

910 Route 54 East
POB 518
Clinton, IL 61727
Phone: 217.935.3427
Fax: 217.935.4037



1020 S. Market Street
Monticello, IL 61856
Phone: 217.762.7911
Fax: 217.762.3422

PROCEDURES FOR INSTALLING AND REPAIRING PRIVATE SEWAGE DISPOSAL SYSTEMS IN DEWITT AND PIATT COUNTIES

Please read the procedures carefully. If you have any questions, please contact a sanitarian in the appropriate office.

1. An application must be completed entirely and approved by the DeWitt-Piatt Bi-County Health Department before a permit will be granted for a new installation or repair of an existing system. You will be given a written permit when the application has been approved.
2. There is a \$125.00 fee which must be paid prior to permit application approval.
3. Soil analysis or percolation results must accompany application. Percolation tests can only be performed by a homeowner if the homeowner is installing the private sewage disposal system.
4. An accurate diagram including elevation of proposed system must be provided in appropriate space on application. The health department must be notified of any changes in plans prior to construction and a new diagram must be submitted.
5. There will be a final inspection of the installation or repair of an existing system prior to backfilling. This inspection should be made during the last phase of the installation process and while the contractor is present. A notice of 48 hours is required to be given to the health department before installation.
6. No private sewage disposal system shall be installed without prior permit application approval.
7. No private sewage disposal system shall be backfilled without an inspection by the DeWitt-Piatt Bi-County Health Department.

DeWitt-Piatt Bi-County Health Department
Private Sewage Disposal System Application

P. O. Box 518
Clinton, IL 61727

1020 S. Market
Monticello, IL 61856

The DeWitt-Piatt Bi-County Health Department does not guarantee trouble free operation of this sewage treatment and disposal system by the issuance of a permit or final inspection of the sewage installation. The contractor is responsible for installation in compliance with the Illinois Private Sewage Disposal Licensing Act and Code.

Date: _____

Fee paid \$125.00 () yes Zoning Notified Date: _____ Permit Number: _____

1. Owner: _____ Telephone No. _____

Address: _____

2. Contractor: _____ Lic. No. _____ Tel. No. _____

Work not done by homeowner (must own & occupy single family residence) must be done by a licensed contractor.

3. Location-County _____ City: _____ Street: _____

Subdivision & Lot #: _____ Township Name: _____

Township: _____ Range: _____ Section: _____

4. Detailed Directions to Site: Highway Numbers, Secondary Roads, Signs to Follow, Etc. _____

5. Site Information: Renovation: _____ New System: _____ Building Permit Required _____ yes

Residential: _____ No. of Bedrooms: _____ Garbage Grinder: Y/N _____ Water Softner: Y/N _____

Non-Residential: _____ No. of Employees: _____ Design Flow: _____ Other Wastewater Generator: _____

Water Supply: Private Well: _____ Semi-Private Well: _____ Non-Community: _____ Municipal: _____

Percolation Tests: Date(s): _____ Conducted By: _____

Hole #1 Depth: _____, _____ min./6" Hole #2 Depth: _____, _____ min./6" Hole #3 Depth: _____, _____ min./6"

Average min. 6" fall: _____ (Rerun or use highest value if difference is greater than 30 minutes)

Depth of Limiting Layer: _____ Soil Type: _____

Soil Scientist Data: Name of Soil Investigator: _____

(Attach copy of Soil Data Report to application)

6. Proposed Private Sewage Disposal System: Gallons to be Treated Per Day(Non Residential) _____

Septic Tank Size: _____ Gallons Illinois Approval Number: # _____

System Type: Gravel _____ Gravelless: _____ Chamber: _____ Manufacturer: _____ Model: _____

Subsurface Seepage Field Required _____ Sq.Ft Lineal Feet of Gravelless or Chamber _____

Buried Sandfilter/Recirculating Sandfilter Width: _____ X Length: _____ = _____ Sq. Ft.

Aerobic Treatment: _____ Manufacturer & Model: _____

Treatment Capacity: _____ Gallons per day Location of Audio and Visual Alarms: _____

Effluent Discharge to: _____

Lot diagram and sewage system plan:

Furnish plans or draw to scale the proposed construction indicating lot size with dimensions showing the system, type of system to be constructed, the dimensions of the system to be installed, the types of materials to be used, utilities, distances to water lines, water wells (including well on neighboring property if they are near the property line), buildings, lot lines, location of percolation holes, site elevations and ground surface elevations.



Checklist: (Permits will not be approved without the following information:

1. Lot Size ____ 2. System Dimensions ____ 3. Materials Labeled ____ 4. Utilities Shown ____
5. Location of Perc Test ____ 6. Water Supply Shown ____ 7. Required Distances Labeled ____ 8. Discharge Point Labeled ____

Contractor Signature: _____ **Date:** _____

I attest that I am the owner of the property identified above and that I have the right to alter or modify the property for the purposes of developing an appropriate private sewage disposal system in accordance with the Private Sewage Disposal Licensing Act and the regulations established pursuant to that Act. I understand and accept that I have sole responsibility for the accuracy of the information provided on this application and for any nuisance or health hazard that may result from the sewage system use. I agree to hold harmless the DeWitt-Piatt Bi-County Health Department and their representative for any information found to be inaccurate.

Homeowner Signature: _____ **Date:** _____

Approved By: _____ **Date:** _____

Inspected By: _____ **Date:** _____

DeWitt-Piatt Bi-County Health Department

PROCEDURE FOR CONDUCTING SOIL PERCOLATION TEST

NOTE: Percolation tests shall not be made in frozen ground that has been filled in the preceding 12 months. Percolation tests shall be performed in accordance with the following procedure.

1. Select an area where the seepage field will be located. When digging the holes, avoid animal burrows, large root channels, etc. At least 3 separate percolation tests shall be performed at the site of each proposed disposal area. The percolation test holes shall be at least 50 feet apart. At least one hole shall be located at the lowest elevation of the proposed absorption field area. The holes with the highest results shall be used to determine percolation rate.
2. Dig or bore holes approximately 4 - 6 inches in diameter (posthole auger can be used) to the depth that the seepage trench is to be constructed (24 inches is recommended depth).
3. Preparation of test hole:
 - A. Scratch walls of test hole in several places to remove the smeared soil.
 - B. Remove any loose dirt, leaves, twigs, pieces of weeds, etc., from the hole.
 - C. Place 2 inches of clean course gravel in the hole.
 - D. Rolled screen wire in the hole will help prevent sidewall caving.
4. Presoak the hole by keeping the hole filled with water to the ground surface for at least four hours. Immediately following presoaking, cover the hole for at least 18 hours.
5. Eighteen hours after presoaking is completed, but prior to 30 hours after presoaking is completed, carefully fill the hole with water to 12 inches above the gravel.
6. Allow the water level to drop to a point 6 inches above the gravel. If the water does not fall from 12 inches to 6 inches in 6 hours the percolation test is terminated and an alternative system is required.
7. Measure the last 6 inch drop in water level at 30 minute intervals and record on the attached worksheet until all the water has seeped away.
8. If the percolation rate is over 360 minutes, consult with the DeWitt-Piatt Bi-County Health Department before completing the application for a permit.
9. Construction of the subsurface seepage field shall be in accordance with the details given by the Rules and Regulations of the Private Sewage Disposal Licensing Act and Code.

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**POLICY FOR THE REQUIREMENT OF SERVICE CONTACTS FOR AERATION UNITS
INSTALLED IN DEWITT OR PIATT COUNTY**

The DeWitt Piatt Bi-County Health Department requires all aeration systems installed after September 24, 2003, to maintain a service contract with a licensed On-Site Sewage Installer or Aeration Dealer or Manufacturer for the lifetime of the system. No installation permit will be issued without this signed agreement.

The service contract shall begin after the original two year manufacturer's warranty expires. The service contract shall provide a minimum of two routine service inspections per year in which all required maintenance is performed as outlined by the manufacturer.

This requirement shall be known to all potential property owners of said property. The DeWitt Piatt Bi-County Health Department may require proof of compliance at any time. Failure to comply will result in enforcement action taken by the DeWitt and Piatt States Attorney offices.

ACCEPTANCE OF CONDITIONS

I, _____, as owner of the property commonly
known as _____, do hereby agree to comply with
the conditional requirements set forth concerning the issuance of the installation and
operational permit for the wastewater treatment system to serve the address shown above.

Signed

Dated

Adopted by the Board of Health: September 24, 2003