

NOTICE

Please be informed that all applications must be completely filled out and we MUST have a property tax id # on every application completed. You can obtain that number from the property tax bill, it is the parcel number on the bill. If you are the contractor you will need to obtain that information from the home owner prior to submitting the application. We will need to have it prior to approving the permit application.



700 EAST OAK STREET
CANTON ILLINOIS 61520
Phone: 309-647-1134
Fax: 309-647-9545
Contact Us On The Web At:
www.fultoncountyhealth.com

Astoria Sub-office
309-329-2922

Cuba Sub-Office
309-785-5300

FULTON COUNTY HEALTH DEPARTMENT

An Equal Opportunity Employer and Provider

SEWAGE PERMIT APPLICATION COVER SHEET

Sewage Permit Application Fees:

- \$100.00 For new private sewage disposal system installation.
- \$100.00 For replacement of any existing sewage disposal system or any components of an existing sewage disposal system.
- \$175.00 If applying for a sewage permit and well permit at the same time, the combination fee will be \$175.00. This is a \$25.00 savings from the individual permit fees, which would total \$200.00.

Please make all checks payable to the Fulton County Health Department. All fees must be submitted at the time the Sewage Permit Application is submitted to the Health Department. The permit fee is not refundable after the health department representative has performed the initial site visit.

Steps To Be Taken When Applying For a Sewage Permit And Through The Final Inspection:

- Step 1. You should come to or call the Fulton County Health Department to obtain a Private Sewage Disposal System Application Form.
- Step 2. Perform percolation (soil absorption) test. Instructions on how to conduct a percolation test are included as a part of the application package.
- Step 3. Have a licensed private sewage disposal installation contractor complete the application form. An owner who occupies the residence can install his own private sewage disposal system. If the homeowner chooses to install the system he must contact the Fulton County Health Department Division of Environmental Health. The health department representative will discuss the type, size, design specifications, and location of the sewage disposal system. We will inform you of the minimum requirements as stated in the Private Sewage Disposal Licensing Act and Code.

(OVER)

- Step 4. Submit the completed form and the sewage permit fee to the Fulton County Health Department. (Applications that are incomplete or inaccurate will be returned to the applicant for completion and any alterations required.)
- Step 5. A site visit will be performed by a health department representative as soon as scheduling allows. You may want to schedule a time when you submit the application.
- Step 6. Once the site has been approved for the private sewage disposal system the installer, whether it be the licensed sewage installer, or the owner of an occupied residence, will receive notification from the Health Department that approval has been granted. (If the proposed system or site is not approved you will be notified that the permit is denied.)
- Step 7. After the permit has been issued the licensed sewage system installer or owner of an owner occupied residence must notify the Health Department at least 48 hours prior to any sewage system construction activities.
- Step 8. An inspection will be performed by a health department representative prior to covering. The entire sewage disposal system will need to be left uncovered until the final inspection has been completed. If any portion of sewage system is covered portions of the sewage system be excavated for inspection.

If you have any questions you can call the Fulton County Health Department at (309) 647-1134, Ext. 230 or stop by the health department office at 700 East Oak St., Canton, Illinois.

We look forward to serving you.

REC'D BY: _____
DATE: _____

FULTON COUNTY HEALTH DEPARTMENT
PRIVATE SEWAGE DISPOSAL SYSTEM
PLAN REVIEW APPLICATION

PERMIT: APPROVED _____ DENIED _____

LOG/ PERMIT NUMBER _____ COUNTY _____
(Office Use Only) (Office Use Only)

1. Owner: _____ Telephone No.: _____
Address: _____

2. Contractor: _____ License Number: _____ Telephone No. _____

NOTE: Work not done by homeowner (must own & occupy personal single family residence) must be done by a licensed contractor.

3. Location -County: _____ City: _____ Street: _____
Subdivision & Lot #: _____ Township Name: _____
Township: _____ Range: _____ Section #: _____ ¼ Section: _____ Local Identification Information: _____

4. Detailed Directions to Site: Highway Number, Secondary Roads, Signs to follow, Etc.; _____

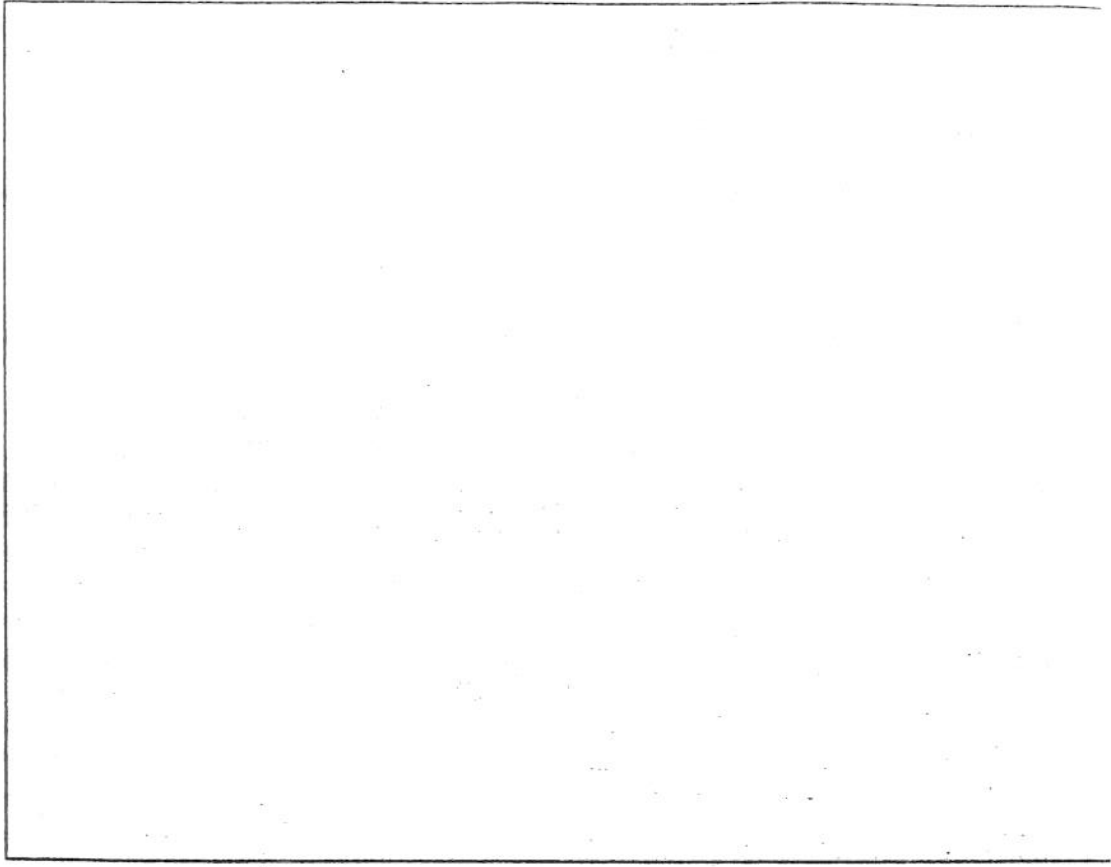
5. Site Information: Renovation: _____ New System: _____
Residential Dwelling: _____, Seasonal: Yes _____ No. Of Residents: _____ No. Of Bedrooms: _____
Garbage Grinder: Yes _____ Basement: Yes _____ Water Softener: Yes _____ Hot Tub: #Gallons: _____
Non-Residential: _____ No. Of Employees: _____ Design Flow: _____ Other Wastewater Generators: _____
Water Supply: Private Well; _____, Semi-Private Well; _____, Non-Community; _____, Municipal; _____
Percolation Tests: Date(s): _____ Conducted By: _____
Hole No. 1: Depth; _____, _____ min./6" Hole No. 2: Depth; _____, _____ min./6" Hole No. 3: Depth; _____, _____ min./6"
Average min./6" Fall: _____ (Return or use highest value if difference is greater than 30 minutes)
Depth of Limiting Layer: _____ Soil Type: _____
Soil Scientist Data: Name of Soil Investigator; _____
(Attach copy of Soil Data Report to application)

6. Proposed Private Sewage Disposal System: Gallons To Be Treated Per Day: _____
a. Septic Tank Size _____ Gallons, Illinois #: _____ h. Wisconsin Mound Basal Area _____ Sq. Ft.
b. Subsurface Seepage Field/Bedroom _____ Sq. Ft. l. Chlorination Tank _____ Gallons (If required)
Total Subsurface Seepage Field _____ Sq. Ft., Lin.Ft. _____, Width _____ j. Aerobic Treatment Plant: _____
c. Gravel-less Seepage Field: 8": _____ Lin. Ft. 10": _____ Lin. Ft. Manufacturer & Model: _____
d. Chamber System: Manufacturer: _____ Treatment Capacity: _____ Gallons per day
Sq. Ft. per Lin. Ft., _____ Total Lin. Ft. _____ k. Location of Audio & Visual Alarms _____
e. Seepage Bed _____ Sq. Ft.
f. Waste Stabilization Pond _____ Length _____ Width _____ Depth _____ (Garage, Basement, Stairwell, Etc.)
g. Buried Sand Filter/Recirculating Sand filter _____ Sq. Ft. l. Effluent Discharge to: _____
Width: _____, Length: _____ m. Pump Chamber Size _____

Other: _____

7. Lot diagram and sewage system plan:

Furnish plans or draw to scale the proposed construction indicating lot size with dimension showing the system, type of system to be constructed the dimensions of the system to be installed showing type of material, utilities, distances to water lines, water wells (including wells on neighboring property if they are near the property line), potable water storage tanks, buildings, lot lines, location of percolation holes, site elevations & ground surface elevations sufficient to determine this elevation of system components & the slope of the ground surface, location of sanitary sewer, if available, within 200 feet of the property, depth of limiting layer and any other extraordinary conditions on the lot.

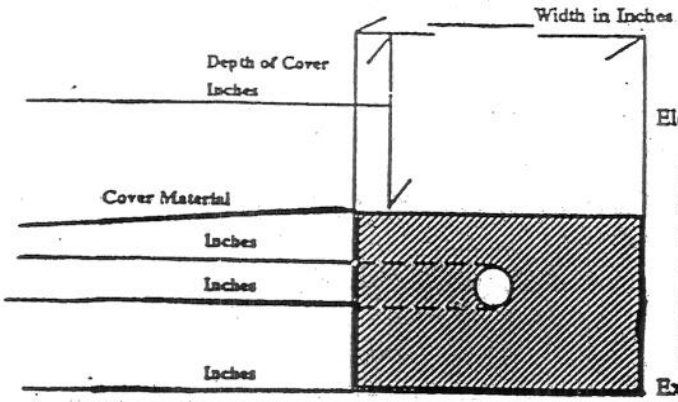


N
+

1" = _____

8. Checklist

- Lot Size: _____
- System Dimensions: _____
- Materials Labeled: _____
- Utilities Shown: _____
- Location of Perc Tests: _____
- Water Supply Shown _____
- Required Distances Labeled: _____
- Depth of Limiting Layer: _____



Elevations of the System Components:

Benchmark & Elevation: _____

Elevation to Invert of Building Drain: _____

Elevation to Invert of Tank Inlet: _____

Elevation of Ground Surface over Tank: _____

Lowest Elevation of Ground Surface over Field: _____

Highest Elevation of Ground Surface over Tank: _____

Length of Building Sewer (House to Tank): _____

Extraordinary Condition Shown: _____

Cross Section Seepage Field Gravel

9. I certify that the attached information is complete and correct and that, if approved, the work will conform with the current Private Sewage Disposal Licensing Act and Code.

Signature of Applicant (Owner or Contractor)

Date

IMPORTANT NOTICE:

This Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 84-670. Disclosure of this information is mandatory. Incomplete Plan Review Application Forms will be returned to the Applicant for Completion and Resubmittal, to the Fulton County Health Department, 700 E. Oak St., Canton, Illinois 61520. THE SEWAGE PERMIT FEE IS NON-REFUNDABLE ONCE THE PRELIMINARY SITE VISIT HAS BEEN CONDUCTED.

Section 905. Appendix A Illustrations and Exhibits
Illustration G Instructions For Conducting Percolation Tests

Percolation tests shall not be made in frozen ground or ground that has been filled in the preceding 12 months. Percolation tests shall be performed in accordance with the following procedures.

1. **Number and Location of Percolation Tests.** Select an area where the seepage field will be located. When digging the holes, avoid animal burrows, large root channels, etc. At least 3 separate percolation tests shall be performed at the site of each proposed disposal area. The lowest elevation of the proposed absorption field area. The 2 holes with highest results shall be used to determine percolation rate. SPACE HOLES APPROXIMATELY 50 FEET APART.
2. **Depth of Percolation Test Hole.** Dig or bore with horizontal dimensions approximately 4 to 6 inches in diameter to the depth of the proposed seepage field or seepage bed.
3. **Preparation of Test Hole.**
 - a) Carefully pick the bottom and sides of the hole with a knife blade or sharp pointed instrument to remove smeared or smoothed soil and to provide a natural soil interface into which water may percolate.
 - b) Remove all loose material from the hole.
 - c) Add 2 inches of coarse gravel to protect the bottom from scouring and sediment. A removable hardware cloth screen to line the lower part of the hole also helps prevent sloughing of the hole sides during testing.
4. **Saturation and Swelling of Soil:** It is important to distinguish between saturation and swelling. Saturation means that the void spaces between soil particles are full of water. This can be accomplished in a very short period of time. Swelling is caused by the intrusion of water into the individual soil particle. This is a slow process, especially in a clay type soil, and is the reason for requiring a prolonged soaking period.
 - a) On the day prior to conducting the percolation test, carefully fill the hole with water and keep it full for at least 4 hours. The percolation test shall be conducted on the day following this presoaking at least 18 hours after presoaking is completed but prior to 30 hours after presoaking is completed. Cover the hole during this 18-30 hour waiting period.



Section 905. Appendix A Illustrations and Exhibits

Illustration G Instructions For Conducting Percolation Tests (continued)

4. a) In sandy soils with greater than 70% sand and less than 15% clay (sand and loamy sand), after the 4 hour presoak, a percolation test may be attempted without the 18 hour waiting period. If the percolation test results are greater than 45 minutes for a 6 inch drop in water, the test must be repeated after the 18 hour waiting period. If the percolation test results are 45 minutes or less, the percolation rate shall be used to size the system.
- b) On the day of conducting the percolation test, carefully fill the hole with water to 12 inches above the gravel.
- c) Allow the water level to drop to a point 6 inches above the gravel. If the water does not fall from 12 inches to 6 inches in 6 hours, the percolation test is terminated and an alternate system is required.
- d) Measure the last 6 inch drop in water level at thirty minute intervals until all the water has seeped away.

Warning. Under no conditions shall measurements be taken from water filled to the top of the hole or on water 12 inches deep in the hole. Such results are completely invalid and will not be accepted. Results from the last 6 inches of drop in water are the only results that will be accepted.

5. **Recording of Results.** Record results of all tests as the total minutes required for the last 6 inches of seepage. If the last 6 inches of water has not seeped away at the end of 6 hours, the soil must be considered unsuitable for seepage field disposal and the appropriate statement marked on the results form. If there is more that a 30 minute difference between the highest 2 percolation tests, use the larger result or perform additional percolation tests.
6. **Calculating the Percolation Rate.** Add the total minutes required for the last 6 inches of water to fall from the 2 holes with the highest result and divide by 2. If the average is less than 60 minutes, use the percolation rate of 60 minutes. If the average is greater than 60 minutes, refer to Section 905. Appendix A. Illust. H of this Part. Locate in the first column (Time (minutes) required for the last 6 inches of water to fall) where the highest 2 hole average fits and use the next highest results as the percolation rate for sizing and design. An example of this procedure is as follows: If 3 percolation tests are conducted with results of 120 minutes, 140 minutes, and 155 minutes, the highest 2 hole average would be $(140+155)/2$ or 147.5 minutes. Looking at Section 905. Appendix A. Illust. H of this Part, the next highest result would be 150 minutes. The 150 minutes rate would be used to size and design the subsurface seepage system.
7. **Distribution of Results.** The results of the percolation tests shall be given to the homeowner and shall be retained by the contractor for at least 5 years. The percolation test date report shall be returned to the appropriate regional office or local authority.

DING #	TEST HOLE # 1		TEST HOLE # 2		TEST HOLE # 3	
	(in minutes)	(in inches)	(in minutes)	(in inches)	(in minutes)	(in inches)
1	0		0		0	
2	30		30		30	
3	60		60		60	
4	90		90		90	
5	120		120		120	
6	150		150		150	
7	180		180		180	
8	210		210		210	
9	240		240		240	
10	270		270		270	
11	300		300		300	
12	330		330		330	
13	360		360		360	

