## ■ PAYMENT

■ 4 COPIES OF PLANS

■ SOIL REPORT

■ APPLICATION ■ OWNER

ACKNOWLEDGEMENT (ON BACK PAGE)

### KANE COUNTY HEALTH DEPARTMENT

1750 Grandstand Place, Suite 2 Elgin, IL 60123 1240 N. Highland Ave. Aurora, IL 60506 PH (630) 444-3040 FAX (847) 888-6458

PERMIT FEE \$

Ш

## PRIVATE SEWAGE DISPOSAL SYSTEM APPLICATION

Owner Information			Contractor Information			
Date of Application:		Compar	Company Name:			<del> </del>
Property Owner:		Contrac	Contractor Name:			
Address:		Address	s:			M B
City: Zip:						ER
Phone:		Phone:	Fa	nx:		
Fax or email:		On-Site	· Cell:	Lic#:		
Builder Name:		Phone :	#:	Mail To ?:	Owner	
Builder Mailing Address:			Builder Email:			
Subdivision:						
P.I.N. # :		Direction	ns:			
Single Family Reside Multi-Family Reside Commercial/Industr	ence	New O	D CONSTRUCTIO Construction Fank New ATF Burface Discharge  Commercial/C	Renovation P New Field Add. of		ield
# of Bedrooms GPD, D Water Softener: GPD, D Garbage Disposal Use? YI	irected to?NO			Meals per day		
Subsurfa Septic Tank	nce System Seepage Field/l	Bed_	Mechanica Aerobic Unit	l Treatment System Chlor	<u>ı</u> rinator	
Capacity #2gal. To Nearest Wellft. To Buildingft.	Total Length Trench Width Seepage Bed X Seepage Area To Well To Building To Lot Line	in.	pacity	Contac Dischar _ft	t Chamber rge to t Bldg ne	 ft.
SEPTIC AREA STAKED OFF Important Notes: By signing below I hereby certify that permit application in conformance wit the other side of this page.  The Kane County Health Department, final approval of the on-site sewage diclearly understood that the owner(s) and disposal system installation prior to copermit number.	to the best of my knowledge, the the hane County Septic Ordina does not guarantee trouble-free c isposal system installation. The p ssumes full responsibility in obtai	e preceding information nee, and as the property operation of this sewage roperty owner assumes ning the inspection and	y owner, I acknowledge the M e treatment system by the issua full responsibility for any nui I final approval of the Kane Co	al system will be installed s laintenance Requirements of ance of an on-site sewage of sance or health hazard that ounty Health Department of	strictly as outlined of this system as de disposal system pe might result for it on all portions of the	in this escribed on ermit or s use. It is his sewage
Signature, Sewage System Co	ntractor	Date	Signature of Ow	ner/Builder	I	Date

# Owner Acknowledgement and Acceptance of Private Sewage Disposal System Maintenance and Record Keeping Requirements

The Illinois Private Sewage Disposal Licensing Act and Code Section 905.20 (q), requires the property owner adhere to maintenance requirements specific to the needs of their private sewage disposal system (septic system), keep records for the life of the system and pass the records on to the new property owner should the property be transferred to a new owner.

The full Code can be found at: http://www.idph.state.il.us/envhealth/prisewage.htm

The requirements and maintenance will vary depending on the type of septic system you are going to install. Please check the applicable system components and read the section to become familiar with the maintenance and record keeping requirements:

#### **♦ Single family residential property installation:**

- The system shall be evaluated within 3 years after the date of installation of the system. The evaluation will consist of checking the septic tank and all of the septic system's compartments for scum and settled solids. If the layers of scum and settled solids are greater than 33% of the liquid capacity, the tanks and compartments shall be pumped out and maintenance shall be performed.
- The system may be evaluated by the homeowner per the manufacturer's requirements, an Illinois licensed private sewage disposal system installation contractor, an Illinois licensed environmental health practitioner, an Illinois licensed professional engineer, or an agent of the Kane County Health Department or Illinois Department of Public Health.
- After the first evaluation, the system shall be evaluated a minimum of once every 5 years or more often depending on the system's use.

#### **Non-single family residential property installation**:

- Non-single family installations have the same requirements as a single family residential property with the differences listed below.
- After the first evaluation, the system shall be evaluated a minimum of once every 3 years or more often depending on the system's use.
- The property owner <u>cannot</u> evaluate the system.

#### ♦ Systems with an Aerobic Treatment Unit (ATU / ATP):

- The ATU shall be evaluated and given maintenance at least once every 6 months.
- The rest of the system's components will need to be evaluated according to the system and property type.

#### ♦ Systems with a surface discharge:

- Have the same requirements as a non-single family residential property with the differences listed below.
- The system shall be evaluated annually.
- The discharge must be evaluated for compliance to the National Pollutant Discharge Elimination System (NPDES) Permit, Illinois Private Sewage Disposal Code Sections 905.110 Effluent Discharges, Section 905.115 NPDES Permit Compliance, and Section 905.120 Disinfection.

A note about the **National Pollutant Discharge Elimination System (NPDES) Permit**: It is the responsibility of the property owner to contact and submit documents to the U.S. E.P.A., and proof of approval from the U.S. E.P.A. to this Department with this application for surface discharge. If a property is sold the new owner must apply for a new permit for the existing system. Questions can be directed to the US EPA by emailing r5npdes@epa.gov using the subject "ILG62".

#### By signing below you have acknowledged:

- That you have read and understand your requirements outlined in the Illinois Department of Public Health Private Sewage Disposal Code ("Code"), 77 Ill. Admin. Code 905. You accept the responsibility for servicing and maintaining the system as required by Code and the septic system's manufacturer(s).
- That you understand and accept that you will be expected to prepare or obtain records for repair or maintenance done to the system, keep all maintenance records for the life of the system or your ownership of it, make such records available upon request to the Local Authority such as the Kane County Health Department, and ensure transfer of the records to any subsequent homeowner.

Property Owner's Signature	Date
Property Owner's Signature	Date