PERMIT APPLICATION TO CONSTRUCT A PRIVATE RESIDENTIAL ON-SITE SEWAGE DISPOSAL SYSTEM

Whiteside County Health Department, 1300 W 2nd Street, Rock Falls, IL 61071
Phone: 815 772 7411 ext. 104   Fax: 815 772 4723
□ *Permit Fee*: $180.00   □ *Homeowner Installation Permit Fee**: $360.00

Owner: _____   Site Address: _____

Mailing Address: _____   City: _____, **IL** Zip: _____

City: _____ State: _____ Zip: _____   PIN: _____

Owner Phone: _____ _____ _____   Subdivision: _____ Lot: _____

Contractor: _____ Cell: _____ _____ _____ License Number: _____

**Unless individual owns and occupies single family dwelling, installation shall be installed by a licensed contractor*

Site Information
□ New Installation   Inside 100 year floodplain □ No □ Yes*
□ Renovation- □ Failure resulted in: □ Surfacing effluent
□ Sewage back-up   □ N/A didn't fail
New developments prohibited in 100 year floodplain

Water Supply
□ Private Well   □ Semi-Private Well

□ Non-Community Water Supply   □ Municipal Supply

Water Usage (Gallons per day)
of bedrooms: _____ × 200 gal/day............. _____ gpd
Hot Tub* (≥ 100 gallon capacity only)............ _____ gpd
Softener (Add min 50 gal or volume
of regenerant wastewater/cycle) .... _____ gpd
Estimated Water Usage......... _____ gpd
Wastewater from ≥ 100 gallon hot tubs shall bypass the septic tank and be routed directly to the subsurface seepage system

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Soils Information: □ Soil Investigation (attach soil scientist report)   □ N/A Tank replacement only   □ N/A Holding tank only

Soil Group: _____   Application Rate (GPD/ft^2): _____   Depth to Limiting Layer: _____

Limiting Layer Type (seasonal high water table, etc.): _____

Primary Treatment (check any that apply)
□ New Tank _____ gals   Garbage disposal: □ yes   □ no
□ Existing Tank _____ gals
    □ Reuse existing outlet baffle   □ Replace w/4"Gas Deflection
□ Multiple Tanks 1st _____ gals + 2nd _____ gals
□ Holding Tank Only - No Secondary Treatment
□ Aerobic Treatment Unit (capacity _____ gals)
   Make_____ Model_____

Pump Station (if Applicable)
Chamber: □ Attached   □ Detached   □ STEP*
Capacity: _____ gals (min. reserve cap. ½ day's design)

*STEP (septic tank effluent pumping) tank size 1½ X req.d capacity

Secondary Treatment (check any that apply)

□ Subsurface Seepage Field _____ Sq. ft.
    □ Level   □ Serial Distribution
□ Subsurface Seepage Bed _____ Sq. ft.
□ Gravel   □ Gravelless (Chamber, EZ Flow, etc.)
   Specify Make/Model: _____
□ Reuse Existing Seepage System
   Specify Design: _____
□ Receiving Trench/Chlorinated Discharge
□ Alternative (Engineered) System- Attach Plans

Depth of seepage field/bed will not exceed_____"

Request For Variance (If Applicable). Specify Reason: _____

I certify that the information provided in this application (including the site plan and lot/parcel size on the reverse side) and all attachments are correct. I certify no clear water (footing tile or rain water) will be routed to or above the proposed system. I also agree to not vary from the approved design (site plan) unless prior approval is granted. As the owner I am aware of and accept responsibility for servicing and maintaining the system

Applicant Name: _____ **Date:** _____

Permit #

Office Use
Application Approved By: _____ Date: _____ Well Permit #_____

Stipulations/Approved Variances: _____

SITE PLAN

To construct: _____ on-site sewage disposal system _____ well and pump _____ geothermal system (check one or more)

(lot/parcel dimensions required)

North
⇧

Compliance Agreement: The undersigned affirms that the information denoted on this application is true to the best of his or her knowledge. If the installation plans change the undersigned agrees to submit a revised site plan prior to the installation. In the case of a well replacement the undersigned also agrees to assure that the decommissioned well will be abandoned in accordance with section 920.120 of the IDPH Water Well Construction Code.

Property owner/Contractor _____ Date: ____/____/____

-- official use only --

Approved by _____ Date ____/____/____