1. A sewage permit is required for a new installation or any repair work or modification to an existing system. Normal approval should be expected in approximately seven (7) to ten (10) days from the date of this office receiving the permit. This is not a guarantee as schedules or conditions may vary from site to site. Plan approval shall be obtained from the department or local authority prior to beginning any construction or repair of any new private sewage disposal system.

2. When designing a subsurface seepage system the absorption capacity of the soil shall be determined by the following method:

   a) Soil investigation based on soil boring data collected by a soil classifier or any Illinois licensed professional engineer; a soil classifier listing is available through our office.

3. After reviewing the information on the septic application, the Department will make a decision on whether to issue a sewage permit or require further evaluation or information. A site review consisting of a test hole seven (7) feet in depth may be required to determine water table and bedrock conditions.

4. Only a state and county licensed installer can legally do any work on an onsite sewage disposal system, although homeowners may install their own systems if they live on the site and will install the entire system. A permit is still required for the homeowner. Any pertinent documents must be signed by the licensed holder or homeowner, whoever is doing the installation. Anyone working for the license holder without a license must be under the direct, onsite supervision of the license holder during the entire installation.

5. The Kankakee County Health Department will investigate all sewage related complaints including illegal systems and take appropriate action when necessary.

6. Inspections: The Department must have a minimum of 24-48 hour notice for inspection of a system.

7. An inspection will include: all appropriate measurements of the entire private sewage disposal system installed to assure it was constructed according to the requirements. **Transits or lasers should be onsite by the installer at the time of the inspection.** The licensed installer or homeowner constructing their own system should be onsite at the time of the inspection. The system shall not be covered until final approval is given by the Health Department.

8. Request for variances from the Kankakee County Health Department Sewage Treatment Ordinance or the Illinois State Private Sewage Disposal Licensing Act and Code must be in written form. The final authority for making a decision on a variance is the Kankakee County Board of Health.
<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul E. Brown</td>
<td>815-842-2042</td>
<td><a href="mailto:gbrown@andrews-eng.com">gbrown@andrews-eng.com</a></td>
</tr>
<tr>
<td>Galen Litwiller</td>
<td>217-898-3946</td>
<td><a href="mailto:galen.litwiller@gmail.com">galen.litwiller@gmail.com</a></td>
</tr>
<tr>
<td>Bradley Cate</td>
<td>815-273-3550</td>
<td><a href="mailto:esss@grics.net">esss@grics.net</a></td>
</tr>
<tr>
<td>William R. Kreznor</td>
<td>815-338-2362</td>
<td><a href="mailto:wkreznor@wrksoiltesting.com">wkreznor@wrksoiltesting.com</a></td>
</tr>
</tbody>
</table>
APPLICATION FOR PERMIT TO CONSTRUCT A PRIVATE SEWAGE DISPOSAL SYSTEM

Type: New Home Construction ___________________________Existing Home System Repair

Location:
Township Name ______________________________P.I.N #____________________________________
Lot #__________________Subdivision Name________________________________________________
Construction Address___________________________________________________________________
Directions to Site______________________________________________________________________

Owner: Name____________________________________________________________Tele.#__________________
Present Address________________________________________________________________________

Applicant: Name____________________________________________________________Tele.#__________________
Present Address________________________________________________________________________

Lot Size: Frontage____________ Ft. Depth ____________Ft.  area____________ Sq. Ft.   #of acres ______

Water: Source: Well:____ Permit#________________________ Public/Community____
Building: # of Bedrooms____________ Commercial ____________# of People______________________________
Design Flow ____________Gals. Per day (include process and fresh water)

Plumbing: Garbage Grinder____________ Hot Tub ____________ Gals.  Discharge from fixtures below grade?_____
(Waste From Fixtures and Floor Drains Must Go to Septic Tank. Waste From Water Softener Must Go to the Septic
Tank or a Separate Seepage Field)

Septic Design:
Lift Station Required ____________ Capacity ____________Gals Alarm Location_________
Absorption System: Total Square Feet Required
3. Chamber System: Total Length______ Ft. Trench Width______ in. Total Area______ Sq. ft. Max Trench Depth______ in. Spacing Between Distribution Lines______ Ft. or in.
4. EPS Aggregate System: Total Length______ Ft. Trench Width______ in. Total Area______ Sq. ft. Max Trench Depth______ in. Spacing Between Distribution Lines______Ft. or in.

Treatment System:

Signature of Applicant/Owner ___________________________Print Name ________________________ Date ________________

DIAGRAM PROPOSED SYSTEM ON REVERSE SIDE OF APPLICATION OR ATTACHED SHEET

OFFICE Date of Site Review ___________________________Sanitarian ____________________________
USE Depth to Bedrock______ Ft. Depth to Water Table______Ft.
ONLY: Distances to neighboring wells: Well #1____________________Ft. Well#2______________________Ft.
Soil Scientist Name __________________ License No. __________________ Soil Group
Contractor Name __________________ License No. __________________

PERMIT FEE - $200.00
CASH ____  CHECK #______
CREDIT ___  APPV. #_______
PERMIT #_________________
APPROVED BY ____________________________
DATE ISSUED ________________
SYSTEM PROFILE & CROSS SECTION

Foundation elevation or other benchmark

Foundation outlet elevation

Pipe Length

(ina) Tank elev. (outlet)

Pipe elevations

OR

Trench bottom elevations

_____ gal tank

model# ______

Circle One:

System is: Level field Serial Distribution Other _______

Pipe elevations are: Invert Top of pipe

Elevations are in: Tenths Inches

If using a serial distribution please draw system profile on the back

EXISTING GRADE

(SHOW HIGHEST & LOWEST ELEVATIONS OF ENTIRE FIELD)

SEPARATION DISTANCES FROM LOWEST ELEVATION IN FIELD TO LIMITING LAYER:

Water Table___________

Bedrock___________

_____ Trench Depths ______

Gravel System

TRENCH DEPTH _______ IN

ASTM # OF PIPE _______ SMOOTH ____ CORRUG

SIZE OF STONE _______

TRENCH WIDTH ________

BACKFILL MATERIAL DEPTH _________

TYPE OF BACKFILL MATERIAL IF OTHER THAN NATURAL FILL _________

SEPARATION MATERIAL _________

2" Gravel

4" Distribution Line

6" Gravel

Chamber System

TRENCH DEPTH (12-36")

TRENCH WIDTH ________

2-3 FEET RECOMMENDED TO WATER,

4 FOOT MINIMUM TO BEDROCK

FROM BOTTOM OF TRENCH

Kankakee County Health Department (2005)
### Section 905.ILLUSTRATION D  Location of Components of Private Sewage Disposal Systems

<table>
<thead>
<tr>
<th>COMPONENT PART OF SYSTEM</th>
<th>Lake, Stream In ground Water Supply Linea Pressure</th>
<th>Cistern Well, or Suction Line from Pump To Well</th>
<th>Lake, Stream In ground Swimming Pool or Other Body of Water</th>
<th>Property Dwelling Line</th>
<th>Property Artificial Drain Line</th>
<th>Minimum Distances Allowable From</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Sewer 5</td>
<td>50 FEET</td>
<td>10 FEET</td>
<td>25 FEET</td>
<td>5 FEET</td>
<td>5 FEET</td>
<td></td>
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<tr>
<td>Septic Tank or Aerobic Treatment Plant</td>
<td>50 FEET</td>
<td>10 FEET</td>
<td>25 FEET</td>
<td>5 FEET</td>
<td>5 FEET</td>
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<tr>
<td>Distribution Box</td>
<td>75 FEET</td>
<td>10 FEET</td>
<td>25 FEET</td>
<td>10 FEET</td>
<td>5 FEET</td>
<td></td>
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<tr>
<td>Subsurface Seepage System</td>
<td>75 FEET</td>
<td>25 FEET</td>
<td>25 FEET</td>
<td>10 FEET</td>
<td>5 FEET</td>
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<tr>
<td>Sand Filter</td>
<td>75 FEET</td>
<td>25 FEET</td>
<td>15 FEET</td>
<td>10 FEET</td>
<td>5 FEET</td>
<td>10 FEET</td>
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<tr>
<td>Privy</td>
<td>75 FEET</td>
<td>25 FEET</td>
<td>25 FEET</td>
<td>20 FEET</td>
<td>5 FEET</td>
<td>10 FEET</td>
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<tr>
<td>Waste Stabilization Pond</td>
<td>75 FEET</td>
<td>25 FEET</td>
<td>25 FEET</td>
<td>20 FEET</td>
<td>5 FEET</td>
<td>10 FEET</td>
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<tr>
<td>Surface Discharge</td>
<td>50 FEET</td>
<td>10 FEET</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Effluent Line</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Effluent Receiving Trench</td>
<td></td>
<td></td>
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<tr>
<td>Treated Effluent</td>
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<td></td>
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<tr>
<td>Discharge Pointb</td>
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<tr>
<td>Class V Injection</td>
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</tbody>
</table>

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.


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.
KANKAKEE COUNTY HEALTH DEPARTMENT
SEPTIC APPLICATION CHECKLIST

NAME, ADDRESS, CITY, STATE, ZIP: ________________________________

PLAN SHOWS ALL OF THE FOLLOWING: (CHECK THE BOX IF ATTACHED)

☐ 1.0 the site plans or drawings submitted are to scale and the scale is indicated
☐ 2.0 the site plan indicates lot size with dimensions and North direction
☐ 3.0 the site plan indicates type of system to be constructed, the dimensions and size of the individual components (septic tank, aeration tank, pump chamber, cleanouts, location and length of the subsurface seepage lateral) to be installed
☐ 4.0 the site plan includes distances to water lines, water wells, closed loop wells, potable water storage tanks, and buildings if applicable
☐ 5.0 the site plan house/buildings, driveway locations, etc. which may impact the septic system or its orientation (add any extras such as pools, drainage areas, easements) shows all
☐ 6.0 the site plan includes sufficient site elevations and ground elevations to determine the elevation of the system components indicating direction of slope and system profile as indicated on the system profile form
☐ 7.0 location of sanitary sewer, if available, within 200 feet indicated on plan
☐ 8.0 typical cross section of the system has been submitted showing the following:
   a. maximum trench depth
   b. stone depth under pipe and stone depth total
   c. indicate type of pipe and size of stone
   d. maximum depth of backfill material
   e. type of separation material
   f. distances from the trench bottom and limiting layers
☐ 9.0 the number of bedrooms or design volume is indicated on the forms provided the Health Department
☐ 10.0 the soil investigation results are submitted
☐ 11.0 owner's name and address/name and printed name and signature of applicant are indicated on the attached forms
☐ 12.0 a map showing the location of the property
☐ 13.0 if a variance is needed, it is to be requested by the septic contractor/homeowner. In regards to setback of septic to well....homeowner's acknowledgment is required
☐ 14.0 Property Development Referral Form is enclosed (new construction only)

I verify that the information checked above and as presented on the plan are accurate representations of on-site observations.

Printed Name ____________________ Signed Name ____________________ Dated ____________________