



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

**Mercer County Health Department**

305 NW 7<sup>th</sup> Street  
Aledo, Illinois 61231

(309) 582-3759

FAX (309) 582-3793

[www.mercercountyil.org](http://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 **\$400**. 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

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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 Application**

Permit Fee: \$200 (Reg. Contractor)  
\$400 (Home Owner)  
Check #: \_\_\_\_\_ Cash: \_\_\_\_\_  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Permit # \_\_\_\_\_  
Approved By: \_\_\_\_\_

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: \_\_\_\_\_

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# 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: \_\_\_\_\_

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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: \_\_\_\_\_

