

BUREAU & PUTNAM COUNTY HEALTH DEPARTMENT
426 BUREAU VALLEY PARKWAY
PRINCETON, ILLINOIS 61356
(815) 872-5091

Revised 2009

To: Homeowners

From: Environmental Health Division, Bureau County Health Department

Subject: Sewage Disposal System Evaluation for Building Permits (Zoning Purposes)

****Please Note: This department will not schedule evaluations until request form and fee are received.****

IF THERE IS NO RECORD OF THE SYSTEM ON FILE: an evaluation from a Licensed and Registered Private Sewage Disposal Contractor must be submitted with the application with a diagram of the property including the location, size, and type of system, and whether or not there is any sign of system failure.

An evaluation of your sewage disposal system and/or well has been requested. In order to complete this inspection, **it is sometimes necessary** (contact health department for more information) for the entire top of the septic tank to be exposed. The following is a step by step procedure for readying your system for inspection.

1. Locate the septic tank: Go to the basement or crawl space and determine which direction the sewer pipe exits the house. The tank can often be located by probing the yard with a stiff metal rod. Usually the top of the tank is fairly shallow, 12" to 24".
2. Uncover the septic tank: **(THE INLET AND OUTLET LIDS MUST BE UNCOVERED AND REMOVED.)** *(See illustration #1). If the tank is an older model, the clean-out manhole must be removed. *(See illustration #2). If your septic tank does not have any portholes or manholes, please call the Bureau County Health Department for further guidance. When uncovering the septic tank, it is usually easier to remove all the dirt from the top of tank. **DO NOT PUMP THE TANK BEFORE THE EVALUATION.**
3. Contact the Health Department: Once the tank is ready, it will be necessary for someone to telephone this office to set up the evaluation date. Well and/or sewage disposal system evaluations are usually conducted on Mondays and Tuesdays. Someone must be present to give Health Department personnel access into the house. Provisions must be made to have the water running inside the house for evaluation of sewage system and well sampling purposes.

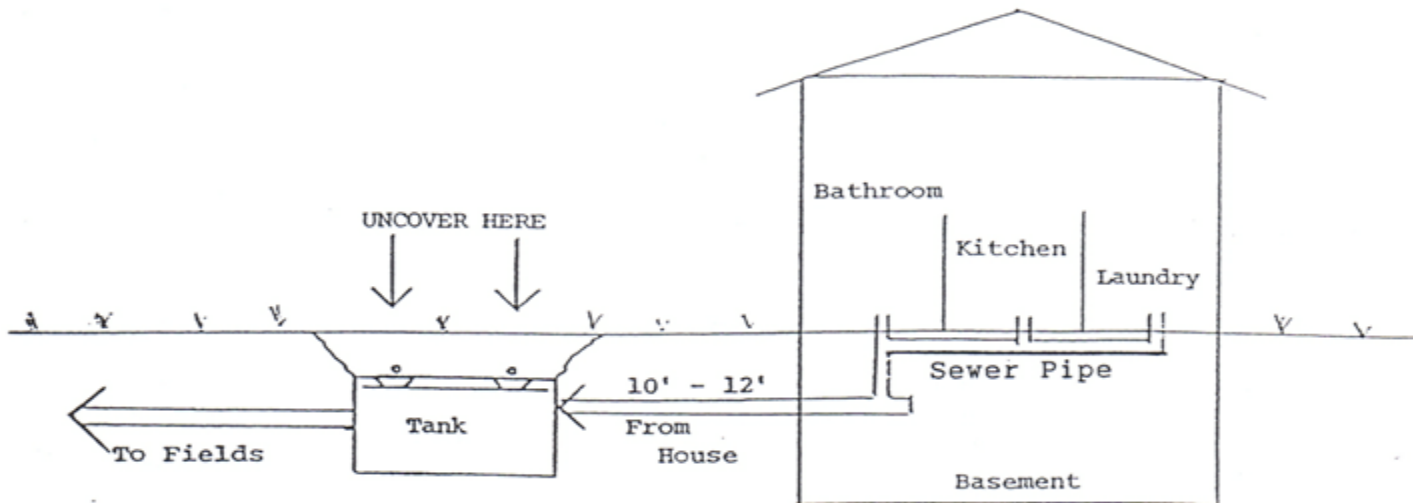
If you any question, please contact this office.

*(See reverse side for illustrations)

INTERPRETATION OF THE SURVEY

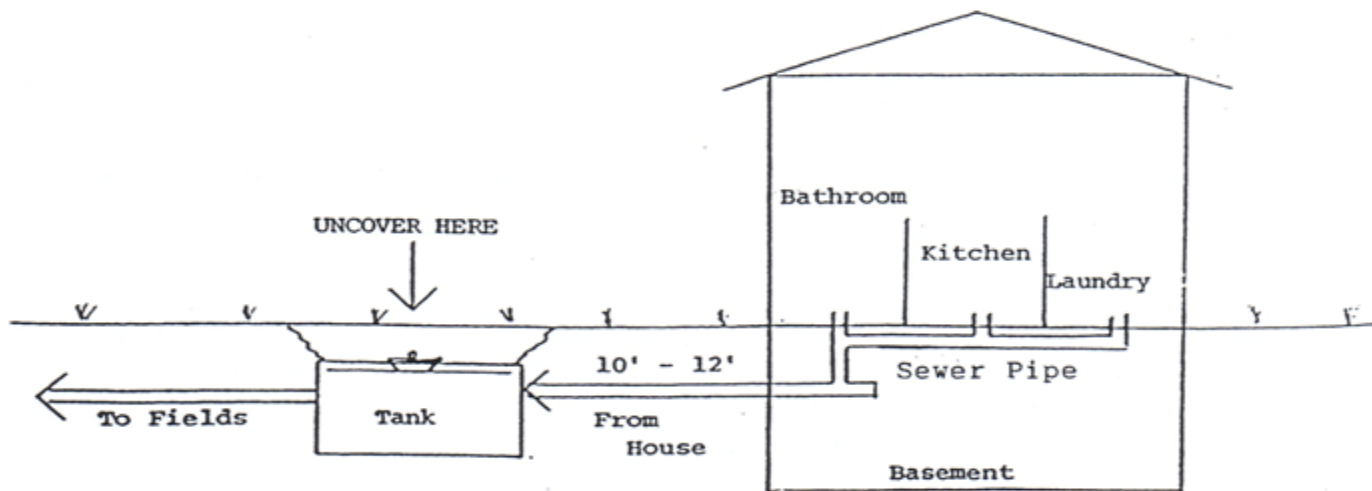
The Bureau & Putnam County Health Department evaluation will result in a statement as to the conditions of the sewage disposal system and/or well at the time of the survey. The survey report shall also indicate the status of the sewage disposal system and/or well as it relates to current rules and regulations. The Bureau County Health Department does not guarantee any system, nor does the survey or permit process result in any general, or implied, warranty for the use of the sewage disposal system and/or well.

ILLUSTRATION #1



Note: Tank may have three access lids. Access to the inlet and outlet is required to complete the evaluation.

ILLUSTRATION #2



BUREAU/PUTNAM COUNTY HEALTH DEPARTMENT
 526 BUREAU VALLEY PARKWAY
 PRINCETON, ILLINOIS 61356
 (815) 872-5091, fax (815) 872-5092

Rev. 01/09

**REQUEST FOR SEWAGE REVIEW FOR BUILDING PERMIT
 (ZONING)**

I, _____ request the Bureau County Health Department to conduct a survey or provide feasibility letter for the sewage disposal system and/or well on the property listed below. **\$75.00 fee**

Owner's Name:		
Owner's Daytime Phone #:		
Property Address:		
Property Location:	<input type="checkbox"/> Bureau County or <input type="checkbox"/> Putnam County	Property ID # ____ - ____ - ____ - ____ Age of Building/Year Built _____
Directions to Site:		
Former Property Owner(s) Name:		
*Submit Drawing with Request (see bottom of table for details)	If we do not have any record of the septic system on file, please submit information from a licensed and registered private sewage disposal contractor with information regarding size, type, location, and condition of tank and field	
Purpose or Use of Addition:	_____	
Addition of bedroom(s):	No <input type="checkbox"/> , Yes <input type="checkbox"/> Number being added: _____	
Number of Existing Bedrooms:	_____	
Type of Septic System :	Septic Tank with Subsurface Treatment (seepage field or bed) <input type="checkbox"/> Surface Discharge Treatment System <input type="checkbox"/> Aerobic <input type="checkbox"/> (If aerobic—need proof of current service contract and last service date.) Other <input type="checkbox"/> : _____ Unknown <input type="checkbox"/>	
Approximate Age of Septic System:	_____	
Type of Water Supply :	Public (City) <input type="checkbox"/> , Private <input type="checkbox"/> , Semi-private <input type="checkbox"/> =number on well _____	
Type of Well:	Drilled <input type="checkbox"/> , Bored <input type="checkbox"/> , Driven <input type="checkbox"/> , Dug <input type="checkbox"/> , Unknown <input type="checkbox"/>	

*Drawing shall include: locations of sewage treatment and well, if applicable, and distances from addition, between well and sewage treatment components, and any other properties adjacent.

I affirm that the information provided is true to the best of my knowledge. Permission is hereby granted to conduct a dye test on the sewage disposal system. I attest I am authorized to grant access to this property for the purpose(s) stated above.

 Requestor's Signature and Phone Number

****PLEASE NOTE:** Fees submitted for evaluations are non-refundable. If our personnel must make a return visit because the septic tank(s) has **not been uncovered, an additional \$50.00 fee will be charged.**

TIME REQUIREMENT
 THE TIME FRAME FOR COMPLETION MAY VARY DEPENDING ON CORE PROGRAM
 WORKLOAD AND STAFF AVAILABILITY.