

MENARD COUNTY PUBLIC HEALTH
c/o SANGAMON COUNTY PUBLIC HEALTH
2833 S. Grand Ave. East
Springfield, Illinois 62703
Phone: (217) 535-3145
Fax: (217) 747-5103

| |
|---|
| Permit Fee: \$275.00 Permit #: _____ Date Issued: _____ Expiration Date: _____ Contractors Name: _____ Contractors Phone: _____ License#: _____ Check ONE: <input type="checkbox"/> New Construction <input type="checkbox"/> Replace Existing System |
|---|

APPLICATION FOR PERMIT FOR PRIVATE SEWAGE DISPOSAL INSTALLATION

IMPORTANT: The Sangamon County Department of Public Health does not guarantee trouble-free operation of this sewage treatment and disposal system by the issuance of this permit or by the final approval of the sewage disposal installation. The contractor who installed the system is responsible for compliance with the Illinois Private Sewage Disposal Licensing Act and Code, and with the Sangamon County Sewage Ordinance. The property owner is responsible for any nuisance or health hazard that may result from the use of the system. **NOTE: THIS PERMIT EXPIRES 1 YEAR FROM THE DATE OF APPROVAL IF CONSTRUCTION OF THE SYSTEM HAS NOT STARTED.**

| |
|---|
| Property Owner's Name: _____ Telephone #: _____ Mailing Address: _____ _____ System Address (if different): _____ Directions to location of installation: _____ _____ Township: _____ Section #: _____ Quarter Section: _____ Parcel #: _____ Subdivision: _____ Lot#: _____ |
|---|

| |
|--|
| BUILDING TYPE (Check ONE): Residence <input type="checkbox"/> # of bedrooms _____ Commercial <input type="checkbox"/> Other <input type="checkbox"/> (Explain): _____ # of occupants/employees _____ Seating capacity _____ GARBAGE DISPOSAL?: YES <input type="checkbox"/> NO <input type="checkbox"/> WATER SUPPLY: Private <input type="checkbox"/> Public <input type="checkbox"/> SOIL TYPE: _____ SPECIAL CONDITIONS/RESTRICTIONS: _____ _____ _____ |
|--|

| |
|---|
| TYPE OF SYSTEM TO BE INSTALLED: _____ PRE-TREATMENT: Type _____ Size _____ PRIMARY TREATMENT: _____ Septic Tank Size #1 _____ Gallon Size #2 _____ Gallon TYPE: Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Other <input type="checkbox"/> (explain): _____ Distance to well: _____ feet Aerobic tank treatment capacity: _____ gallon/day Model: _____ Distance to foundation: _____ feet SECONDARY TREATMENT: Absorption trenches: Total linear feet: _____ Total square feet: _____ # of lines: _____ Length: _____ Width: _____ Type of gravel less pipe: _____ Distance to property line: _____ ft. Distance to well: _____ ft. Subsurface or buried sand filter size: _____ sq. ft. Re-circulating sand filter tank size: _____ Size of open sand filter: _____ Surface Discharge? ___ YES ___ NO Location of discharge: _____ Chlorination? ___ YES |
|---|

I hereby certify that, to the best of my knowledge, the preceding information is correct. In addition, the sewage disposal system will be installed strictly as outlined in the permit in conformance with the Sangamon County Private Sewage Disposal Ordinance.

Signature of Contractor/Installer

Date

Application Approving Authority

Date

Final Inspection Approving Authority

Date

| | | |
|-----------------------------------|-------|----------|
| FOR OFFICE USE ONLY | | |
| Initial Approval: | | |
| cc: Contractor on _____ | _____ | _____ |
| | Date | Initials |
| Final Approval: | | |
| cc: Contractor/Homeowner on _____ | _____ | _____ |
| | Date | Initials |

**Menard County Public Health
 c/o Sangamon County Public Health
 2833 South Grand Avenue East
 Springfield, IL 62703
 (217) 535-3145**

PROPERTY OWNERS SIGNATURE IS REQUIRED BELOW

Maintenance Acknowledgement

Illinois Administrative Code 905, October 2013

q) Maintenance of Private Sewage Disposal Systems

1. After January 1, 2014, as a condition of applying for an installation approval required by Section 905.190, the signature by the property owner(s) on the installation approval submission/construction permit for any private sewage disposal system being installed, repaired, or renovated serves as written acknowledgement that the property owner(s) are aware of and accept the responsibility to service and maintain the private sewage disposal system in accordance with the Act and this Part. (A copy of the act may be given upon request)

Property Owner's Signature

Date

Property Owner's Signature

Date

| Gravel less and Chamber Dimensions | Minimum Center to Center Spacing Distribution Lines |
|--|---|
| 8 Inch Inside Diameter of Gravel less Pipe System | 7.0 feet |
| 10 Inch Inside Diameter of Gravel less Pipe System | 7.0 feet |
| 12 Inch Wide Chamber System | 7.0 feet |
| 18 Inch Wide or Wider Chamber System | 9.0 feet |

(Source: Amended at 37 Ill. Reg. 14994, effective August 28, 2013)

MINIMUM LIQUID CAPACITIES FOR SEPTIC TANKS SERVING AN INDIVIDUAL DWELLING

| # OF POTENTIAL BEDROOMS | WITHOUT GARBAGE DISPOSAL | WITH GARBAGE DISPOSAL |
|-------------------------|--------------------------|-----------------------|
| 2 or less | 750 gallons | 1125 gallons |
| 3 | 1000 gallons | 1500 gallons |
| 4 | 1250 gallons | 2000 gallons |
| 5 | 1500 gallons | 2200 gallons |

MINIMUM LIQUID CAPACITIES FOR AERATION SYSTEMS SERVING AN INDIVIDUAL DWELLING

| # OF BEDROOMS | EFFLUENT TREATMENT | # OF BEDROOMS | EFFLUENT TREATMENT |
|---------------|---------------------|---------------|----------------------|
| 0 to 4 | 500 gallons per day | 7 | 1000 gallons per day |
| 5 | 750 gallons per day | 8 | 1200 gallons per day |
| 6 | 900 gallons per day | 9 | 1350 gallons per day |
| | | 10 | 1500 gallons per day |

LOCATION OF COMPONENTS OF SEWAGE DISPOSAL SYSTEM

| COMPONENT PART OF SYSTEM | CISTERN WELL/ SUCTION LINE FROM PUMP TO WELL | WATER SUPPLY LINE (PRESSURE) | LAKE/STREAM BODY OF WATER | DWELLING | PROPERTY LINE | FIELD/ ARTIFICIAL DRAIN TILE |
|---|--|------------------------------------|---------------------------------|----------|------------------|------------------------------------|
| Building Sewer | 50 | 10 | 25 | -- | -- | -- |
| Septic Tank/Aerobic Treatment Plant | 50 | 10 | 25 | 5 | 5 | -- |
| Distribution Box | 75 | 10 | 25 | 10 | 5 | -- |
| Subsurface Seepage System | 75 | 25 | 25 | 10 | 5 | 10 |
| Sand Filter | 75 | 25 | 15 | 10 | 5 | 10 |
| Privy | 75 | 25 | 25 | 20 | 5 | 10 |
| Waste Stabilization Pond | 75 | 25 | 25 | 20 | 5 | 10 |
| Surface Discharge Effluent Line | 50 | 10 | -- | -- | 5 | -- |
| Effluent Line Receiving Trench | 75 | 25 | 15 | 10 | 5 | 10 |
| Treated Effluent Discharge Point ⁶ | 50 | 10 | - | 20 | 25 | 25 |
| Class V Injection Wells ⁷ | 200 ⁸ | 25 | 25 | 10 | 5 | 10 |

1 These distances have been determined for use in clay, silt, and loam soils only. The minimum distances required for use in sand or other types of soil shall be determined for the proposed private sewage disposal system and approved by the Department. Approval will be given if the Department determines that the soil will provide treatment of the sewage.

2 For Separation distances to closed loop well, see 77 Ill. Adm. Code 920.180

3 See Section 905.20(d) for additional details on water line and sewer separation.

4 If a common property is used, the boundary of the common property shall be used.

5 The building sewer or surface discharge effluent line may be located to within 10 feet of a well or suction line from the pump to the well when cast iron pipe with mechanical joints or Schedule 40 PVC pipe with watertight joints is used for the building sewer or surface discharge effluent line.

6 Any surface discharging system installed, repaired, or renovated after January 1, 2014.

7 Class V injection Wells are defined in Illinois Pollution Control Board rules. They are typically a shallow well used to place fluids directly below the land surface. See, e.g., 35 Ill. Adm. Code 704.105, 704.106, and 704.280.

8 A lesser separation distance may be obtained with approval or a waiver from IEPA.

9 There shall be 25 feet separation from public water supply, water mains, and water service lines. The terms public water supply, water main, and water service line shall have the same meaning as in the Illinois Pollution Control Boards Public Water Supplies rules. See, e.g., 35 Ill. Adm. Code 653.118 and 653.119.

SOILS LOADING RATE CHART

Loading rates in Square Feet per Bedroom and Gallons/Square Feet/Day

| Design Group | Soil Group (Most Limiting Layer) | Minimum Separation to Limiting Layer | Permeability Range | Size of the System | |
|------------------|--|--------------------------------------|-----------------------------|--|--|
| | | | | Residential Reg. Absorption (ft ² /bedroom) | Institutional/Commerical Allowable Application Rate (GPD/ft ²) |
| I | 1A | NR | Very Rapid | | NR ³ |
| II | 2A; 2B, 2K | 3 feet | Rapid | 200 | 1.0 |
| III | 3B; 3K | 3 feet | High Moderately Rapid | 220 | 0.91 |
| IV | 3A; 3L; 4D; 4K | 3 feet | Low Moderately Rapid | 240 | 0.84 |
| V | 4A; 4B; 4H; 4L; 5D | 3 feet | Very High Moderate | 265 | 0.75 |
| VI | 4F; 4M; 5B | 3 feet | High Moderate | 290 | 0.69 |
| VII | 4N; 5A; 5C; 5H; 5K; 6D | 2 feet | Moderate | 325 | 0.62 |
| VIII | 4O; 5E; 5I; 5L; 6A; 6B; 6E; 6H; 6K | 2 feet | Low Moderate | 385 | 0.52 |
| IX ² | 5F; 5M; 6C; 6L; 7D; 7F | 2 feet | High Moderately Slow | 445 | 0.45 |
| X ² | 5G; 6F; 6I; 7E; 7C; 7H | 2 feet | Low Moderately Slow | 500 | 0.40 |
| XI ² | 5N; 6G; 6J; 6M; 7F; 7I | 2 feet | Slow | 740 | 0.27 |
| XII ² | 7G; 7J; 7L; 8E; 8I | 2 feet | Very Slow | 1000 | 0.20 |
| XII ² | 5O; 6N; 6O; 7M; 7N; 7O; 8J; 8M; 8O | NR ³ | NR ³ | NR ³ | 0.00 |
| XIII | 9 | SUBSURFACE DISPOSAL NOT RECOMMENDED | | | |

NOTES:

1. Limiting layers include fragipans; bedrock; compact glacial tills; seasonal high water table or other soil profile features that will materially affect the absorption of liquid from the disposal field.
2. ² Soils in this group are less than the minimum percolation rate established in Appendix A, Illustration H as suitable for subsurface seepage systems.
3. ³ NR = Subsurface disposal system not recommended.

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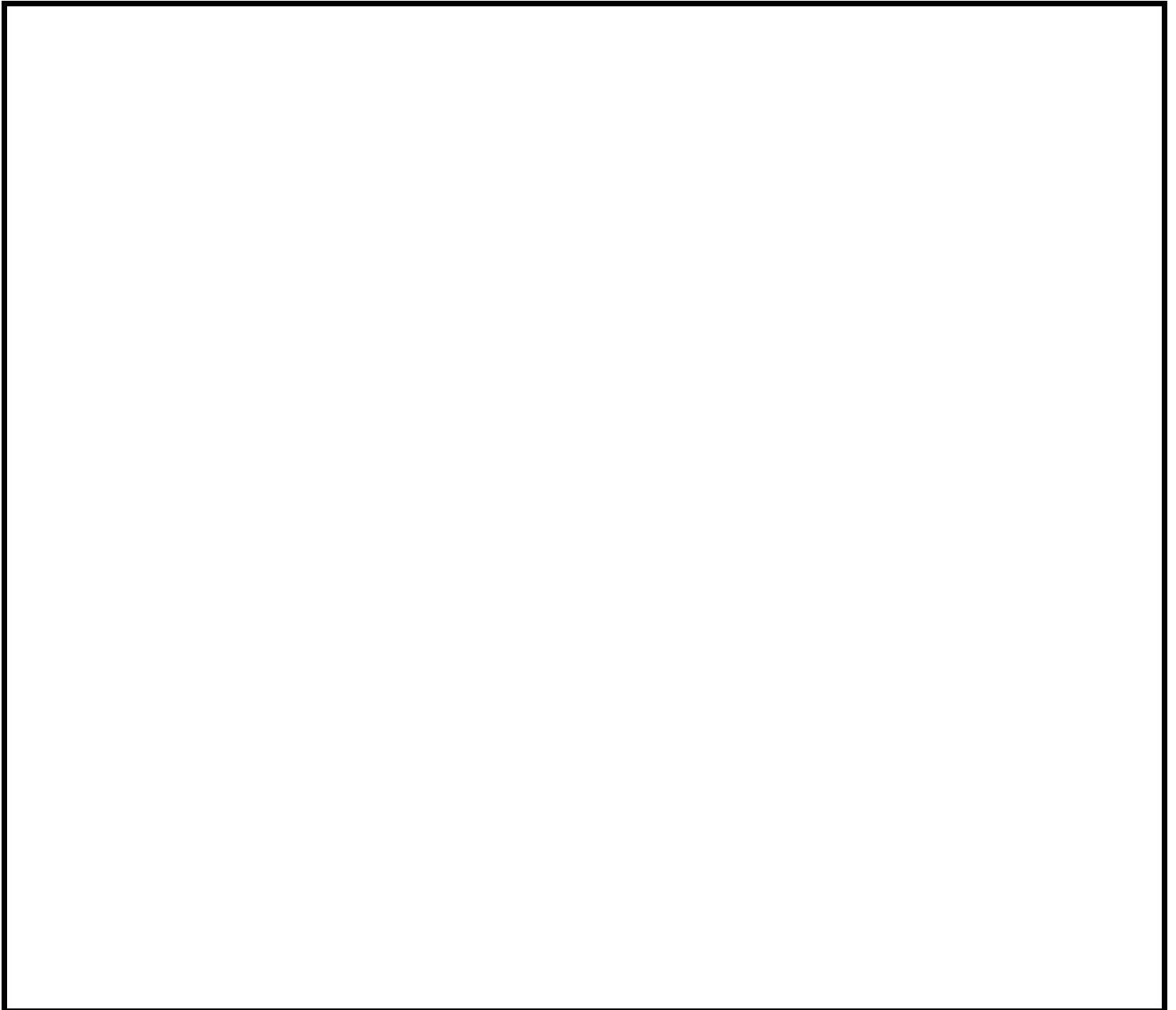
Property Owner _____

Permit # _____

SKETCH OF INSTALLATION

This sketch must be drawn to scale using a ruler and illustrate the following:

1. Lot Size: Acreage _____ Area _____
2. Property lines with dimensions; House or building location.
3. Water well location with distance to sewage system parts.
4. Proposed sewage disposal system with distances from property lines.
5. Include streams and/or water ways.
6. Site elevations and ground surface elevations sufficient to determine the elevation of system components and the slope of the ground surface shall be indicated.



MEMORANDUM

TO: Contractor / Homeowner

FROM: Director of Environmental Health

RE: Septic System Installation Application Packet and
Procedures for Septic Tank Installation and Repairs

Attached in this Septic System Installation application packet you will find:

1. Application for Permit for Private Sewage Disposal Installation;
2. Minimum Requirements for Septic Tank Installation;
3. Soils Loading Rate Chart; and
4. Sketch Sheet of Installation Plan.

Please submit all completed forms in the application package with the **\$275.00 fee payable to Sangamon County Department of Public Health**. Please include soil analysis results with application.

A request for variance from this Department is required at the time the application package is submitted if:

- a. the requirements of the Private Sewage Disposal Licensing Act and Code cannot be met; **OR**
- b. the lot is under one (1) acre in size.

Your application package must be approved by Sangamon County Department of Public Health before construction begins on a new installation or repair of an existing system. Your approved permit will be issued upon final inspection.

Two inspections *may* be required:

1. Initial inspection (if circumstances warrant); **AND**
2. Final inspection of the installation or repair of existing system is required prior to back filling.

48 HOURS' NOTICE IS REQUIRED FOR:

1. **REQUESTS FOR SOIL ANALYSIS OF PROPOSED SUBDIVISIONS OR PROPERTY DIVISION;
AND**
2. **FINAL SEPTIC SYSTEM INSPECTIONS.**

If you have any questions, please call our Environmental Health Division at 535-3145. Your cooperation is appreciated.
Rev. 7/13/2011

****Please use the attached Septic Application and Specifications from this date forward.**

Thank you!