

SANGAMON COUNTY
DEPARTMENT OF PUBLIC HEALTH
Environmental Health Division
2833 S. Grand Ave. East
Springfield, Illinois 62703
Phone: (217) 535-3145
Fax: (217) 747-5103
envhealth@sangamonil.gov- website at www.scdph.org

Permit Fee: \$525.00	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



Sangamon County Department of Public Health

**Environmental Health
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(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

**MINIMUM REQUIREMENTS FOR SEPTIC TANK INSTALLATION
SPACING FOR SEEPAGE FIELD CONSTRUCTION
(GRAVELESS AND CHAMBER SYSTEMS)**

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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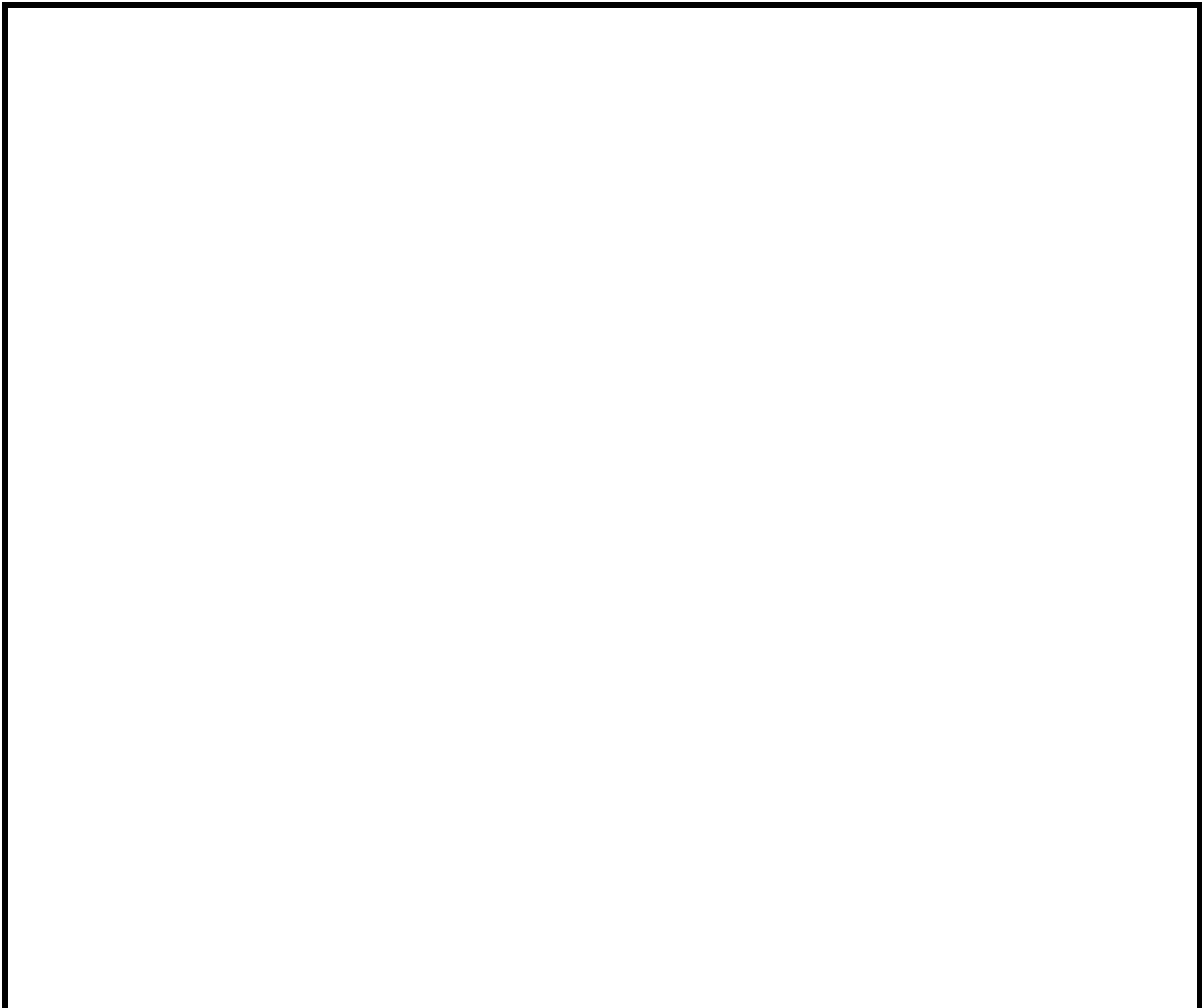
Property Owner _____

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 **\$525.00 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!