



**Public Health**  
Prevent. Promote. Protect.

Knox County Health Department

**Knox County Health Department · 1361 West Fremont Street · Galesburg, Illinois 61401**  
**P: 309-344-2224 · F: 309-344-5049 · www.knoxcountyhealth.org**

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## **ONSITE WASTEWATER DISPOSAL PERMIT APPLICATION INSTRUCTIONS**

This is your permit application to construct or repair an onsite wastewater disposal system in Knox County. Permit fees are as follows:

- Licensed Contractor Installation    \$150
- Homeowner Installation                \$250
- Oak Run                                        \$100

If a permit is denied, the fee shall be returned to the applicant. A permit for construction will not be issued until a completed application and fee have been submitted to the Knox County Health Department and an onsite survey performed by Department personnel.

- **Please make checks payable to the Knox County Health Department.**
- **Permit must be issued before installation may begin.**

**THE HEALTH DEPARTMENT MUST BE NOTIFIED FOR A FINAL INSPECTION OF THE  
WASTEWATER DISPOSAL SYSTEM BEFORE BACKFILL.**

**FAILURE TO NOTIFY THE DEPARTMENT WILL RESULT IN LEGAL ACTION.**

**NOTE:** Knox County Health Department inspections will result in a statement as to whether or not the onsite wastewater disposal system meets current Illinois Department of Public Health standards. The Knox County Health Department does not guarantee any system, nor does the inspection or permit process result in any general, or implied warrant for use of the system.

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### **INSTRUCTIONS FOR APPLYING FOR A PERMIT**

**Please submit the following:**

- A. Property Description: Please submit a copy of the property description. This may be a copied deed, contract, tax receipt, etc.
- B. Plot Plan: Please submit a diagram of the proposed location of the private sewage disposal system. The plot plan should indicate the following:
  1. Lot dimensions and property lines
  2. Distances of proposed construction to the building served, property lines, existing wells, sewer lines, septic tanks, or other sources of contamination.
  3. Location of service utilities (i.e. water lines, gas lines, electrical lines, etc.)
  4. Slope of property
  5. Please submit soil investigation reports
- C. EPA National Pollutant Discharge Elimination System Permit (if applicable)

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**PERMIT #** \_\_\_\_\_  
FEE: \$150.00 (Licensed Contractor Install)  
\$250.00 (Homeowner Install)  
\$100.00 (Oak Run)  
DO NOT SEND CASH  
Payable to: Knox County Health Department

## ONSITE WASTEWATER DISPOSAL APPLICATION

Please check the appropriate spaces and fill in all additional information or insert N/A for not applicable.

Application is for: 1) \_\_\_\_\_Knox County \_\_\_\_\_Oak Run (Spoon Valley Lake Sanitary District)  
2) \_\_\_\_\_New Construction \_\_\_\_\_Replacement \_\_\_\_\_Repair

### PERMIT INFORMATION

Owner's Name: \_\_\_\_\_ Licensed Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
License #: \_\_\_\_\_

### PROPERTY INFORMATION

Site Address (911): \_\_\_\_\_  
Tax ID/ Parcel #: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Lot #: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_  
Directions to site: (Highway Number, Secondary Roads, Signs to Follow, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Dwelling:**  Single  Family

**Type of Use:**  Permanent  Seasonal

**Number of Bedrooms:** \_\_\_\_\_

**Sq. Footage of Property:** \_\_\_\_\_1st Floor \_\_\_\_\_2nd Floor \_\_\_\_\_Basement

**Commercial Type:**  Restaurant  School  Camp  
 Church  Mobile Home Park  Office Building  
 Other, specify: \_\_\_\_\_

**Garbage Grinder:**  No  Yes **Basement Plumbing:**  No  Yes

**Jetted Tub (>125 Gallons):**  No  Yes Discharges to: \_\_\_\_\_

**Water Softener:**  No  Yes Discharges to: \_\_\_\_\_

### Non-Residential Installation:

# of Employees: \_\_\_\_\_ Design Flow: \_\_\_\_\_ Gallons/day: \_\_\_\_\_

**Water Supply:**  Public Water  Existing Well  Proposed Well

**INSTALLATION PROPOSAL**

**Primary Treatment**

Distance to nearest well: \_\_\_\_\_ ft. Distance to foundation wall: \_\_\_\_\_ ft. Type of material: \_\_\_\_\_

**Septic Tank Information**

Septic Tank Capacity: \_\_\_\_\_ Gallons Manufacturer: \_\_\_\_\_ IL#: \_\_\_\_\_

**Aerobic Treatment Plant Information**

Aerobic Treatment Plant Brand: \_\_\_\_\_ Gallons/Day: \_\_\_\_\_

Distributor: \_\_\_\_\_ Sq. ft. of absorption field: \_\_\_\_\_ Discharge to: \_\_\_\_\_

**Secondary Treatment**

Soil Analysis Results: \_\_\_\_\_

Distance to nearest well: \_\_\_\_\_ ft. Distance to foundation wall: \_\_\_\_\_ ft. Type of material: \_\_\_\_\_

- Gravel system ..... Sq. ft. \_\_\_\_\_ Trench depth: \_\_\_\_\_
- Gravelless system ..... Linear ft. \_\_\_\_\_ Trench depth: \_\_\_\_\_
- Chamber system ..... Linear ft. \_\_\_\_\_ Trench depth: \_\_\_\_\_
- Sand Filter system..... Sq. ft. \_\_\_\_\_ Trench depth: \_\_\_\_\_
- Other: \_\_\_\_\_ Sq. OR Linear ft. \_\_\_\_\_ Trench depth: \_\_\_\_\_

All applications must have the following information attached:

1. An accurate site plan or drawing, including: the proposed construction and indicated location with dimensions, location of the sewage system, distances to building, water well, property lines, slope of property, and other sources of contamination
2. Completed soil investigation

My signature certifies that:

- A. I am aware of and assume responsibility for: 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) and compliance with any USEPA & IEPA permits required for this system and compliance with all requirements of said permits as outlined in Section 905.115 of the Code.
- B. I am aware of the requirements of the NPDES permit program and am familiar with the definition of "Waters of the United States."
- C. I have made the determination that the discharge of this system (please check one):
  - WILL enter waters of the United States**
  - WILL NOT enter water 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.

- D. I certify that the attached information is complete and correct and that installation of said facilities will conform to the laws and/or ordinances of Knox County.

**I ACCEPT THE RESPONSIBILITY OF NOTIFYING THE HEALTH DEPARTMENT TO MAKE A FINAL INSPECTION OF THE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PRIOR TO BACKFILLING SAID INSTALLATION.**

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: THIS PERMIT IS VOID AFTER ONE (1) YEAR FROM DATE ISSUED**

**For Office Use Only**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_