



**Public Health**  
Prevent. Promote. Protect.

**Peoria City/County Health Department**  
Health Protection Division  
Environmental Health

**Permit #** \_\_\_\_\_

Fee: **\$225.00 • DO NOT SEND CASH**

Payable to: **Peoria City/County Health Department**

**Variance Requested** (Completed Variance Application and \$75.00 fee **MUST** be included.)

## **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 \_\_\_\_\_ IL# \_\_\_\_\_

Depth of Cover: \_\_\_\_\_ inches # of Risers \_\_\_\_\_

## Aerobic Treatment Plant:

Manufacturer \_\_\_\_\_ Model: \_\_\_\_\_

Daily Treatment Capacity: \_\_\_\_\_ gallons per day Alarm Location: \_\_\_\_\_

Discharge to:  2/3 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: \_\_\_\_\_

Other Approved System: \_\_\_\_\_

## Surface Discharging Systems:

Buried Sand Filter: Width: \_\_\_\_\_ ft. Length: \_\_\_\_\_ ft. Total square feet required: \_\_\_\_\_ sq. ft.

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).

Initials Required **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/npdestek/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:** \_\_\_\_\_

