



Winnebago County Health Department
 MAIL TO: P.O. Box 4009, Rockford, IL 61110
 555 N Court Street
 Rockford, IL 61103
 PH: 815-720-4100 E-mail: environmental@wchd.org

No. _____
 Date: _____ Fee: \$ _____
 Check/Cash: _____ Receipt: _____

PIN No. _____
 Owner's Name: _____
 Site Address: _____
 City/Zip: _____
 Phone No: _____

Applicant Name: _____
 Address: _____
 City/Zip: _____
 Phone No: _____

(For Inspector-Response)

_____ Applicant Date: _____
 _____ Building Dept. Date: _____

WELL & SEPTIC ADDITIONAL SERVICES
(Check one)

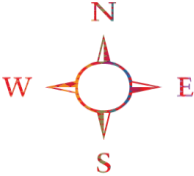
_____ **SOIL BORING SITE EVALUATION** - Verify that existing soil boring locations have not been compromised (over 5 years old). **Fee \$80.00**

_____ **SEPTIC SYSTEM FIELD / TANK / WELL DISTANCE VERIFICATION** - Verify existing septic field, tank, and/or well system distance to a proposed new building, addition, pool, etc. **Fee \$60.00**

_____ **Permit Re-Inspection** - Re-inspection for compliance for installation/repair of septic systems or wells. **Fee \$30.00**

_____ **Loan Re-Inspection** - Re-inspection for corrections following loan inspection (includes water sample, if necessary). **Fee \$40.00**

DRAWING



Please include the following on your drawing:

Existing structures Proposed structures (swimming pool/addition/garage/etc.)

Distance from structure / swimming pool / addition to septic tank, field lines and wells If addition, what type of room?

Use other side of form if additional space is needed.

Submitted By Applicant: _____ Date: _____

Approved by WCHD Sanitarian: _____ Date: _____