

PRIVATE SEWAGE DISPOSAL ADMINISTRATIVE PROCEDURES
KANKAKEE COUNTY HEALTH DEPARTMENT DIVISION OF
ENVIRONMENTAL HEALTH
2390 W. STATION STREET, KANKAKEE, IL 60901
815-802-9410 (8:30a.m.-4:30p.m.)

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.

**KANKAKEE COUNTY HEALTH DEPARTMENT
 DIVISION OF ENVIRONMENTAL HEALTH
 2390 W. STATION, KANKAKEE, IL 60901
 VOICE: (815) 802-9410 FAX: (815) 802-9411**

PERMIT FEE - \$275.00
 CASH _____ CHECK # _____
 CREDIT ___ APPV. # _____
 PERMIT # _____
 APPROVED BY _____
 DATE ISSUED _____

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: Capacity of Septic Tank _____ Gals. Capacity of Solids Retention Tank _____ Gals.
 Lift Station Required _____ Capacity _____ Gals Alarm Location _____
 Absorption System: Total Square Feet Required _____
 1. **Gravel Field:** Total Length _____ Ft. Trench Width _____ in. Total Area _____ Sq. Ft.
 Max Trench Depth _____ in. Spacing Between Distribution Lines _____ Ft. or in.
 2. **Seepage Bed:** Total Length _____ Ft. Trench Width _____ in. Total Area _____ Sq. Ft.
 Max Trench Depth _____ in. Spacing Between Distribution Lines _____ ft. or in.
 3. **Chamber System:** Manufacturer _____
 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:

1. **Sand Filter:** Length _____ Ft. Width _____ Ft. Total Area _____ Sq. Ft.

2. **Aeration System:** Manufacturer _____ Size _____ Gals. Sample Port Required _____
 Solid Retention Tank _____ Capacity _____ Gals. Chlorination Required _____
 Contact Chamber _____ Gals. Discharge To _____ Gravity _____ Sump Pump _____
 Effluent Receiving Trench Width _____ Ft. Length _____ Ft. Total Area of Receiving Trench _____ Sq. Ft.
 Alarm Required _____ Location _____
 Lift Station Required _____ Capacity _____ Gals. Alarm Location _____

Signature of Applicant/Owner **Print Name** **Date**

DIAGRAM PROPOSED SYSTEM ON REVERSE SIDE OF APPLICATION OR ATTACHED SHEET

OFFICE USE ONLY: Date of Site Review _____ Sanitarian _____
 Depth to Bedrock _____ Ft. Depth to Water Table _____ Ft.
 Distances to neighboring wells: Well #1 _____ Ft. Well#2 _____ Ft.
 Soil Scientist Name _____ License No. _____ Soil Group _____
 Contractor Name _____ License No. _____

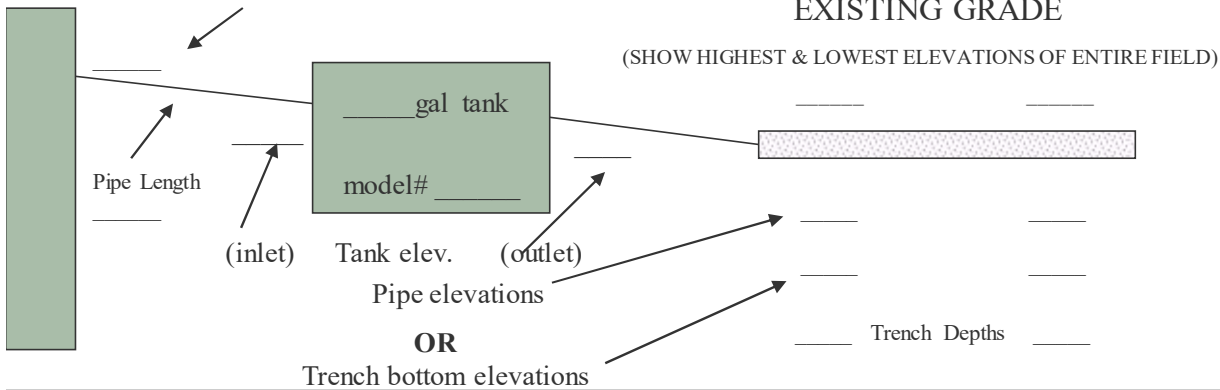
OWNER NAME: _____

SYSTEM PROFILE & CROSS SECTION

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

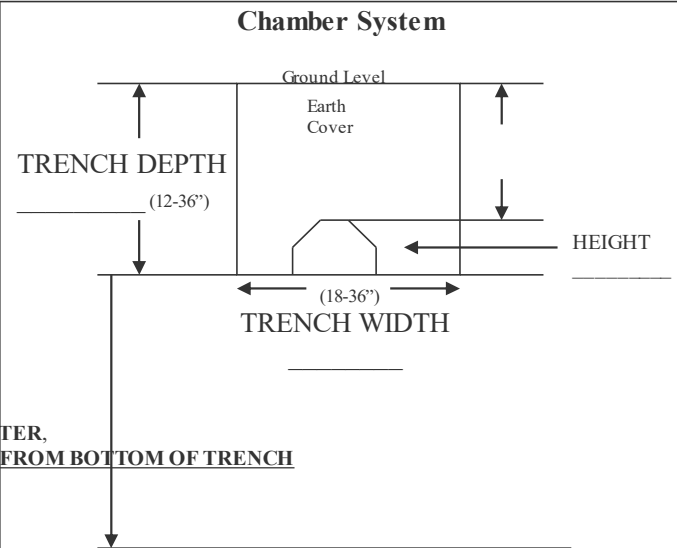
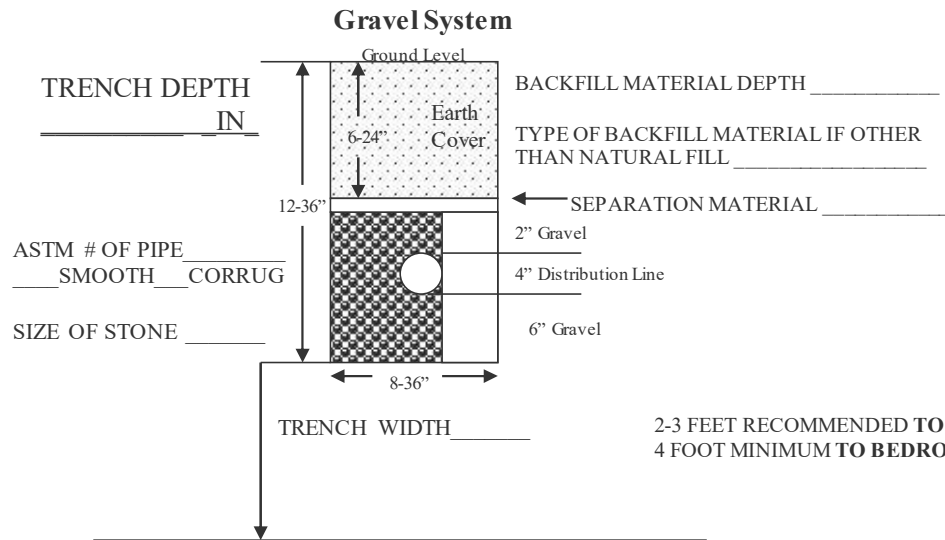
Foundation elevation or other benchmark
 Foundation outlet elevation



SEPARATION DISTANCES FROM
**LOWEST ELEVATION IN
 FIELD TO LIMITING LAYER:**

Water Table _____
 Bedrock _____

OR
 Trench bottom elevations



77 ILLINOIS ADMINISTRATIVE CODE 905
OCTOBER 2013

Section 905.APPENDIX A Illustrations and Exhibits

Section 905.ILLUSTRATION D Location of Components of Private Sewage Disposal Systems

Minimum Distances Allowable From

COMPONENT PART OF SYSTEM	Minimum Distances Allowable From			Property Dwelling	Property Line ¹	Artificial Drain
	Cistern Well, or Suction Line from Pump To Well	Water Supply Line ³ Pressure	Lake, Stream In ground Swimming Pool or Other Body of Water			
	FEET	FEET	FEET	FEET	FEET	FEET
Building Sewer ⁵	50	10	25			
Septic Tank or Aerobic Treatment Plant	50	10 ⁴	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 Receiving Trench	75	25	15	10	5	10
Treated Effluent Discharge Point ⁶	50	10		20	25	25
Class V Injection Wells ⁷		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 wells, 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

**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 _____