



**Public Health**  
Prevent. Promote. Protect.  
Knox County Health Department

**Knox County Health Department**  
1361 W. Fremont St.  
Galesburg, IL 61401  
Phone: (309) 344-2224 Fax (309) 344-5049  
www.knoxcountyhealth.org

**PERMIT #** \_\_\_\_\_  
**Fee: \$150.00 (Lic. Contractor Install)**  
**\$250.00 (Homeowner Install)**  
**\$100.00 (Oak Run)**  
**DO NOT SEND CASH**  
**Payable to:**  
**Knox County Health Department**

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### ONSITE WASTEWATER DISPOSAL APPLICATION

*Please check the appropriate spaces and fill in all additional information or insert N/A if not applicable.*

Application for: \_\_\_\_\_ Knox County      \_\_\_\_\_ Oak Run (Spoon Valley Lake Sanitary District)  
                          \_\_\_\_\_ New Construction      \_\_\_\_\_ Replacement      \_\_\_\_\_ Repair or improvement

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### PERMIT INFORMATION

Owner's Name: \_\_\_\_\_ Contractor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
License #: \_\_\_\_\_

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### PROPERTY INFORMATION

Site Address (911): \_\_\_\_\_  
Tax ID/ Parcel #: \_\_\_\_\_ Lot size: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Lot # \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

**Direction to the Site:** (Highway Number, Secondary Roads, Signs to Follow, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Type of Dwelling:      Single Family    Type:    \_\_\_\_\_ Permanent    \_\_\_\_\_ Seasonal      #Bedrooms \_\_\_\_\_  
Sq. Footage of the Home:    \_\_\_\_\_ First Floor    \_\_\_\_\_ Second Floor    \_\_\_\_\_ Basement  
Commercial    Type:    \_\_\_\_\_ Restaurant    \_\_\_\_\_ School    \_\_\_\_\_ Camp    \_\_\_\_\_ Church  
                          \_\_\_\_\_ Mobil Home Park    \_\_\_\_\_ Office Building    \_\_\_\_\_ Other \_\_\_\_\_

Garbage Grinder:                     No     Yes                    Basement Plumbing:     No     Yes  
Jetted Tubs (>125 gallons):     No     Yes    \_\_\_\_\_ Gallons    Discharge to: \_\_\_\_\_  
Water Softener:                     No     Yes    \_\_\_\_\_ Gallons    Discharge to: \_\_\_\_\_

### Non-Residential Installation

# of Employees: \_\_\_\_\_ Design Flow: \_\_\_\_\_ Gallons/day: \_\_\_\_\_

### Water Supply

\_\_\_\_\_ Public                    \_\_\_\_\_ Existing well                    \_\_\_\_\_ Proposed well

**INSTALLATION PROPOSAL**

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**PRIMARY TREATMENT**

Distance to nearest well: \_\_\_\_\_ Ft.    Distance to foundation wall: \_\_\_\_\_ Ft.    Type of Material: \_\_\_\_\_

**Septic Tank**

Septic tank capacity: \_\_\_\_\_ Gallons    Manufacturer \_\_\_\_\_    IL # \_\_\_\_\_

**Aerobic Treatment Plant**

Aerobic Treatment Plant Brand: \_\_\_\_\_ Gallons Per Day \_\_\_\_\_

Distributor: \_\_\_\_\_    Sq.ft. of absorption field \_\_\_\_\_    Discharge to: \_\_\_\_\_

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**SECONDARY TREATMENT**

**Percolation Test Results:** \_\_\_\_\_    **Soil Analysis Results:** \_\_\_\_\_

Distance to nearest well: \_\_\_\_\_ Ft.    Foundation wall: \_\_\_\_\_ Ft.    Lot line: \_\_\_\_\_ Ft.

\_\_\_\_\_ Gravel System..... Sq.ft. \_\_\_\_\_    Trench Depth: \_\_\_\_\_

Gravelless System.....linear ft. \_\_\_\_\_    Trench Depth: \_\_\_\_\_

Chamber System.....linear ft. \_\_\_\_\_    Trench Depth: \_\_\_\_\_

Sandfilter..... Sq.ft. \_\_\_\_\_

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**All applications must have the following information attached:**

- 1. An accurate site plan or drawing including the proposed construction indicating location with dimensions showing the sewage system, distances to building, water well, property lines, slope of the property, and other sources of contamination.**
  
- 2. Completed percolation test worksheet or a copy the soil investigation.**

I certify that the attached information is complete and correct and that installation of said facilities will conform with the laws and/or ordinances of Knox County. **I ACCEPT THE RESPONSIBILITY OF NOTIFYING THE HEALTH DEPARTMENT TO MAKE A FINAL INSPECTION OF THE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PRIOR TO BACKFILLING SAID INSTALLATION.**

**OWNER'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE: THIS PERMIT IS VOID AFTER ONE (1) YEAR FROM DATE ISSUED**

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**FOR OFFICE USE ONLY:**

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date