils investigation report to this application.
Depth to limiting layer (if applicable): _____ If variance needed, attach written request.
Limiting conditions encountered? Describe: _____

Will the seepage field area be altered (cutting, filling, or heavy traffic)? _____

I certify that the attached information is complete and correct and that the installation will conform with the laws and/or ordinances of Rock Island County and the State of Illinois.

Signature: _____ owner

PROPOSED PRIVATE SEWAGE DISPOSAL SYSTEM

a: Septic Tank Capacity: _____ gallons Existing tank to be used? _____

b: Subsurface Disposal: Maximum trench depth _____ Total linear footage (except bed) _____
Gravel fields _____ sq ft Seepage bed _____ sq ft Chambers _____ sq ft

c: Aerobic Treatment Plant: mnfr. _____ size: _____
Additional Treatment: _____
Discharge to: _____ Dealer: _____

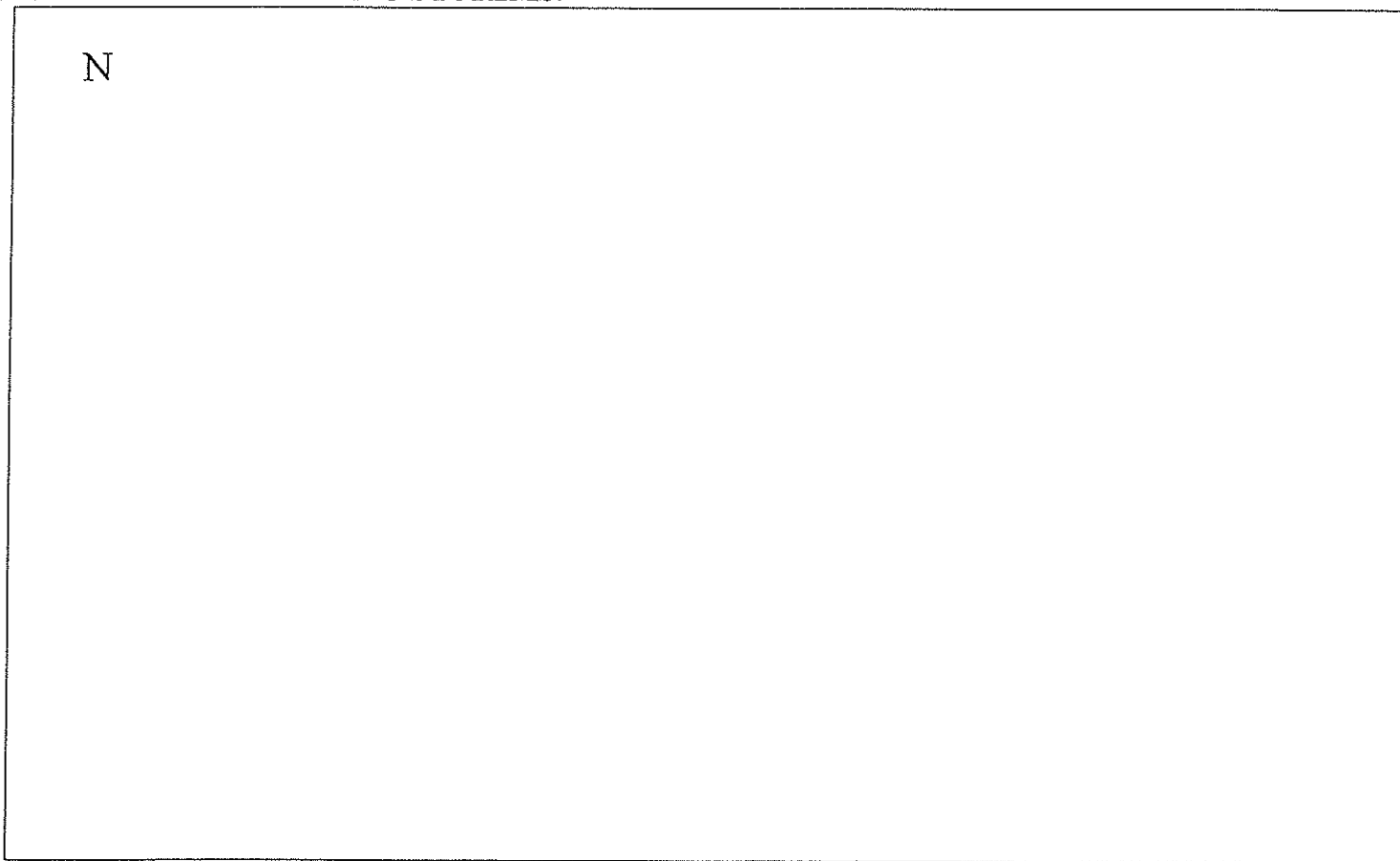
d: Other System/Lift Station (capacity & material): Describe _____

Contractor: _____ License # _____

SITE PLAN

Sketch the proposed construction with dimensions and separation distances as applicable: compass direction, lot lines and building, soil boring sites, utilities, roads, driveways, outbuildings, streams or rivers, ravines, existing or proposed well(s) and water lines, footing or farm drain tiles, location and lay-out of proposed sewage system (show tank, seepage fields, curtain drain, pump station, discharge points, etc.) Show wells or septic systems on adjacent properties if applicable. **SHOW THE LOCATION OF ANY GEOTHERMAL OR CLOSED-LOOP HEATING/COOLING SYSTEMS.**

N



Dept. Use Only

Approved: As Shown ()

With Noted Changes ()

Inspector: _____

Date: _____

**Rock Island County Health Department
Private Sewage Disposal Permit Application Signature Page**

Property Owner's Name: _____

Current Address: _____

Property Address: _____

Phone # _____ Cell # _____

In 2013, new laws were implemented that require maintenance to be performed on all wastewater treatment systems installed on properties in the state of Illinois.

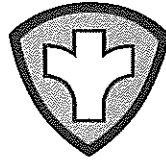
- Septic tanks shall be evaluated within the first 3 years and every 5yrs thereafter
- Septic tanks shall be pumped when scum and solids exceeds 33% of tanks liquid capacity
- Aerobic treatment units shall be evaluated and have service every six months
- Sand filters must be inspected once a year
- Records of all maintenance activities must be maintained by owner and transferred to new owners
- All other wastewater treatment system not listed must be maintained as per manufacturer's specifications

Evaluations of these systems may be done by any licensed septic installation contractor, a Health department Sanitarian, an engineer or by the homeowner.

I understand that there are responsibilities that are required of me as the owner of this property with regards to the wastewater treatment system that has been installed for my needs. I acknowledge and understand that maintenance is a critical part of any wastewater treatment system.

Signature

Date



Public Health
Prevent. Promote. Protect.

Rock Island County
Health Department

PRIVATE SEWAGE DISPOSAL PERMIT APPLICATION INSTRUCTIONS

Attached is the permit application form to install or repair a private sewage disposal system. **If the application is for new construction, approval of this application is required before a building permit can be issued.** The Building Department and owner will be notified when an application is approved.

The following procedure shall be followed when submitting an application to this Department for approval.

- 1.) An onsite soils evaluation is required to determine soil suitability and system sizing. At least 3 soil borings must be made by a certified soil classifier. In our local area you may contact: A& E Soil Consultants in Geneseo at 866-945-9090, or Eastern Shore Soil Services in Savanna at 815-273-3550. After the borings are made, the soil consultant will provide you with a written report.
- 2.) Contact one or more private sewage disposal system contractors who are licensed in Rock Island County to review the property and the written soil report. We can provide a list of licensed contractors from which to choose.
- 3.) After selecting a contractor, completely fill out the application form. The contractor will generally fill out most of the form, but the property owner must supply any needed information as necessary. The site plan drawing must be in as much detail as possible. This part of the application is crucial for a timely and accurate review. An owner-occupant of a home may install his own system after demonstrating knowledge of the code. The property owner must also sign the separate signature page acknowledging the owner's responsibility to maintain the new system.
- 4.) Submit the application, a copy of the soil report, and the permit fee to this office. Permit fees are \$175 for existing homes or buildings, and \$200 for new construction projects.

Upon approval of the application and issuance of the permit, installation of the system may proceed. The permit is valid for a period of one year.

The location, dimensions, and separation distances of building(s), well(s), sewage disposal system, and other items depicted in the application shall not be altered without written approval of the Health Department. **Prior to installation, the proposed sewage disposal system area shall not be disturbed. Especially for the development of a new lot, temporary fencing, posts and roping, or similar restrictive barrier shall be installed to restrict access to the sewage disposal area.**

Upon completion of the system, but prior to backfilling, the Health Department shall be notified at least 24 hours in advance to schedule a final inspection.

Inspection of a private sewage disposal system by the Health Department is to determine whether the installation appears to be in compliance with the "Rock Island County Private Sewage Disposal Ordinance" and the "Illinois Private Sewage Disposal Code". No guarantee of any system is made or implied.

If you have any questions, contact the Division of Environmental Health at 309-558-2840.