



Prevent • Promote • Protect

Ogle County Septic System Maintenance Agreement

As a condition of permit application approval for any septic system being installed, repaired, or altered after January 1, 2014, Illinois Department of Public Health requires that property owners acknowledge they are aware of and accept responsibility for servicing and maintaining their private sewage disposal system. [Illinois Department of Public Health Private Sewage Disposal Code Sec. 905.20(q)]

You, as the property or sewage disposal system owner, shall maintain all maintenance records on the form provided. These records must be transferred from owner to owner and shall be kept for the life of the system. Septic tanks serving residential or non-residential properties shall be evaluated within three years of the date of installation of the system. The system can be evaluated by any of the following:

1. Homeowner
2. Private Sewage Disposal System Installation Contractor
3. Licensed Environmental Health Practitioner
4. Illinois Licensed Professional Engineer
5. Representative of the IL Department of Public Health ("Department")
6. Agent of the Department or Local Health Department (LHD)

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 initial evaluation 3 years after installation reveal >33% scum/solids, the tanks and compartments shall be pumped out and maintenance shall be performed as soon as possible. After the first evaluation, the system shall be evaluated a minimum of once every 5 years if residential and every 3 years if nonresidential.

Alternative sewage disposal systems shall be maintained in accordance with the manufacturer's specifications or based on a maintenance interval approved by Ogle County Health Department. Failure to properly operate, maintain and have routine service conducted on a private sewage disposal system is a violation of the IL Private Sewage Disposal Licensing Act & Code.

I/We hereby agree that I/we acknowledge and accept the responsibility to service and maintain the private sewage disposal system at the property address as outlined below and retain all related records. I understand that this signed form must be returned to the Ogle County Health Department as a condition of septic permit issuance. Every evaluation must be forwarded to the department for records or a fee may be issued.

Property Address: _____

Property Parcel Identification Number (PIN): _____

City: _____ Zip Code: _____

Signed: _____ Printed: _____ Date: _____

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