ONSITE WASTEWATER DISPOSAL
PERMIT APPLICATION INSTRUCTIONS

This is your permit application to construct or repair an onsite wastewater disposal system in Knox County. Permit fees are as follows:

- Licensed Contractor Installation $150
- Homeowner Installation $250
- Oak Run $100

If a permit is denied, the fee shall be returned to the applicant. A permit for construction will not be issued until a completed application and fee have been submitted to the Knox County Health Department and an onsite survey performed by Department personnel.

- Please make checks payable to the Knox County Health Department.
- Permit must be issued before installation may begin.

THE HEALTH DEPARTMENT MUST BE NOTIFIED FOR A FINAL INSPECTION OF THE WASTEWATER DISPOSAL SYSTEM BEFORE BACKFILL.

FAILURE TO NOTIFY THE DEPARTMENT WILL RESULT IN LEGAL ACTION.

NOTE: Knox County Health Department inspections will result in a statement as to whether or not the onsite wastewater disposal system meets current Illinois Department of Public Health standards. The Knox County Health Department does not guarantee any system, nor does the inspection or permit process result in any general, or implied warrant for use of the system.

INSTRUCTIONS FOR APPLYING FOR A PERMIT

Please submit the following:

A. Property Description: Please submit a copy of the property description. This may be a copied deed, contract, tax receipt, etc.
B. Plot Plan: Please submit a diagram of the proposed location of the private sewage disposal system. The plot plan should indicate the following:
   1. Lot dimensions and property lines
   2. Distances of proposed construction to the building served, property lines, existing wells, sewer lines, septic tanks, or other sources of contamination.
   3. Location of service utilities (i.e. water lines, gas lines, electrical lines, etc.)
   4. Slope of property
   5. Please submit soil investigation reports
C. EPA National Pollutant Discharge Elimination System Permit (if applicable)
ONSITE WASTEWATER DISPOSAL APPLICATION

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

Application is for: 1) _____Knox County _____Oak Run (Spoon Valley Lake Sanitary District)

2) _____New Construction _____Replacement _____Repair

PERMIT INFORMATION

Owner's Name:___________________________ Licensed Contractor:___________________________

Address:___________________________ Address:___________________________

City, State, Zip:___________________________ City, State, Zip:___________________________

Phone:___________________________ Phone:___________________________

License #:___________________________

PROPERTY INFORMATION

Site Address (911):_______________________________________________________________

Tax ID/ Parcel #:___________________________ Lot Size:__________ Subdivision:___________________________

Lot #:__________ Township:__________ Range:__________ Section:__________

Directions to site: (Highway Number, Secondary Roads, Signs to Follow, etc.):_______________________________________________________________

Type of Dwelling: □ Single □ Family

Type of Use: □ Permanent □ Seasonal

Number of Bedrooms:__________

Sq. Footage of Property: ______1st Floor ______2nd Floor ______Basement

Commercial Type: □ Restaurant □ School □ Camp

□ Church □ Mobile Home Park □ Office Building

□ Other, specify:_______________________________________________________________

Garbage Grinder: □ No □ Yes

Baseline Plumbing: □ No □ Yes

Discharges to:_______________________________________________________________

Jetted Tub (>125 Gallons): □ No □ Yes

Discharges to:_______________________________________________________________

Water Softener: □ No □ Yes

Discharges to:_______________________________________________________________

Non-Residential Installation:

# of Employees:__________ Design Flow:__________ Gallons/day:__________

Water Supply: □ Public Water □ Existing Well □ Proposed Well
INSTALLATION PROPOSAL

Primary Treatment

Distance to nearest well: _____ ft. Distance to foundation wall: _____ ft. Type of material: _______

Septic Tank Information
Septic Tank Capacity: _________ Gallons Manufacturer: _________ IL#: __________

Aerobic Treatment Plant Information
Aerobic Treatment Plant Brand: ___________________________ Gallons/Day: ___________ Distributor: _______________ Sq. ft. of absorption field: ___________ Discharge to: ___________

Secondary Treatment

Soil Analysis Results:

Distance to nearest well: _____ ft. Distance to foundation wall: _____ ft. Type of material: _______

☐ Gravel system ................ Sq. ft. ___________ Trench depth: ___________
☐ Gravelless system .......... Linear ft. ___________ Trench depth: ___________
☐ Chamber system .......... Linear ft. ___________ Trench depth: ___________
☐ Sand Filter system......... Sq. ft. ___________ Trench depth: ___________
☐ Other: ______________________ Sq. OR Linear ft. ___________ Trench depth: ___________

All applications must have the following information attached:

1. An accurate site plan or drawing, including: the proposed construction and indicated location with dimensions, location of the sewage system, distances to building, water well, property lines, slope of property, and other sources of contamination
2. Completed soil investigation

My signature certifies that:

A. I am aware of and assume responsibility for: proper upkeep and service of this private sewage disposal system in accordance with the Private Sewage Disposal Licensing Act (225 ILCS 225) and Section 905.20 q) of the Code (77 Ill. Adm. Code 905) and compliance with any USEPA & IEPA permits required for this system and compliance with all requirements of said permits as outlined in Section 905.115 of the Code.
B. I am aware of the requirements of the NPDES permit program and am familiar with the definition of “Waters of the United States.”
C. I have made the determination that the discharge of this system (please check one):
   ☐ WILL enter waters of the United States
   ☐ WILL NOT enter water of the United States

If the discharge of this system will enter the waters of the United States, I also certify that I have obtained from the USEPA coverage for this system under NPDES Permit No. ILG62.

D. I certify that the attached information is complete and correct and that installation of said facilities will conform to 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

For Office Use Only

APPROVED BY: ____________________________ DATE: ___________