Peoria City/County Health Department

Onsite Wastewater Disposal Application

Please mark appropriate spaces & fill in all additional information. Use N/A if not applicable.

Application for:  
- [ ] New Construction  
- [ ] Replacement  
- [ ] Repair or Improvement

### Permit Information:

- Owner's Name: ___________________________ Phone: ___________________________  
  Mailing Address: ___________________________ City: ___________________________ ZIP: ________________  
  Email: __________________________________________

- Contractor's Name: ___________________________ Phone: ___________________________  
  Address: ___________________________ City: ___________________________ ZIP: ________________  
  License #: ___________________________ Email: __________________________________________

### Property Information:

- Site Address (911): ___________________________ Town: ___________________________ ZIP: ________________  
  Tax ID/Parcel #: ___________________________ Lot Size: __________ acres  
  Subdivision: ___________________________ Lot #: ________________ Township: ___________________________

Directions to Site from Peoria City/County Health Department (Highway number, Secondary roads, Signs to follow, etc.):

________________________________________________________________________________________

________________________________________________________________________________________

Type of Dwelling:

- [ ] Single Family Residential: Number of Bedrooms: _____________
- [ ] Non-Residential System Type:  
  - [ ] Restaurant  
  - [ ] School  
  - [ ] Camp  
  - [ ] Church  
  - [ ] Mobile Home Park  
  - [ ] Office Building  
  - [ ] Other: ____________

  - [ ] # of Units (i.e. employees, seats, spaces): ____________  
  - [ ] Design Flow: __________ gallons/day: __________

Other Information:

- [ ] Seasonal/Part-Time Use? ____________  
  - [ ] Yes ____________  
  - [ ] No ____________
- [ ] Class V Injection Well? ____________  
  - [ ] Yes ____________  
  - [ ] No ____________
- [ ] Garbage Grinder? ____________  
  - [ ] Yes ____________  
  - [ ] No ____________
- [ ] Basement Plumbing? ____________  
  - [ ] Yes ____________  
  - [ ] No ____________
- [ ] Jetted Tubs (>125 gallons)? ____________  
  - [ ] Yes, __________ gallons ____________  
  - [ ] No ____________  
  - [ ] Discharge to:________________________
- [ ] Water Softener? ____________  
  - [ ] Yes, __________ gallons ____________  
  - [ ] No ____________  
  - [ ] Discharge to:________________________
- [ ] Hot Tubs? ____________  
  - [ ] Yes, __________ gallons ____________  
  - [ ] No ____________  
  - [ ] Discharge to:________________________

Water Supply:

- [ ] Public Water (if checked, provide last 12 months of meter readings)  
  - [ ] Existing Well  
  - [ ] Proposed Well  
  - [ ] N/A

Geothermal/Closed Loop Well:

- [ ] New  
  - [ ] Existing  
  - [ ] Proposed  
  - [ ] N/A

Form continues...
Installation Proposal

Primary Treatment:

Distance to:
- nearest well: _____ ft.
- foundation wall: _____ ft.
- property line: _____ ft.
- water line: _____ ft.

Septic Tank:
- New
- Existing Tank
- Holding Tank
- Other

Type of Material: ___________________________ Tank Capacity: ____________ gallons

Manufacturer ___________________________ Tank Capacity: ____________ IL# ____________

Depth of Cover: ______ inches # of Risers __________________

Aerobic Treatment Plant:

Manufacturer ___________________________ Model: ____________

Daily Treatment Capacity: _______ gallons per day Alarm Location: ______________________________

Discharge to:
- ⅔ Size Subsurface System
- Effluent Reduction
- Raised Filter Bed
- Other __________________________

Secondary Treatment:

Distance to:
- nearest well: _____ ft.
- foundation wall: _____ ft.
- property line: _____ ft.
- water line: _____ ft.

Soil Analysis Results MUST be attached.

Soil Absorption Rate: __________ Limiting Layer: __________ Depth of Limiting Layer: __________ Water Table: __________

Subsurface Systems:

- Total square feet required: __________ sq. ft. Depth of system: __________ in.

  - Chamber System
  - Gravel Trench Field
  - Gravel-less Pipe (choose 1): _______ 8" pipe... _______ 10" pipe

  Manufacturer ___________________________ Type/Model/Pipe: ___________________________

  Total linear feet: _______ ft. Trench width: _______ in. Number of lines: _______ Distance between lines: _______ ft.

  - Seepage Bed:
    - Width: _______ ft. Length: _______ ft. Number of lines: _______ Distance between lines: _______ ft.

  - Raised Filter Bed:
    - Mantle width: _______ ft. Mantle length: _______ ft. Total square feet of Mantle (calculations MUST be attached): _______ sq. ft.
    - Number of filter beds: _______ Following is needed for each bed: Width _______ ft. Length _______ ft.
    - Square feet of bed: _______ ft. Number of vents: _______ ft.

- Other Approved System: __________________________

Surface Discharging Systems:

- Buried Sand Filter:

  Number Collection Lines: _______ ft. Number Distribution Lines _______ Number Vents: _______

  Source of Media: ___________________________ Source of Rock: ___________________________

- Other Approved System: __________________________

form continues...
Effluent Reduction:
Distance to: nearest well: ______ ft. foundation wall: ______ ft. property line: ______ ft. water line: ______ ft.

Soil Analysis Results MUST be attached.
Soil Absorption Rate: __________ Limiting Layer: __________ Depth of Limiting Layer: ______ Water Table: __________
☐ Chamber System ☐ Gravel Trench Field ☐ Gravel-less Pipe (choose 1): ________ 8" pipe . . . 10" pipe
Manufacturer: __________________________ Type/Model/Pipe: __________________________
Total linear feet: ______ ft. Trench width: ______ in. Number of lines: ______ Distance between lines: ______ ft.
☐ Other Approved System: ______________________________________________________

General Information:
☐ Chlorine Contact Chamber: ________  Yes ________  No
Size: _______ gallons Discharge to: __________________________

☐ Pump Chamber: ......................... Yes ________  No
Size: _______ gallons Alarm Location: __________________________

☐ Sample Port: ......................... Yes ________  No
Location: __________________________________________________________

Other Requirements: ______________________________________________________

All Applications Must Have the Following Information Attached:
☐ A copy of the soil investigation report.
☐ Labeled plans to scale with distance in feet showing location, size, and type of system in relationship to the building served. Indicate lot size, building setbacks, measurements for all mandated code setbacks, source(s) of water, geothermal system, property lines, and buildings. Show site elevations and ground surface elevations including contours as shown on Peoria County GIS (normally 2 foot elevations).

I certify that I have reviewed the United States Environmental Protection Agency’s National Pollutant Discharge Elimination (NPDES) General Permit ILG62 and if applicable have been granted coverage under the permit. Please note if you are covered under the Permit, a copy of your notice of intent along with proof of date received by USEPA must be submitted along with the application. The Permit requirements can be found at: http://www.epa.gov/region5/water/npdsekt/surfacedischarge/

The applicant's signature serves as written acknowledgement that the property owner(s) is/are aware and accept the responsibility to service and maintain the onsite wastewater treatment system in accordance with the IL Private Sewage Disposal Licensing Act, the IL Private Sewage Disposal Code, and Chapter 19 Onsite Wastewater Treatment Systems of the Peoria County Code. If the owner of the site is a developer or contractor, he/she shall notify the purchaser and Health Department of the transfer of ownership and responsibility for maintenance.

NOTE: If a Variance is requested, a completed Variance Application and $75.00 fee MUST be included.

I certify that the attached information is complete and correct and that installation of said system will conform with the laws and/or ordinances of Peoria County, Illinois. I accept the responsibility of notifying the Health Department 48 hours prior to installation to schedule a final inspection of the sewage disposal system construction PRIOR to backfilling said installation.

Owner/Applicant Signature: ____________________________________________ (required) Date: ______________

Contractor Signature: ________________________________________________ (required) Date: ______________

Peoria City/County Health Department • Environmental Health • 2116 N. Sheridan Rd. • Peoria, IL 61604 • 309/679-6161 • www.pcchd.org 11/15