



**Public Health**  
Prevent. Promote. Protect.  
**Rock Island County**  
Health Department

## PRIVATE SEWAGE DISPOSAL PERMIT APPLICATION

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. Currently, the only local firm is A & E Soil Consultants in Geneseo. Their toll-free number is 866-945-9090. You may contact our office to request a list of other soil classifiers in Illinois. 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.
- 4.) Submit the application, a copy of the soil report, and the permit fee to this office. Permit fees are \$200 for existing homes or buildings, and \$225 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.**

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, since the design, installation, and use of the system are based upon actions of others.

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

**HEALTH DEPARTMENT**

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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: \_\_\_\_\_