ONSITE WASTEWATER DISPOSAL
PERMIT APPLICATION INSTRUCTIONS

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

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

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: The Final Inspection will result in a statement as to whether or not the onsite wastewater disposal system meets current code. 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. This plan is required to 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 [required: water lines, gas lines, electrical lines, etc.]
   4. Slope of property [required: 1) House to Septic Tank 2) Septic Tank to Field 3) Slope of property
   5. Elevation of the tank at the: 1) inlet and 2) header pipe of the field
   6. 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:   ☐ Knox County   ☐ Oak Run (Spoon Valley Lake Sanitary District)
                      ☐ New Construction   ☐ Replacement   ☐ Repair

Reason for Replacement or Repair:   ☐ Failure   ☐ Resize

PERMIT INFORMATION

Owner’s Name:___________________________   Licensed Contractor:___________________________
Address: ________________________________   Address: ________________________________
City, State, Zip: ___________________________   City, State, Zip: ___________________________
Phone: __________________________________   Phone: __________________________________

Private Sewage Disposal 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, Residential   Number of Bedrooms: _______
                      ☐ Non-Residential, Select Type:   ☐ Restaurant   ☐ Office Bldg.   ☐ Church
                      ☐ Other, specify: ________________   ☐ Camp   ☐ Mobile Home Park   ☐ School
# of Units (employees, seats, etc.): _______

Design Flow:_________   Gallons/day:_________

Type of Use:   ☐ Permanent   ☐ Seasonal

Sq. Ft. of Property:   ___________ Basement   ___________ 1st Floor   ___________ 2nd Floor

Other Information:   ☐ Garbage Grinder   ☐ Yes ☐ No   Basement Plumbing ☐ Yes ☐ No
                      ☐ Jetted Tub (>125 Gallons) … … ☐ Yes ☐ No   Discharges to: ______________
                      ☐ Water Softener … … … … … ☐ Yes ☐ No   Discharges to: ______________

Water Supply:   ☐ Public Water   ☐ Existing Well   ☐ Proposed Well
Closed Loop Well:   ☐ New   ☐ Existing   ☐ Proposed   ☐ N/A

Knox County Health Department
1361 West Fremont St.
Galesburg, IL 61401
P: 309-344-2224
F: 309-344-5049
www.knoxcountyhealth.org

PERMIT # ___________________
FEE: $150.00 (Licensed Contractor Install)
     $150.00 (Oak Run)
     $250.00 (Homeowner Install)

DO NOT SEND CASH
Payable to: Knox County Health Department

Last Revised 2/1/18
**INSTALLATION PROPOSAL**

**PRIMARY TREATMENT**

**Septic Tank:**
- Capacity: _______
- Manufacturer: ________________________
- Depth of Cover: ___ in
- Type of Material:______________________
- IL#:____________
- # of Risers: ______

**Aerobic Treatment Tank:**
- Manufacturer: ________________________ IL#:_______
- Type of Material:______________________
- # of Risers:________
- Daily Treatment Capacity: _______GPD
- Discharge to:____________

**Distance to:**
- Nearest well: ____ ft
- Foundation wall: ____ ft
- Property line: ____ ft
- Water line: ____ ft

**SECONDARY TREATMENT**

**Soil Absorption**
- Rate:______
- Limiting Layer:______
- Depth of Limiting Layer:______
- Water Table:____

**Distance to:**
- Nearest well: ____ ft
- Foundation wall: ____ ft
- Property line: ____ ft
- Water line: ____ ft
- Closed loop well: ______ ft
- Other, specify: __________ Distance:___ ft

- 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: _______________
- Raised Filter Bed
  - Mantle Width:____ft.
  - Mantle Length:____ft.
  - Mantle bed area: __________sq.ft.
  - Filter Bed Width:____ft.
  - Filter Bed Width:____ft.
  - Filter bed area: __________sq.ft.
  - Quantity of Wastewater per day:________
  - Percolation Time: _________min./in.
- Other:__________
  - Sq. ft. or Linear ft. _________________

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: ___________
APPLICATION CHECKLIST

All applications must have the following information attached and filled out or a permit will not be issued:

- Property Owner mailing address and phone number
- Lot PIN Number
- Soil investigation report
- A site plan that includes the following:
  - Location of proposed system
  - Distances from well and water supply lines, bodies of water
  - Distances from property lines
  - Distances from all buildings in area
  - Slope of property
  - Slope from: 1) House to tank 2) Tank to Field
  - Other components: chlorine contact chamber, sample port, clean out