

**MACON COUNTY HEALTH DEPARTMENT**  
 Environmental Health Office PH: 217-423-6988 FAX: 423-0992  
 1221 E. Condit Street, Decatur, IL 62521-1405

**PERMIT FEE: \$250.00**  
 Check #: \_\_\_\_\_  
 From: \_\_\_\_\_  
 Date: \_\_\_\_\_ Initials \_\_\_\_  
 PERMIT #: \_\_\_\_\_

**COMMERCIAL APPLICATION FOR PERMIT TO CONSTRUCT  
 A COMMERCIAL SEWAGE DISPOSAL SYSTEM**

Property Owner & Current Mailing Address:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Contractor's License #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**Sewage Disposal System Site:** TOWNSHIP NAME: \_\_\_\_\_ **Circle One:** NEW or REPAIR  
 911 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Directions to Site: (Highway Number, Secondary Roads, Signs to Follow, etc.)  
 \_\_\_\_\_

1. System will be serving what type of establishment? \_\_\_\_\_
2. Maximum number of people projected to use system: Employees \_\_\_\_\_ Public \_\_\_\_\_
3. List of plumbing fixtures planned to discharge into system:
 

a. _____	c. _____
b. _____	d. _____
4. Estimated number of gallons to discharge daily into system: \_\_\_\_\_ (GPD)

**MINIMUM SEPTIC TANK LIQUID CAPACITY REQUIREMENTS**

5. The septic tank volume below the liquid level for flows up to 500 gallons per day shall be at least 750 gallons. For flows greater than 500 gallons per day, the volume shall be equal to at least one and one-half times the estimated daily sewage flow. When the total flow exceeds 1,350 gallons per day, 2 or more tanks in series, or a multi-compartment tank, shall be installed.

Liquid capacity of septic tank(s) to be installed.   Gal.

6. Check the following to be installed:
- |                                  |                       |
|----------------------------------|-----------------------|
| _____ Aeration Unit(ATU)         | _____ Septic Tank(s)  |
| _____ Holding Tank               | _____ Seepage Field   |
| _____ Illinois Raised Filter Bed | _____ Seepage Bed     |
| _____ Low Pressure Piping        | _____ Drip Irrigation |
| _____ Chamber—Model: _____       | _____ Sand Filter     |
| _____ Other(Specify) _____       |                       |

7. [ ] Aeration: Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
 Rated Capacity: \_\_\_\_\_ Effluent Discharge: \_\_\_\_\_

**NOTE:** Aeration systems approved for commercial use must be followed by a buried sand filter with a surface area equal to 2 gallons per square foot per day.

Macon County Health Department  
Environmental Health Program  
1221 E. Condit St.  
Decatur, IL 62521 (217) 423-6988

SITE ADDRESS: PERMIT#

8. The system will be installed at a depth range of \_\_\_\_\_.

9. Soil Evaluation Information (must be attached):

Application Rate = \_\_\_\_\_ gallons per square foot per day      Depth of Limiting Layer = \_\_\_\_\_ inches

10.  $\frac{\text{Estimated Daily Sewage Flow (From Step 4)}}{\text{Daily Application Rate}}$  Divided By \_\_\_\_\_ = \_\_\_\_\_ Total Sq. Feet Required

11. Linear Feet Required: \_\_\_\_\_

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In accordance with Section 905.190 (b) (3) of the IDPH Private Sewage Disposal Code, no limiting layer may exist within the distances provided in Section 905.60 (a) (7). When the limiting layer is a seasonal high water table Section 905.60 a) (7) allows for the installation of a perimeter drain to lower the water table to the required separation distance. The installer and applicant believe a perimeter drain will effectively lower the seasonal high water and as such the following information describes the work to be performed to install the perimeter drain. Include materials to be used, depth of the installation, and discharge location:

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**Proposed Plot Layout**

SITE ADDRESS:      PERMIT#




**Include site evaluations, ground surface elevations and slope.**

**\*\* All electrical components associated with the system must be wired in accordance with the National Electrical Code or local Electrical Code, whichever is more stringent.**

APPLICANT, make a drawing of the proposed plot layout plan. Use the following 15 statements as a guideline for including the minimum information required in the drawing. Also, show that you have included the required information by placing an "X" in the appropriate blank for each statement.

	YES	N/A
1. The proposed location of all buildings and sewage disposal system	_____	
2. The property lines and dimensions of lot	_____	
3. All water lines on property and within 25 feet of property	_____	
4. All wells on property and within 75 feet of property	_____	_____
5. Will there be a new well?	_____	_____
6. All utility and drainage easements on property	_____	_____
7. Where footing tile will discharge	_____	_____
8. Where water softener backwash water will discharge	_____	_____
9. Where floor drains will discharge including those in a garage	_____	_____
10. The location of all field tile and/or subdivision collection tiles	_____	_____
11. The location of soil borings	_____	_____
12. Is a geothermal heating/cooling system planned or existing for this property?	_____	_____
13. Location and description of barrier used to protect the system area	_____	_____
14. Is there a perimeter drain and/or lift?	_____	_____
15. Where is the alarm and alarm disconnect?	_____	_____

SITE ADDRESS: PERMIT#

I hereby certify that I have reviewed this permit application and agree that the information submitted here-in is correct to the best of my knowledge.

Upon signing this application, I acknowledge an understanding and acceptance of the maintenance requirements prescribed by section 905.20 (q) (1-4) of the Private Sewage Disposal Code. Maintenance records will be made available to the Macon County Health Department or the Illinois Department of Public Health upon request. Records of the septic system maintenance will be transferred to subsequent property owners with instructions that the records must be maintained for the life of the septic system. A failure to properly operate, maintain and have routine service conducted on a private sewage disposal system is a violation of the Private Sewage Disposal Act and Code. Please check the appropriate box to indicate you have read and understand the maintenance requirements for the type of private sewage disposal system being installed on the property.

- Private sewage disposal system septic tanks serving nonresidential property shall be evaluated within 3 years after the date of installation of the system. The system may be evaluated by a Macon County Health Department Licensed Private Sewage Disposal System Installer, 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.
- An aerobic treatment unit (ATU) requires evaluation and maintenance at least once every 6 months. The system may be evaluated by a Macon County Health Department Licensed Private Sewage Disposal System Installer, 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.
- Sand filters and waste stabilization ponds with surface discharges require an evaluation to 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. The system shall be evaluated a minimum of once every year. The system may be evaluated by a Macon County Health Department Licensed Private Sewage Disposal System Installer, 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. Depending on the system's use, the tanks and compartments may need to be evaluated and pumped more frequently.
- The private sewage disposal system is not listed above and shall be maintained in accordance with the manufacturer's specifications or a maintenance interval approved by the Illinois Department of Public Health (IDPH). I will maintain all maintenance records on forms provided or approved by the Department and make records available upon request by the Department or Local Authority. These records shall be transferred from owner to owner. Records shall be kept for the life of the system.



**IMPORTANT—Signature Page**

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 \_\_\_\_\_

I also acknowledge that if this application is for a surface discharging septic system (sand filter, aerobic treatment unit, etc.) I am aware that future regulations that are implemented by the United States Environmental Protection Agency (USEPA), the Illinois Environmental Protection Agency (IEPA) and/or IDPH may require the owner to apply for a National Pollutant Discharge Elimination System (NPDES) permit from USEPA or IEPA. There will be costs associated with applying for the NPDES permit, system maintenance for the NPDES permit, and probable sampling required by the NPDES permit. These costs are the responsibility of the owner.

I certify that the submitted information is complete and that the work will conform to the current Illinois Private Sewage Disposal Licensing Act and Code and the Macon County Private Sewage Disposal System Ordinance.

Installer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Owner's Name (Print)

\_\_\_\_\_  
Installer's Name (Print)

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Installer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

(Office Use Only)  
 Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**NOTE:  
CHECK YOUR APPLICATION BEFORE  
SUBMITTING FOR APPROVAL:**

Applications that are missing information, signatures, initials, etc., WILL NOT BE APPROVED and will be returned to the submitter for completion.

(Office Use Only)  
 Approved copies mailed to: (Date) \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Contractor: \_\_\_\_\_