

Livingston County Public Health Department

Phone 815/844-7174 * 310 E. Torrance Ave. * Pontiac, IL 61764

COMMERCIAL SEWAGE DISPOSAL PERMIT APPLICATION

A *Sewage Disposal Permit Application* is attached for you to complete. If you are building a new house, you must also notify the Regional Planning Commissioner at the Livingston County Courthouse or the Zoning Administrator for your municipality.

You may install the private sewage disposal system yourself if the system is for your own personal residence or you may use a State Licensed Contractor. If you plan a subsurface seepage field as part of your septic system, a soils investigation must be performed by a State of Illinois licensed soil classifier or a registered engineer and a copy of the results returned with the permit application and any applicable fee to the Livingston County Public Health Department. Upon approval of your system plan, the Livingston County Public Health Department will issue a *Permit to Construct or Alter a Sewage Disposal System*.

If you install the system yourself, you must notify the Livingston County Public Health Department at least 48 hours in advance so arrangements can be made for Health Department personnel to be present on the site before you begin excavating and again before covering the system for final inspection and approval.

If you employ a second party to install the system, that party must be a contractor licensed by the Illinois Department of Public Health. The contractor must also notify the Livingston County Public Health Department 48 hours in advance before covering the system for final inspection and approval.

If you have any questions, please contact this Department prior to beginning any construction. Personnel will assist you as much as possible to insure an approved, efficient septic system for your residence.

Amy Necheles, L.E.H.P.
Director of Environmental Health

LIVINGSTON COUNTY PUBLIC HEALTH DEPARTMENT

Phone 815-844-7174 * 310 E. Torrance Ave. * Pontiac, IL 61764

APPLICATION FOR PERMIT TO CONSTRUCT A Commercial SEWAGE DISPOSAL SYSTEM

Permit Fee: \$150.00

1. Property Owner-Current Mailing Address: _____ 2. Contractor=s License _____
Name: _____ Name: _____
Address: _____ Address: _____
City/State/Zip _____ City/State/Zip: _____
Telephone: _____ Telephone: _____

3. Sewage Disposal System Site:
____ 3, Section ____ Township Name: _____ Property ID # _____
911 Address: _____ City: _____ Zip _____

Residence Information : (Y or N) [] Garbage Disposal [] Water Softener [] Hot Tub [] Drain
Garage Floor

4. Installation Type: [] New [] Repair

(NOTE: If a building permit is required, the installation is considered to be new and a \$125.00 permit fee is required.
Permit will not be approved nor construction permitted until permit fee is paid.)

5. Determining Daily Flow: The method used to determine daily flow is (please check appropriate box):
A. [] Estimated (Indicate formula to determine daily flow) _____
B. [] Actual (From) _____ the average daily flow is _____ GPD.

6. Primary Treatment:

____ Septic Tank	____ New	____ Existing	____ Holding Tank
*Effluent Filter	____ Manufacturer	____ Material	____ Capacity (gallons)
	____ Manufacturer	____ Model	
____ Aeration Unit	____ Manufacturer	____ Model	____ GPD Rate of Capacity
____ Sand Filter	____ Size of Filter (WxL)		

7. Subsurface Seepage Field:

Type _____ Manufacturer _____ Model _____
Trench Bottom Depth _____ in Trench Bottom Width _____ in
Absorption Area _____ ⁽¹⁾ sq. ft./per lineal ft.

8. Sizing:
GPD _____ ÷ Application Rate _____ = Total Sq. Ft. Required ⁽²⁾ _____ +

Total Sq. Ft. _____ ⁽²⁾ ÷ Absorption Area _____ ⁽¹⁾ = Total Amount of _____
Required Of Secondary Treatment Subsurface Seepage Required

8. I certify that the submitted information is complete and that the work will conform to the current Illinois Private Sewage Disposal Licensing Act and Code and the Livingston County Code of Ordinances.

Signature of Installer

Date

9. I acknowledge and accept responsibility to service and maintain the private sewage disposal system in accordance with the Private Sewage Licensing Act and the Illinois Private Sewage Disposal Code. All maintenance records shall be kept for the life of the system, shall be transferred from owner to owner, and make records available upon request by the Illinois Department of Public Health or the Livingston County Public Health Department.

Signature of Property Owner

Date

FOR OFFICE USE ONLY:

Notify Zoning: Yes _____ No _____ County _____ City _____ Date Notified _____

PERMIT FEE: \$150.00 [] Paid [] Not Applicable (Repairs Only)

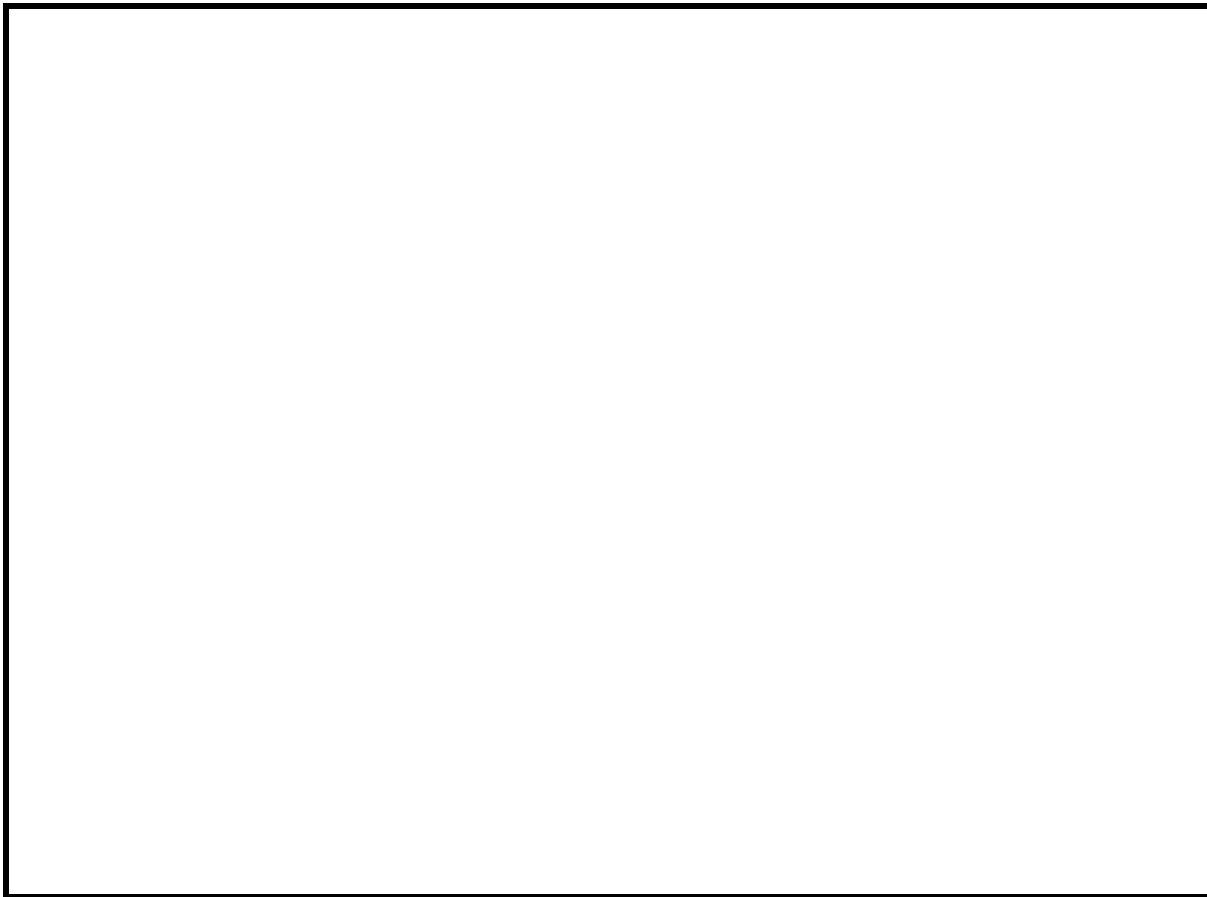
Approved by: _____ Date _____

Permit No. _____

INDICATE THE FOLLOWING:

- | | |
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| <p>1. Lot Size</p> <p>2. Septic Tank Location, Size and Minimum Distances Required to the following:</p> <p style="margin-left: 20px;">a. Building.....5'</p> <p style="margin-left: 20px;">b. Seepage Field.....5'</p> <p style="margin-left: 20px;">c. Wells.....50'</p> <p style="margin-left: 20px;">d. Water Lines:</p> <p style="margin-left: 40px;">Pressure water line.....10'</p> <p style="margin-left: 40px;">Suction water line.....50'</p> <p style="margin-left: 20px;">e. Lake, Stream, Other Body of Water or In-ground Swimming Pool.....25'</p> <p>3. Subsurface Field Location, Dimensions and Minimum Distances Required to the following:</p> | <p style="margin-left: 20px;">a. Building10'</p> <p style="margin-left: 20px;">b. Wells.....75'</p> <p style="margin-left: 20px;">c. Water Lines:</p> <p style="margin-left: 40px;">Pressure water line.....25'</p> <p style="margin-left: 40px;">Suction water line.....75'</p> <p style="margin-left: 20px;">d. Artificial Drain.....10'</p> <p style="margin-left: 20px;">e. Property Line.....5'</p> <p style="margin-left: 20px;">f. Lake, Stream, Other Body of Water or In-ground Swimming Pool.....25'</p> <p>4. Site Slope</p> <p>5. Subsurface Seepage Field cross section indicating separation distance to seasonal high water (if present).</p> |
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FOR SANITARIAN ONLY:

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APPLICATION RATE

Soil Group (Most Limiting Layer)	Minimum Separation to Seasonal High Water Table	Absorpti on Area Per Bedroom	Hot Tub Rate	Soil Group (Most Limiting Layer)	Minimu m Separatio n to Limiting Layer	Absorpti on Area Per Bedroom	Hot Tub Rate
2A; 2B; 2K	3 Feet	200	1.0	4N; 5I; 5L; 6A; 6E; 6G; 6K	2 Feet	385	.52
3B; 3K	3 Feet	220	.91	5J; 5M; 6C; 6H; 6L; 7A; 7D; 7F	2 Feet	445	.45
3A; 3C; 3L; 4B; 4K	3 Feet	240	.84	6I; 7E; 7G; 8A	2 Feet	500	.40
4A; 4C; 4D; 4L; 4M; 5B; 5D	3 Feet	265	.75	5N; 6J; 6M; 7I; 7K;	2 Feet	740	.27
4F; 4M; 5B	3 Feet	290	.69	7J; 7L; 8I	2 Feet	1,000	.20
5A; 5H; 6D; 4N; 5C; 5K	2 Feet	325	.62				

SEPTIC TANK SIZING CHART

Number of Bedrooms	Minimum Liquid Capacity	With Garbage Disposal
2 or less	750	1,125
3	1,000	1,500
4	1,250	2,000
5	1,500	2,200