

# Private Sewage Disposal Permit Application packet Monroe County Illinois

## IMPORTANT

**\*Percolation tests are NOT accepted. A soil evaluation report (performed by a Certified Soil Classifier) is required for subsurface sewage disposal\***

All applications must include the following:

1. A drawing showing the location of and distance between each of the following components:
  - septic tank
  - lateral field
  - well
  - cistern or public water supply line
  - house (existing or proposed) and/or other building(s) to be served by PSDS
  - slope arrows
  - property lines within 500' of the building area
  
2. Appropriate fee:

System for seasonal use only*	.....\$125.
Replacement of septic tank only	.....\$125.
Repair or replacement of existing system	.....\$125.
Residential home (new)	.....\$175.
Commercial building	.....\$225.
Community systems (mound systems)	
-installed in one phase	.....\$225.
-installed in 2 or more phases	.....\$225.+ \$75./phase

**Attention!** Anyone wishing to install a surface discharging system (i.e. aeration system or sand filter) must obtain information so that you are fully aware of any future problems that may result from the installation of a surface discharging system that discharges to Waters of the US. The USEPA requires property owners to obtain a NPDES permit when discharging to Waters of the US. The USEPA regulation states that property owners are responsible for determining whether their system will discharge to Waters of the US. **Neither contractors installing the private sewage system nor the Monroe County Health Department are responsible for obtaining the NPDES permit or determining if a NPDES permit is necessary.** A PSDS permit must be obtained from the Monroe County Health Department regardless of your decision to obtain a NPDES permit from the USEPA. Your signature on the application permit is confirmation that you have read the permit application packet completely and you understand your responsibility as the property owner obtaining necessary permits.

# Monroe County Health Department

901 Illinois Ave. Suite A  
Waterloo, IL 62298-1140  
Phone: (618) 939-3871  
Fax: (618) 939-4459

## Private Sewage Disposal System Application

\*All portions of this application must be completed before a permit will be issued.

### HOMEOWNER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

### PSDS CONTRACTOR

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ ID #: \_\_\_\_\_

**Propose to:** Construct / Repair (circle one) a septic system at:

Address \_\_\_\_\_ / City \_\_\_\_\_

**Location:** Section \_\_\_\_\_ Township \_\_\_\_\_ Range: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Acreage: \_\_\_\_\_

### **Directions to proposed site:**

\_\_\_\_\_

**Site Information:** Single Residence \_\_\_\_\_ Business \_\_\_\_\_ Seasonal Use \_\_\_\_\_

# of bedrooms \_\_\_\_\_ # of bathrooms \_\_\_\_\_ # of persons \_\_\_\_\_

Garbage disposal \_\_\_\_\_ Clothes washer \_\_\_\_\_ Dishwasher \_\_\_\_\_

Basement plumbing \_\_\_\_\_ Water supply: Public \_\_\_\_\_ Private \_\_\_\_\_

Slope of Lot: Hillside \_\_\_\_\_ Gentle \_\_\_\_\_ Flat \_\_\_\_\_

### **Check Desired Private Sewage Disposal System:**

\_\_\_\_\_ Septic tank with lateral field

\_\_\_\_\_ Septic tank with sand filter Discharges to: \* \_\_\_\_\_

\_\_\_\_\_ Aerobic Treatment System (aeration) Discharges to: \* \_\_\_\_\_

\_\_\_\_\_ I would like to discuss recommendations.

\*By signing below I confirm that my surface discharging private sewage disposal system does not discharge to *Waters of the United States*. I understand that obtaining an NPDES permit from USEPA is required when discharging to *Waters of the US*. EPA's regulation at 40 C.F.R § 122.2 defines Waters of the United States

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. I accept responsibility to notify the Monroe County Health Dept. before backfilling over the system installed.

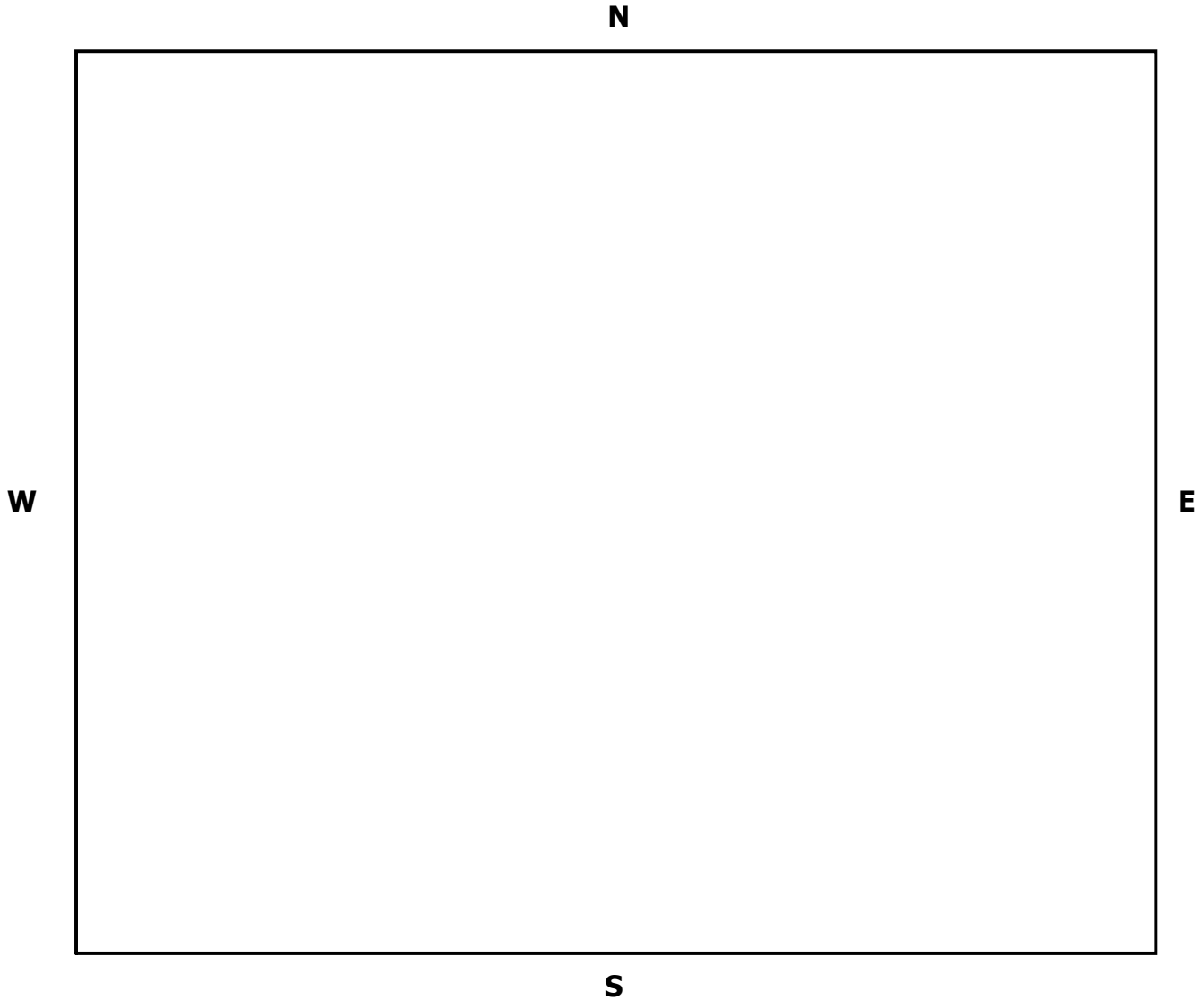
**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## LOCATION SKETCH

**Directions:** Sketch location of house, well or public water supply line, and proposed Private Sewage Disposal System (aeration unit or septic tank with either absorption trenches, or buried sand filter).

Indicate distances between house, well or water supply line, and septic system. Show slope of ground and property lines. Surface discharge must be a minimum of 30' from any County or State road easement. Show all easements on drawing.



Notice: The Monroe County Health Department does not guarantee trouble-free operation of the sewage system by the issuance of a permit or inspection. The property owner assumes full responsibility for maintenance and any nuisance or health hazard that might result from its use.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_