



Public Health
Prevent. Promote. Protect.

Mercer County Health Department

305 NW 7th Street

Aledo, Illinois 61231

(309) 582-3759

FAX (309) 582-3793

www.mercercountyil.org

Onsite Wastewater Disposal Permit Application Instructions

This is the permit application to construct or repair an onsite wastewater disposal system in Mercer County.

The following procedure shall be followed when submitting an application for approval.

1. An onsite soils evaluation is required to determine soil suitability and system sizing. At least 3 soil borings must be made by a certified soil classifier. Once the proposed system area is designated it must be protected from compaction.
2. Contact a licensed Mercer County private sewage disposal system contractor. MCHD can provide a list of licensed contractors if requested.
3. Submit the application, a copy of the soil report, and the permit fee to this office. **\$200** for contractors, Home owner installation **\$600**. Permit is valid for 1 year.

Please submit the following:

- A) Property Description:
- B) Plot Plan: Please submit a diagram of the proposed location of the private sewage disposal system. Indicate the following:
 - a. Lot dimension and property lines
 - b. Distances of proposed construction to the building served, property lines, existing wells, sewer lines, septic tanks, or other sources of contamination.
 - c. Location of service utilities
 - d. Slope of property (required) 1. House to septic tank, 2. Septic tank to fields, 3. Slope of property.
 - e. Elevation of the tank at the 1. Inlet and 2. Header pipe of the field
 - f. Copy of soil investigation reports
 - g. EPA NPDES permit issued by IEPA if surface discharging

NOTE: Mercer 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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Permit Fee: \$200 (Reg. Contractor)

\$600 (Home Owner)

Check #: _____ Cash: _____

Date: _____ Initials: _____

Permit # _____

Approved By: _____

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**Onsite Wastewater Disposal
Permit Application**

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: _____ County: _____
Range: _____ Section # _____ 1/4 Section: _____
911 Address: _____ City: _____ Zip: _____
Directions to Site: _____

Property Info: New Repair Replacement
 Residential Number of Bedrooms: _____
 Non-Residential #of individuals served?: _____ Gallons/Day: _____
 Seasonal Number of Bedrooms: _____
 Garbage Disposal Hot Tub Water Softener Jetted tub
Water Type: Public Water Existing Well Proposed Well
**Geothermal/
Closed Loop Well** New Existing Proposed NA

System Information:

Distance to: Nearest well: _____ ft. Foundation: _____ ft. Property line: _____ ft. Water line: _____ ft.

Septic Tank: New Existing tank Holding Tank Other
Type of Material: _____ Septic Tank Size: _____ gallons
Manufacturer: _____ Il #: _____
Depth of Cover: _____ inches # of Risers: _____

Aerobic Treatment Plant:
Manufacturer: _____ Model: _____
Daily Treatment Capacity: _____ Gallons per Day
Alarm Location: _____
Discharge to: 2/3 Size Subsurface System
 Effluent Reduction
 Raised Filter Bed
 Other _____

Secondary Treatment

*****Attach Soil Investigation Report*****

Subsurface System:

Soil Absorption Rate: _____ Limiting Layer _____ Depth of Limiting Layer _____

Limiting conditions encountered? Describe: _____

of Bedrooms _____ X Absorption Area per Bedroom _____ =Sq. Ft. Required: _____

Trench depth of System: _____ in. Cover: _____

Gravel Sq. ft. _____ Trench Depth _____

Chamber Linear ft. _____ Trench Depth _____

Gravelless pipe: Linear ft. _____ Size of Pipe: ___ 8" ___ 10"

Sand Filter system: Sq. ft. _____ Trench Depth _____

Raised Filter Bed: Mantle Width: ___ ft. Mantle Length: ___ ft. Mantle bed area: ___ sq. ft

Filter Bed Width: ___ Ft. Filter bed length: _____ Filter bed area: _____

Other Approved System: _____

Lift Station: _____

My signature certifies that:

- Septic tanks shall be evaluated within the first 3 years and every 5 years thereafter
- Septic tanks shall be pumped when scum and solids exceed 33% of tanks liquid capacity
- Aerobic treatment units shall be evaluated and have service every 6 months.
- Sand filters must be inspected once a year
- Records of all maintenance activities must be maintained by owner and transferred to new owners
- All other wastewater treatment system not listed must be maintained as per manufacturer's specification

Evaluation of these systems may be done by any licensed septic installation contractor, a LEHP, an engineer or by the homeowner.

Home Owner Signature: _____

Date: _____

