

Dear Homeowner/Septic Contractor:

This packet is for your convenience. The health department procedures and requirements are as follows:

- 1) A sewage permit is necessary on all new installations, repairs or additions to existing systems. The fee for the permit is \$125.00 for contractor installation or \$250.00 for property owner installation. **A \$25.00 SERVICE CHARGE WILL BE ASSESSED ON ALL RETURNED CHECKS.**
- 2) Property owners installing a septic system on their own property must meet the following requirements. (Note a property owner is defined by IDPH as a person who owns and occupies a single family dwelling)
- 3) **Only soil data will be used for each lot where a new system or modification is to be constructed.** No percolation test results will be accepted.
- 4) A completed site plan must be submitted with all permit applications. Detailed information shall include, but not be limited to the well location, septic location, and any and all building locations, etc. Distances between each item shall also be noted.
  - a) Take a written, open-book test consisting of no less than 20 questions and no greater than 50 questions. The minimum passing score is 75%. The test may be taken twice at least 24 hours apart.
  - b) Property owners must request the Lee County Health Department to make an inspection of their work after the tank is set and the first trench is dug. This inspection must be done before rock or pipe is placed in the trench.
  - c) Property owners must request the Lee County Health Department to make a final inspection after the system is installed and before the trenches are backfilled.
  - d) Property owners may be assisted by a licensed septic contractor.
- 5) Permit applications and fees must be submitted to the department prior to obtaining a building permit from the Lee County Zoning Office. **PPN can be obtained by calling the Lee County Assessor's Office at 288-4483.** Application fees are non-refundable. Permits are valid for one year from the approval date. Any unused or old permits will be voided. **Application approval will take 3 to 5 working days.**
- 6) **This department must be contacted at least two working days before an inspection appointment is needed.**

- 7) You may not cover any portion of a private sewage system until this department has made an inspection of that system.
- 8) Any variation from state or county code requires a variance request form to be completed and approved prior to installation.

The sanitarians and inspectors of this department are here to assist you with any problems you might experience. Please feel free to call or seek advice at any time. In the event that a representative is unavailable at the time of your call, please leave your name and number so that a representative may contact you upon their return.

eh\septic\PermitAppCoverLtr. 3/2016

# APPLICATION TO CONSTRUCT OR MODIFY A SEWAGE SYSTEM

## LEE COUNTY HEALTH DEPARTMENT

309 South Galena Ave. • Suite 100 • Dixon, IL 61021 • (815) 284-3371

DATE \_\_\_\_\_ CONTRACTOR FEE \$125.00 HOMEOWNER FEE \$250.00 INITIAL \_\_\_\_\_ CHECK or RECEIPT # \_\_\_\_\_

**1. Contractor Lic.: #** \_\_\_\_\_ - \_\_\_\_\_

**2. Property Owner – Current Mailing Address**

Name \_\_\_\_\_ (Please type or print)

Name \_\_\_\_\_ (Please type or print)

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

**3. Location:** City: \_\_\_\_\_, Lee County, Illinois Township Name: \_\_\_\_\_

Street: \_\_\_\_\_ Directions: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot # \_\_\_\_\_

PPN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**4. Propose to (circle one) Construct New, Modify Existing** , Reason for Modification \_\_\_\_\_

Type of Facility: \_\_\_\_\_ Garbage Grinder: Yes No

#Bedroom(s) \_\_\_\_\_ #Den(s) \_\_\_\_\_ or Flow Rate \_\_\_\_\_ GPD.

Water Supply: (circle one) Public Utilities, Community System, New Individual Well, Existing Individual Well

SOIL: Symbol \_\_\_\_\_ Name \_\_\_\_\_

Is location subject to flooding, ponding? YES NO

What is the depth of the seasonal high water table? \_\_\_\_\_

**5. PROPOSED SYSTEM**  
*to be completed by Contractor*

Type of System \_\_\_\_\_ Construction Material \_\_\_\_\_

Tank/Aeration Gallon Capacity \_\_\_\_\_ License/Serial Number \_\_\_\_\_

Absorption Area \_\_\_\_\_ ft<sup>2</sup> or \_\_\_\_\_ Lineal ft. Trench Width: \_\_\_\_\_ Trench Depth: \_\_\_\_\_

VARIANCE REQUEST \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

**6. I certify that a site evaluation was conducted,** all information is complete and correct, and that, if approved, the work will conform with the current Lee County Sewer and Sewage Disposal ordinance.

**Office Use Only**

Approved by Health Dept. Representative \_\_\_\_\_

Date: \_\_\_\_\_ Variance: Approved, Denied.

Signature of Contractor \_\_\_\_\_ Date \_\_\_\_\_

**LEE COUNTY HEALTH DEPARTMENT  
Proposed Well/Septic Site Diagram Form**

Property Owner Name: \_\_\_\_\_

**Please include the following locations but not limited to:**

- 1. Well/septic distance to each other
- 2. Well/septic distance to neighboring well/septic
- 3. Structure distance to well/septic
- 4. Lake/pond distance to well/septic
- 5. Any other potential contamination site

**SEPTIC DIAGRAM MUST BE DRAWN ON  
THE SOIL BORING DIAGRAM PAGE**

If a septic

- 6. Length of lines
- 7. Distance to property lines
- 8. Distance to water lines

Directions to Site:

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- 3) After January 1, 2014, private sewage disposal systems installed and permitted under Section 905.190 are required to be maintained and serviced to ensure proper operation in accordance with the following:
  - A) Septic tank to a subsurface seepage system or septic tank followed by a sand filter discharging to a subsurface seepage system.
    - i) Private sewage disposal system septic tanks serving residential properties shall be evaluated prior to or within 3 years after the date of installation of the system. The system may be evaluated by the homeowner, a Private Sewage Disposal System Installation Contractor, a licensed Environmental Health Practitioner, an Illinois licensed Professional Engineer, a representative of the Department, or an agent of the Department or local health department. The evaluation shall determine whether the tanks and all of the compartments of the private sewage disposal system have layers of scum and settled solids greater than 33% of the liquid capacity of the tank. If the layers of scum and settled solids are greater than 33%, the tanks and compartments shall be pumped out and maintenance shall be performed. After the first evaluation, the system shall be evaluated a minimum of once every 5 years. Depending on the system's use, the tanks and compartments may need to be evaluated and pumped more frequently.
    - ii) Private sewage disposal system septic tanks serving non-residential property shall be evaluated within 3 years after the date of installation of the system. The system may be evaluated by a Private Sewage Disposal System Installation Contractor, a licensed Environmental Health Practitioner, an Illinois licensed Professional Engineer, a representative of the Department, or an agent of the Department or local health department. The evaluation shall determine whether the tanks and all of the compartments of the private sewage disposal system have layers of scum and settled solids greater than 33% of the liquid capacity of the tank. If the layers of scum and settled solids are greater than 33%, the tanks and compartments shall be pumped out and maintenance shall be performed. After the first evaluation, the system shall be evaluated at minimum once every 3 years. Depending on the system's use, the tanks and compartments may need to be evaluated and pumped more frequently.

Permit No. \_\_\_\_\_

**Contractor has made the property owner aware of the maintenance requirements.**

\_\_\_\_\_  
Signature of contractor/homeowner

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

EH\septic\forms\septic diagram form new 4/2019

\_\_\_\_\_  
Approved by Health Department

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