



Public Health
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Serving Lee County Since 1947

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.**

309 South Galena Ave. • Suite 100
Dixon, Illinois 61021
E-mail: ehfaxes@lchd.com

www.LCHD.com

Phone: (815) 284-3371
Fax: (815) 288-1811

- 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.

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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.: # _____ - _____

Name _____ (Please type or print)

Address _____

City _____ State _____ Zip _____

(_____) _____
Area Code Phone Number

2. Property Owner – Current Mailing Address

Name _____ (Please type or print)

Address _____

City _____ State _____ Zip _____

(_____) _____
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 _____ ft² or _____ Lineal ft. Trench Width: _____ Trench Depth: _____

VARIANCE REQUEST _____

COMMENTS: _____

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.

Signature of Contractor _____ Date _____

Office Use Only

Approved by Health Dept. Representative _____

Date: _____ Variance: Approved, Denied.

**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:

- 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: _____

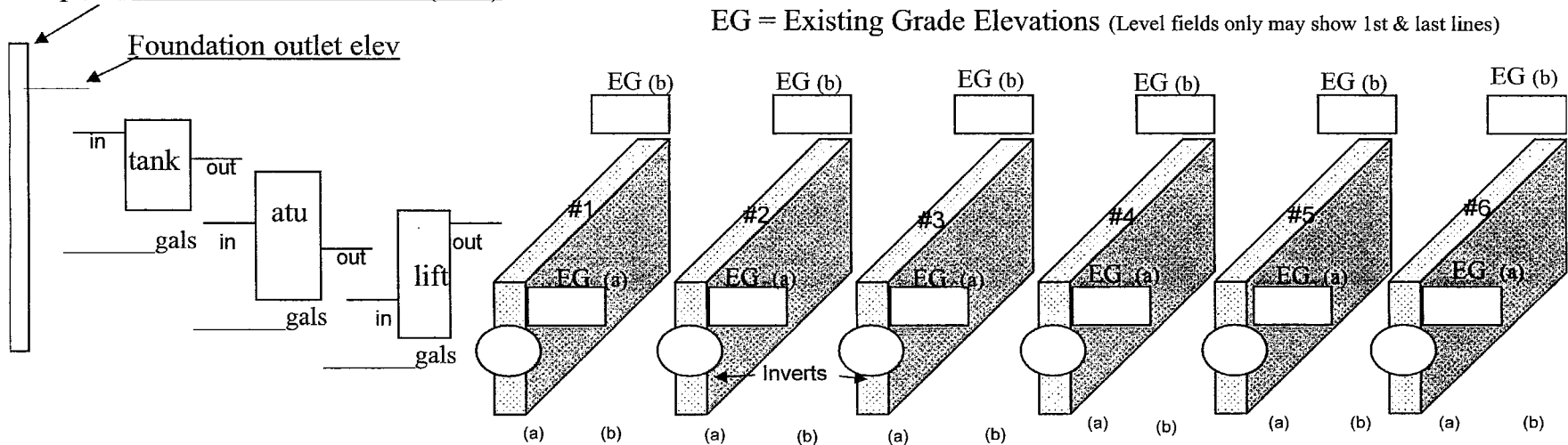
Approved by Health Department
Date: _____

Property Owner _____ Address _____ Permit number _____

Date _____ Contractor _____ Sanitarian _____

SYSTEM PROFILE (CROSS SECTION) ** New Construction must show all **
Repairs must show: Tank outlet elev / existing grade (EG) / depth of existing line (if poss.) & proposed line

Top of Foundation elevation (BM)



Lift tank (specs.)

Storage volume
 Must be 1/2 day storage above alarm set
 _____ gals

Dose volume
 _____ gals

Static _____ gals

_____ gals/ft of ht

Trench bottom (Tb) elev. _____
 Tb DEPTHS _____

Circle One:

System is: Level / Serial Dist. / Combination

Pipe elevations are: Invert / top of pipe

Filter is: in tank after tank

Filter specs:

