

**SOIL BORING APPLICATION**  
**STEPHENSON COUNTY HEALTH DEPARTMENT**  
**295 W. Lamm Rd.**  
**Freeport, IL 61032**  
**(815) 599-0344**

Township: \_\_\_\_\_

Site Location: \_\_\_\_\_  
(Lot. No., Plat No., Subdivision, or Street Address) (City)

Applicant's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant's Present Address: \_\_\_\_\_  
(Street Address) (City) (ZIP)

Relation to Property:  Owner  Realtor  Contractor  Other (describe): \_\_\_\_\_

Purpose of Application:  New Construction  Alteration

Property Size: \_\_\_\_\_  Sq. Ft.  Acres Water Supply:  Public  Private

Occupancy Type: 1)  Residential Number of Bedrooms \_\_\_\_\_

2)  Non-Residential Type of Facility \_\_\_\_\_ No. of People \_\_\_\_\_

Type of Equipment in Facility: Garbage Disposal:  Yes  No  
Whirlpool or Hot Tub:  Yes  No  
Number of Showers: \_\_\_\_\_ Number of Toilets: \_\_\_\_\_  
Other (Please list): \_\_\_\_\_

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The following requirements must be furnished by the applicant to assure the borings are conducted in the exact area where the private sewage system is proposed to be constructed.

1. If the property is in a subdivision or other urban area, furnish a street or subdivision map with the property indicated on the map.
2. Furnish a drawing on this application depicting bordering streets or roads, lot boundaries, and locations of: existing and proposed buildings, existing or proposed well/wells (including adjoining neighbors' wells), the existing or proposed septic system, and any close waterways or natural drainages. Indicate distances between all of the above on your drawing in the space provided below. Be sure to indicate on the drawing street/road names and the direction North.
3. The property must be marked with the lot number so as to be readily identifiable from the road.
4. The location where the four (4) test borings are to be performed must be marked "Test." Four (4) flags will be provided and must be located at the corners of the proposed drainfield location indicated below. The fifth flag will be placed to mark the entrance to the property.

**The plan will not be accepted until complete.**

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I, the applicant, acknowledge these requirements and agree to provide them. Furthermore, it is realized that if for some reason any of the above requirements are not provided and/or the property or location for conducting the borings cannot be located, another application and fee shall be required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Note:** Please be mindful that this soil boring indicates only the soil type(s) present in the area you described in this application. If the intended location for the system on this property changes, another soil boring will be needed! In addition, any cutting or filling of soils in or near the area where soil borings were conducted can change the suitability of the area for a system and additional borings will be required.

**SOIL BORING FEE: \$220.00** Check # \_\_\_\_\_ Cash \_\_\_\_\_ Receipt # \_\_\_\_\_

Received on (Date): \_\_\_\_\_ By \_\_\_\_\_