



Winnebago County Health Dept.
 MAIL TO: P.O. Box 4009, Rockford, IL 61110
 401 Division Street
 Rockford, IL 61104
 PH: 815-720-4100

FEE \$60

- _____ **SOIL BORING SITE EVALUATION** - Verify existing soil boring locations have not been compromised (Over 5 years old)
- _____ **SEPTIC SYSTEM FIELD / TANK / WELL DISTANCE VERIFICATION** - Existing septic field/tank distance to a proposed new building
- _____ **POOL INQUIRY** - Septic field separation distance to/from a proposed swimming pool location. Above ground pool 10 ft. min. and 25 ft. for in-ground pools
- _____ **VARIANCE** - Encroaching distance of the well and/or septic system to one another within a property, as well as the neighboring systems

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

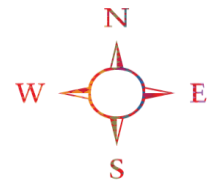
PIN No. _____
 Owner's Name: _____
 Site Address: _____
 City/Zip: _____
 Phone No: _____

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

(For Inspector-Response)

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

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:** _____