



Public Health
Prevent. Promote. Protect

Henry & Stark County Health Department
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103 1st Street., Colona, IL 61241 309-792-4011
www.henrystarkhealth.com

Received by: _____
Amount Received: _____
Date Received: _____

Henry County Stark County

PERMIT APPLICATION TO INSTALL OR REPAIR PRIVATE SEWAGE SYSTEM

Owner name _____ Home Phone _____ Cell Phone _____
Mailing Address _____ City _____ Zipcode _____

Site address _____ City _____ Township _____ Section # _____
Legal description _____ Parcel # _____ Lot # _____
Directions to site _____

1. Type of Building New House/Building Existing House/Building
 Residential: # of Bedrooms _____ # of Bathrooms _____ Stubout depth below final grade _____ inches
 Garbage disposal Basement plumbing Ejector pump Sump pump Hot tub capacity _____ gal.
 Commercial: # of employees _____ # of seats _____ # of meals served daily _____
Design flow _____ # gallons/day _____

2. Water Supply Public Water Supply Private Well
 New Well Existing well Semi private Community Non-community

3. Type of primary treatment of Sewage (septic tank/aerobic tank)
 New Repair Replacement Capacity: _____ gallons
Manufacturer _____ IL# _____ Type of material _____
Distance to nearest well _____ ft Distance to foundation wall _____ ft

4. Soil Investigation
Percolation Rate: Hole 1 _____ min. Hole 2 _____ min Hole 3 _____ min (attach data)
Average depth to limiting layer _____ inches Depth to water table _____ inches
Loading Rate: (must attach soil classifier's report)
Boring 1 _____ gpd/sq. ft. Boring 2 _____ gpd/sq. ft. Boring 3 _____ gpd/sq. ft.

5. Secondary Treatment
Distance to: Nearest well _____ ft. Lot line _____ ft. Foundation wall _____ ft
Geothermal well _____ ft. Source of gravel _____

6. Type of Secondary Treatment Repair Replacement
 Subsurface seepage field system Gravel System Gravelless System Chamber system
Trench width _____ ft. Trench depth _____ ft. Diameter of pipe _____ inches
Total square feet of absorption _____ # of lines _____ Length of lines _____ feet each
Total lineal feet _____ Type of chamber _____
 Subsurface seepage bed Total sq. ft. _____ (_____ ft x _____ ft)
 Buried Sandfilter Total sq. ft. _____ (_____ ft x _____ ft) # of distribution lines _____
of collection lines _____ Location of surface discharge _____
 Receiving trench Evaporation bed Other approved system _____

SKETCH OF PROPERTY SCALE - ONE SQUARE = _____ FEET

Provide plans to scale showing location, size and type of system in relationship to the building served. **Indicate lot size, building setbacks, and isolation distances between the system and the sources of water, property lines and buildings.** Show site elevations and ground surface elevations sufficient to determine the elevation of system components and the slope of the ground surface.

I HEREBY AGREE TO INSTALL SUCH FACILITIES IN CONFORMANCE WITH THE LAWS AND/OR ORDINANCES OF HENRY AND STARK COUNTIES AND THE STATE OF ILLINOIS. I ACCEPT RESPONSIBILITY OF NOTIFYING THE HEALTH DEPARTMENT TO MAKE A FINAL INSPECTION OF THE SYSTEM BEFORE COVERING THE FIELD. APPLICATION MUST BE SUBMITTED WITH A \$100.00 PERMIT FEE TO BE PROCESSED. INSTALLATION MAY NOT BEGIN BEFORE APPROVAL IS GRANTED. **24 HOUR NOTICE IS REQUIRED PRIOR TO PRECOVER INSPECTION**

Signed _____ Date _____

Owner Contractor License # _____ Contact # _____

----- **OFFICE USE ONLY** -----

Application Approval: Approved: YES NO By: _____ Date: _____

Permit # _____ Date issued _____ Expiration Date _____