CLAY COUNTY HEALTH DEPARTMENT
601 EAST 12TH STREET
FLORA, IL 62839
PHONE: 618-662-4406
FAX: 618-662-2801

PRIVATE SEWAGE DISPOSAL SYSTEM
PLAN REVIEW APPLICATION

PERMIT FEE $100.00 Date: _____

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

1. Homeowner: _____ Telephone: _____ home _____ cell
   Address: _____

2. Contractor: _____ License Number: _____
   Address: _____ Telephone:_____ office _____ cell

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

3. Site Location – County: _____ City:_____ Street:_____
   Subdivision / Lot #:_____ Township Name: _____ Township:____ Range:____ Section:____
   Directions to Site: _____

4. Site Information: New System: _____ Renovation: _____

   Residential Dwelling: _____ Number of Bedrooms: _____ Number of Residents: _____ Seasonal: _____
   Garbage Grinder: _____ Basement: _____ Water Softener: _____
   Geothermal Well: _____ Hot Tub (# Gallons): _____

   Non-Residential: _____ Number of Employees: _____ Design Flow: _____ Other Wastewater Sources: _____

   Water Supply: Private Well: _____ Semi-Private Well: _____ Non-Community: _____ Municipal: _____

   Soil Investigation: Date Conducted: _____ Conducted By: _____
   Depth of Limiting Layer: _____ Soil Type: _____

   NOTE: A copy of the soil investigation results must be provided for approval of a subsurface sewage disposal system.

5. Proposed Private Sewage Disposal System: Gallons to be Treated per Day: _____

A. Septic Tank Capacity: _____ gallons Illinois #: _____
   1. Subsurface Seepage Field / Bedroom _____ sq. ft.
      Total SSF: _____ sq. ft. _____linear ft. trench _____ft. trench width
   2. Gravelless Seepage Field: 8" _____ linear ft. 10" _____ linear ft.
   3. Chamber System: Manufacturer:_____
      sq. ft. per linear ft. _____ total linear ft. _____
   4. Seepage Bed: _____ sq. ft.
   5. Waste Stabilization Pond: _____ ft. long _____ft. wide _____ft. deep
   6. Buried or Recirculating Sand Filter: _____sq. ft. ____width ____length
      Distribution Lines #:_____ Spacing: _____
      Collection Lines # :_____ Spacing: _____
   7. Drip Irrigation: Design Flow: _____gpd _____ linear ft. of emitter pipe
   8. Low Pressure Piping: Design Flow: ____gpd _____ sq. ft. ____linear ft.

B. Lift Station, Pump:_____ Pump Chamber Size: _____

C. Aerobic Treatment Plant:
   Manufacturer:_____
   Model:_____
   Treatment Capacity:_____gpd
   Location of Audio-Visual Alarm:
   _____

D. Effluent Discharge to:
   Surface: _____
   Effluent Reduction Trench:_____
   ___ft. long x ___ft. wide = ___sq. ft.

E. Chlorination Tank: _____ Gallons
   Location: _____

F. Alternative System (attach plans):___

6. Lot Diagram & Private Sewage Disposal System Plan: Sketch below showing the location of the residence and lot lines; location and type of the system to be constructed; system dimensions; distances to water lines, water wells (including wells on neighboring properties if near the property line), potable water storage tanks, and other buildings; site elevations & ground surface elevations sufficient to determine the elevation of system components and the slope of ground surface; location of sanitary sewer, if any, within 300 feet of property.

Setback Distances

Water supply line to building sewer: ____

Septic Tank/Aerobic Treatment Unit to water supply line: _____ to water well:____
to public water supply mains: ____

Other

Pipe Material: _____

ASTM#:_____

Treated effluent discharge point (from a surface discharging system) to property line: ____

Discharge leaving property: Yes □ No □

Lot Size/Acreage: _____

N

Notice: The Clay County Health Department does not guarantee trouble-free operation of this sewage treatment and disposal system by the issuance of this approval. The contractor and property owner are responsible for an installation that is in compliance with the Illinois Private Sewage Disposal Licensing Act and Code. The property owner assumes full responsibility for any nuisances or health hazards that might result from its use.

7. _____ _____ _____ _____

Signature of Contractor (required)* Date Signature of Property Owner (required)** Date

* Signature certifies 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 Clay County Health Department before backfilling over the system installed.

** Signature acknowledges that the property owner/homeowner is aware of and assumes responsibility for:

1. Proper upkeep and service of this private sewage disposal system in accordance with the Private Sewage Disposal Licensing Act (225 ILCS 225) and Section 905.20 q) of the Code (77 Ill. Adm. Code 905).
2. Compliance with all USEPA & IEPA permits required for this system and compliance with all requirements of said permits as outlined in Section 905.115 of the Code.

The United States Environmental Protection Agency (USEPA) has decreed that for any "eligible new and replacement surface discharging wastewater treatment systems…" which may discharge into the Waters of the United States, the owner(s) of such systems must obtain coverage under the Illinois Surface Discharge Permit (ILG62). Questions regarding this issue should be addressed to: U.S. Environmental Protection Agency
Region 5 Water Division
NPDES Programs Branch
77 West Jackson Boulevard
Chicago, IL 60604
Telephone: 1-800-621-8431

NPDES General Permit Information

The United States Environmental Protection Agency has made a final decision to issue the National Pollutant Discharge Elimination System (NPDES) General Permit for point source discharges of pollutants from new or replacement individual wastewater treatment systems to federally protected waters in Illinois. This General Permit became effective on February 10, 2014.

According to the EPA, it is the responsibility of the potential discharger to determine whether or not his or her system might discharge to a water of the United States. EPA suggests a common sense way of evaluating whether you are required to be covered by a NPDES General Permit: If you were to install a new or replacement surface discharging system on your land, would effluent or pollutants from your system end up in a water of the United States or a conveyance to a water of the United States?

EPA's regulation at 40 C.F.R § 122.2 defines Waters of the United States as follows:

1. All waters which are currently used, were used in the past, or may be susceptible to use in interstate or foreign commerce, including all waters which are subject to the ebb and flow of the tide;

2. All interstate waters, including interstate "wetlands;"

3. All other waters such as intrastate lakes, rivers, streams (including intermittent streams), mudflats, sandflats, "wetlands," sloughs, prairie potholes, wet meadows, playa lakes, or natural ponds, the use, degradation, or destruction of which would affect or could affect interstate or foreign commerce including any such waters:
    a. Which are or could be used by interstate or foreign travelers for recreational or other purposes;
    b. From which fish or shellfish are or could be taken and sold in interstate or foreign commerce; or
    c. Which are used or could be used for industrial purposes by industries in interstate commerce;

4. All impoundments of waters otherwise defined as waters of the United States under this definition;

5. Tributaries of waters identified in paragraphs 1 through 4 of this definition;

6. The territorial sea; and

7. "Wetlands" adjacent to waters (other than waters that are themselves wetlands) identified in paragraphs 1 through 6 of this definition.

If you have determined that discharge from your private sewage system may enter Waters of the United States or conveyances to Waters of the United States, then you will need to apply for an NPDES General Permit or install an alternative subsurface sewage treatment system.

It is important to inform you that if you do obtain an NPDES General Permit, you will be required to comply with inspections, monitoring, effluent sampling, reporting, records retention, and other tasks described in the permit.

To obtain coverage under the NPDES General Permit:

- The property owner must submit a notice of intent (NOI) **and** the supplemental information required in the General Permit:
    - Technological Feasibility: Owners or operators must submit a written determination that concludes that an individual or Soil Based Cluster System and all other alternatives to a Surface Discharging system are not technologically feasible. Feasibility determinations for soil based systems shall be based on Soil Investigation and Site Evaluation Reports.

      Note: Alternatives to surface discharging systems are not limited to a septic tank followed by effluent reduction trench.
    - Economic Feasibility: EPA has developed a spreadsheet tool that must be used by the applicant to calculate average annualized costs and determine whether or not they exceed 2% of their annual household adjusted gross income, as averaged over the three most recent full calendar years.
- Send the NOI via certified mail to: U.S. Environmental Protection Agency
  Region 5 Water Division
  NPDES Programs Branch
  77 W. Jackson Boulevard
  Chicago, IL 60604-3590
- EPA will review the NOI and make a decision 30 calendar days from the date it receives the NOI.
- Unless coverage is denied, the property owner is eligible to discharge in accordance with the General Permit **30 calendar days** after EPA receives the NOI.
- Although not specified in the final permit, EPA will also send a coverage letter to you and the applicable county health department.

If coverage under the NPDES General Permit is denied, EPA will notify both the applicant and the applicable county health department of EPA's decision to deny permit coverage. EPA will notify both parties by telephone and follow up with a formal letter on the decision.

For more information concerning NPDES General Permit go to the USEPA website at www.epa.gov/region5/water/npdestek/surfacedischarge/ or contact the USEPA toll-free at 800-621-8431, 8:30 a.m – 4:30 p.m. weekdays.

I have made the determination that the discharge of this system:

□ WILL enter waters of the United States

If the discharge of this system WILL enter the waters of the United States, I also certify that I have obtained from the USEPA coverage for this system under NPDES Permit No. ILG62.

□ WILL NOT enter waters of the United States

_____ _____

Signature of Property Owner(s) Date