



LASALLE COUNTY HEALTH DEPARTMENT

717 Etna Road

Ottawa, Illinois 61350-1097

(815) 433-3366

Fax: (815) 433-9522

PRIVATE SEWAGE DISPOSAL PERMIT APPLICATION

This is your permit application. There is a two hundred thirty (\$230.00) dollar application fee for a private sewage disposal system permit. If a permit is denied, the fee shall be returned to the applicant.

A permit for construction will not be issued until a completed application and fee have been submitted to the LaSalle County Health Department and an onsite survey performed by department personnel.

Please make checks payable to the LaSalle County Health Department. Payments can also be made online at www.lasallecountyil.gov. Under Departments, click on Health Dept. Select the "Click to Pay Now" link. Search for LaSalle County Health Dept and click "Pay this Destination". Enter your information. For fee type, please select Septic Permit/Training. A service fee will be assessed when using a credit or debit card.

The Health Department must be notified for a final inspection sewage disposal system construction before backfilling.

***NOTE:** The LaSalle County Health Department inspection will result in a statement as to whether, or not, a private sewage disposal system and/or well meets current Illinois Department of Public Health Standards. The LaSalle County Health Department does not guarantee any system, nor do the inspection or permit processes result in any general, or implied warranty for use of the system.

The Illinois Private Sewage Disposal Code requires that the area that is designated for the sewage disposal system MUST be protected prior to and during all phases of the construction process. The area must be secured to deter traffic, to prevent compaction of soil, and to prevent removal or addition of soil.

INSTRUCTIONS FOR APPLYING FOR A PERMIT

- A. Plat of Survey: Please submit a copy of your plat of survey, including the legal property description. This may be copies from a deed, contract, tax receipt, etc.
- B. Plot Plan: Please submit a diagram for the proposed location of the private sewage disposal system and/or well construction. The plot plan should indicate:
 1. Lot dimensions and property lines.
 2. Distances of proposed construction to the building served, property lines, existing wells, sewer lines, septic tanks, or other sources of contamination.
 3. Location of service utilities. (i.e. water lines, gas, electric, etc.)
 4. Location of soil borings.
- C. Soil Investigation for Sewage Permit.
 1. Please submit completed soil investigation report.
- D. Complete the appropriate application form.

LaSalle County Health Department
Application for Permit to Construct a Private Sewage Disposal System

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|----------------------|--|--|--|
| Owner Info | Name: _____ Phone Number: _____ Work/Cell: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ | | |
| Contractor Info | Name: _____ Telephone Number: _____ IL Lic. #: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ | | |
| Property Info | Property Address: _____ City: _____ Zip: _____ Sub. & Lot #: _____ Township: _____ Section: _____ Lot Size: _____ Sq. Ft. _____ Parcel I.D. #: _____ Directions To Site: _____ | | |
| Site Info | Type of Installation: <input type="checkbox"/> New <input type="checkbox"/> Repair Distance to Municipal Sewer _____ ft. Is this system being installed to repair or replace a failing septic system? <input type="checkbox"/> YES <input type="checkbox"/> NO Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Individual Well: <input type="checkbox"/> Existing <input type="checkbox"/> Proposed Residential Installation: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family # Bedrooms _____ Garbage Grinder: <input type="checkbox"/> Yes <input type="checkbox"/> No Basement Plumbing: <input type="checkbox"/> Yes <input type="checkbox"/> No Hot Tub: _____ Gallons Discharging to: _____ Water Softener: _____ gallons Discharging to: _____ Commercial Installation: Type _____ # of Employees _____ Design Flow _____ gallons/day | | |
| Soil Info | Loading rates (attach report) Boring #1 _____ Boring #2 _____ Boring #3 _____ Boring #4 _____ Depth to seasonal water table: _____ inches Depth to other Limiting Layer: _____ inches | | |
| Contractor Signature | I certify that the attached information for this property is complete and correct and that installation of said facilities will conform with the laws and/or ordinances of LaSalle County. I ACCEPT THE RESPONSIBILITY OF NOTIFYING THE HEALTH DEPARTMENT TO MAKE A FINAL INSPECTION OF THE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PRIOR TO BACKFILLING SAID INSTALLATION. CONTRACTOR'S SIGNATURE: _____ DATE: _____ | | |
| Owner's Signature | I certify that the attached information for this property is complete and correct. I also understand that as the property owner I am responsible and accept responsibility for service and maintenance of this sewage disposal system. Records of said maintenance and service must be transferred to next property owner. I must keep all records of maintenance and service for the life of the system. OWNER'S SIGNATURE: _____ DATE: _____ | | |

Permit Issued by _____ Expiration Date: _____
NOTE: THIS PERMIT IS VOID AFTER ONE (1) YEAR FROM DATE ISSUED

Furnish plans or draw to scale the proposed construction indicating lot size with dimensions showing the system, the type and dimensions of the system to be installed showing type of pipe material, utilities, distances to water lines, water wells (existing or proposed, including wells on neighboring property if they are near the property line), water storage tanks, lot lines, location of soil borings, site elevations and ground surface elevations sufficient to determine the elevation of system components and the slope of the ground surface, location of any sanitary sewer within 300 feet of the property, and any other extraordinary conditions on the lot.



PROPOSED SYSTEM DESIGN COMPONENTS

Complete All that Apply

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|--|--|
| Primary Treatment | <input type="checkbox"/> Septic Tank(s) Capacity: _____ Gal. IL. I.D. #: _____ Manufacturer _____ <input type="checkbox"/> Aerobic Treatment Plant Capacity _____ gpd Manufacturer _____ <input type="checkbox"/> NSF 350 System _____ gpd Manufacturer _____ |
| Secondary Treatment | Subsurface Disposal _____ sq ft Anticipated Depth of Field _____ inches <input type="checkbox"/> Seepage Bed Rock Source _____ <input type="checkbox"/> Gravel System Rock Source _____ <input type="checkbox"/> ATL/Presby Basal Area _____ Lateral Pipe Total _____ Sand Source _____ <input type="checkbox"/> Chamber System Size _____ Manufacturer _____ <input type="checkbox"/> EZ Flow Size _____ <input type="checkbox"/> Low Pressure Pipe <input type="checkbox"/> Drip Irrigation <input type="checkbox"/> Illinois raised Filter Beds _____ sq ft <input type="checkbox"/> Other _____ |
| Other Components | <input type="checkbox"/> Pump Chamber _____ gpd # of Pumps _____ Number of doses/day _____ <input type="checkbox"/> Curtain Drain Anticipated Depth _____ Effluent Filter Manufacturer _____ <input type="checkbox"/> Alarm Location _____ Dedicated Circuit Yes or No <input type="checkbox"/> Other _____ |
| Surface Discharge Components | <input type="checkbox"/> Sand filter Size _____ sq ft Sand Source _____ <input type="checkbox"/> Chlorine Contact Chamber Size _____ gallons Manufacturer _____ <input type="checkbox"/> Evaporation Bed Size _____ sq ft |
| Note: You must attach Documentation that no other option is available in order to Discharge. | |
| Surface Discharges | Discharge Location _____ Distance to property line _____ |
| IS AN NPDES PERMIT REQUIRED ? YES (Attach Copy of Notice of Intent) or NO | |