



PRIVATE SEWAGE DISPOSAL SYSTEM APPLICATION

\$300.00 Fee Payable to the St. Clair County Health Department

IMPORTANT: The St. Clair County Health Department does not guarantee trouble free operation of this sewage treatment system by the issuance of a sewage permit or final approval of the installation. The contractor is responsible for the installation in compliance with the Illinois Private Sewage Disposal Licensing Act and Code, and the current St. Clair County Private Sewage Disposal Ordinance 19-2. By signing this application the property owner assumes full responsibility for maintenance and record keeping, as outlined in Section 905.20(q) of the Illinois Private Sewage Disposal Licensing Act and Code; and assumes full responsibility for any nuisance or health hazard that might result from the use of the system.

**ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED
BEFORE A CONSTRUCTION APPROVAL FORM IS ISSUED.**

1. HOMEOWNER (*mailing address*)

Name: _____
Address: _____
_____ Zip _____
Phone Number: _____

2. LICENSED SEWAGE CONTRACTOR

Name: _____
Address: _____
_____ Zip _____
Phone Number: _____ ID# _____

3. Propose a new/renovated (circle one) sewage system at this address:

_____ which is a single-family dwelling/business (circle one).

4. LOCATION: Township: _____ Acreage/Lot Size: _____
Subdivision: _____ Lot #: _____

5. DIRECTIONS TO PROPOSED SITE: _____

6. SITE INFORMATION: (fill in all required information)

No. of Bedrooms _____ Garbage Disposal _____ Type of Business _____
Basement _____ Water Softener _____ No of Employees _____
Hot Tub _____ Geothermal _____ Operating Hours _____
Water Supply: Public Private Geothermal: Vertical Horizontal

7. SOIL INVESTIGATION:

Conducted By: _____ Date: _____
BORING 1 _____ BORING 2 _____ BORING 3 _____
_____ (GPD/ft²) X _____ (# bedrooms) EQUALS _____ ft²

8. CHECK DESIRED PRIVATE SEWAGE DISPOSAL SYSTEM:

_____ Septic Tank with Subsurface Seepage System (**must include soils analysis results**)
_____ Septic Tank with Buried Sand Filter
_____ Aerobic Treatment Unit (**complete all questions**)
Manufacturer of Aerobic Treatment Unit: _____
Make & Model of Unit: _____ Size of Unit (GPD): _____
Discharge to: _____
Other: _____
_____ Other Proposed System _____

9. Will the Discharge from the Private Disposal System, discharge to Waters of the United States? Yes No

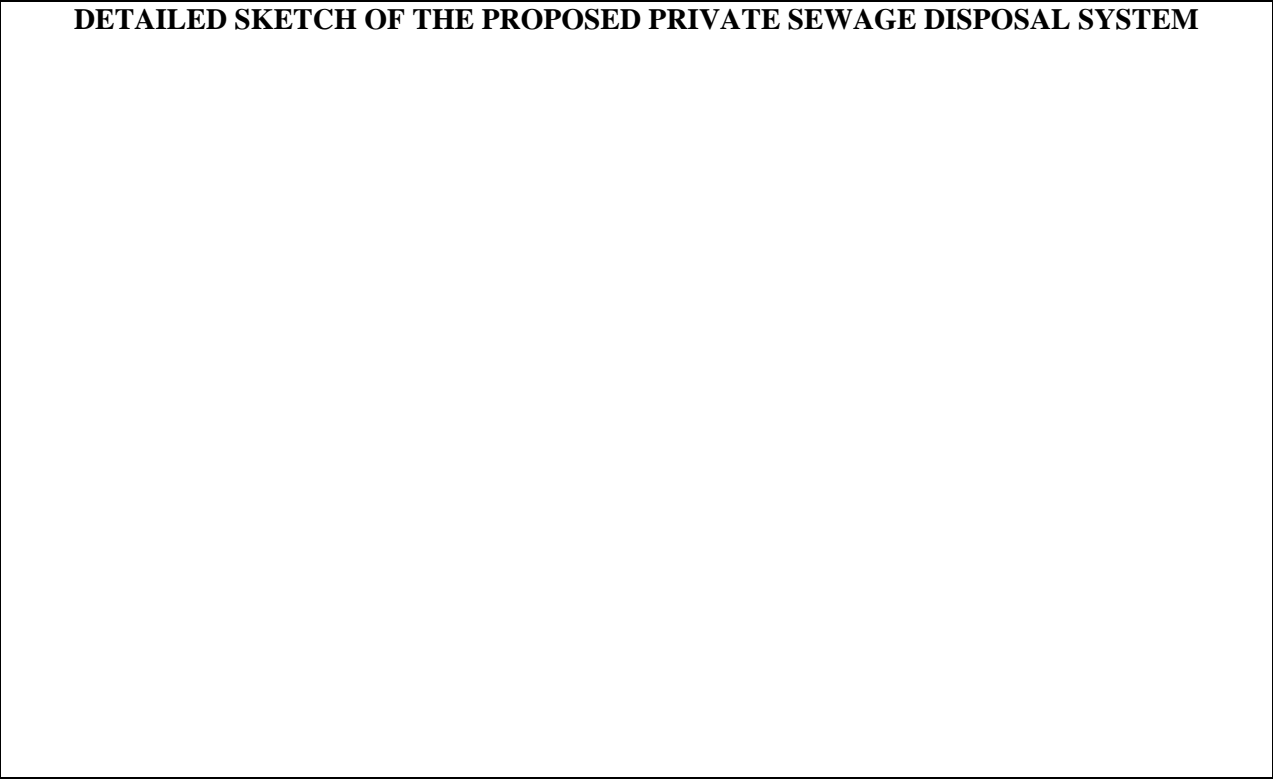
If yes, a National Pollutant Discharge Elimination System (NPDES) permit must be submitted to United States Environmental Protection Agency (USEPA)

Go to: www.epa.gov/region5/water/npdestek/surfacedischarge for application process.

THE FOLLOWING DISTANCES MUST BE OBSERVED:

1. The **SEPTIC TANK/AERATION UNIT** must be at least **5 feet** from the nearest **DWELLING**.
2. The **SEPTIC TANK/AERATION UNIT** must be at least **5 feet** from the nearest **PROPERTY LINE**.
3. The **SEPTIC TANK/AERATION UNIT** must be at least **50 feet** from the nearest **WELL/SINKHOLE**.
4. The **EFFLUENT REDUCTION** must be at least **10 feet** from the nearest **DWELLING**.
5. The **EFFLUENT REDUCTION** must be at least **75 feet** from the nearest **WELL/SINKHOLE**.
6. The **EFFLUENT REDUCTION** must be at least **5 feet** from the nearest **PROPERTY LINE**.
7. All **SURFACE DISCHARGES** must be a minimum **75 feet** from the nearest **BODY OF WATER**.
8. All **SURFACE DISCHARGES** must be a minimum **75 feet** from all **PROPERTY LINES**.
9. All wastewater must be connected to the private sewage disposal system (toilets; showers; sinks; laundry; garbage disposals; etc.). Do not direct clear water (sump pump, gutter drains, etc.) or water softener backwash (special requirements) to the private sewage disposal system.

DETAILED SKETCH OF THE PROPOSED PRIVATE SEWAGE DISPOSAL SYSTEM



MAKE SURE TO INCLUDE THE FOLLOWING INFORMATION IN THE DIAGRAM:

Water Supply _____ Neighbor's Well _____ Lot Slope _____ Location of Soil Borings _____
Distances Labeled _____ Buildings _____ Bodies of Water _____ Property Lines _____

By signing below I certify that the attached information is complete and correct and that, if approved, the work will conform with the current Private Sewage Disposal Licensing Act and Code, and the current St. Clair County Private Sewage Disposal Ordinance 19-2. I understand that obtaining an NPDES permit from the U.S.EPA is required when discharging to Waters of the U.S. EPA's regulations at 40 C.F.R. § 122.2 defines Waters of the United States.

Signature of Owner

Date

Signature of Contractor

Date

OFFICE USE ONLY: Paid By: _____ Date: _____ Check # _____
Please Print
Amount \$ _____



ST. CLAIR COUNTY HEALTH DEPARTMENT
Environmental Health Division
19 Public Square, Suite 150
Belleville, IL 62220
Ph: 618/233-7769
Fax 618/236-0676

Private Sewage Disposal System Debit/Credit Card Information

We are accepting credit and debit cards for the payment of account balances. Credit/Debit card transactions will be subject to a 3% convenience fee in addition to the permit fee.

CARDHOLDER INFORMATION

Establishment Name: _____

Name: _____ Contact Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa Discover

Number: _____

Expiration Month/Year: _____ Security Code: _____

Applicant's Signature _____ Date _____

Thank you