

ENVIRONMENTAL HEALTH OFFICE 1300 W  $2^{\rm nd}$  STREET ROCK FALLS, IL 61071  $\diamond \diamond \diamond \diamond$ 

PHONE: (815) 772-7411 EXT. 104 FAX: (815) 772-4723

## Request To Reuse Existing Private Water Well and/or Private On-site Sewage Disposal System Application Fee \$80

1. Applicant's Name:	Phone:
Site address:	
2. Proposed usage: -single family dwelling: # bedrooms	Est.d water usage gal./day
- multi family dwelling: # bedrooms	Est.d water usage gal./day
- other (describe)(calculations here)	: (see section 905. Appendix A)
- Est.d water usage gal.	
3a. Existing water well: yes; permit # (if available)	_(complete 3b.) No(complete 3 c.)
3b. Well type: drilled driven Location: yard pit	
Visible condition of well: satisfactory unsatisfactory; expl	
Setbacks: from septic tank, from surface seepage systematics.	em: ( ),
Neighboring system(s)' other contamination source: ( )'	
<b>3c. Intend to:</b> construct new well connect to; community w	rater supply neighboring well
4a. Existing private sewage disposal system: permitted? Yes No; explain:	
4b. Permit # Size meets/exceeds proposed usage; yes 4c. Primary treatment: Septic tank size gal. Constru	
Condition of baffles: satisfactory unsatisfactory; explain _	
4d. Secondary treatment: subsurface seepage field seepage	bed; sq.' (if known)
Subsurface seepage pit other; explain	
Evidence of failure; no yes; explain	
Remarks:	
Evaluated by: Approved: Yes /	No Evaluation Date:/
The undersigned understands that the department does not warm on site or by record, and recognizes that replacing water wells on an expensive undertaking.  Signature:	