



KENDALL COUNTY HEALTH DEPARTMENT
Environmental Health Services
 811 W JOHN STREET, YORKVILLE, IL 60560
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www.kendallhealth.org

FOR OFFICE USE ONLY	
DATE OF REQUEST: _____	DATE OF EVALUATION: _____
SITE EVALUATION# _____	PROJECT & DETAILS: _____ / _____ / _____ P D V
EVALUATED BY: _____	
PROJECT APP. FOR CONSTRUCTION: YES ___ NO ___ DATE/INITIAL _____	
MODIFIED/APP. FOR CONSTRUCTION: YES ___ NO ___ DATE/INITIAL _____	
PAYMENT \$ _____ CASH <input type="checkbox"/> CREDIT <input type="checkbox"/> CHECK# _____ INVOICE # _____	

BUILDING PROJECT SITE EVALUATION REQUEST — \$50.00

State and local public health codes require that specific setback distances be maintained in order to protect onsite wastewater treatment systems and/or water wells. In order to verify that required setback distances are met for your building project, a site evaluation must be conducted. Please complete this form and submit it to the Kendall County Health Department ("KCHD"). Provide a single plat of survey, or a detailed drawing, showing the location of all structures and lot features, placement of new construction and distance to all property lines for your building project. KCHD may conduct a site visit to verify that required setbacks are met prior to approving a project.

KCHD may probe to verify the location of onsite wastewater treatment system ("OWTS") components. Prior to probing, the KCHD will contact the state underground utility locating service ("J.U.L.I.E.") to locate all public utilities on the property. It is the property owner's responsibility to locate and mark all the property's "private utilities", including, but not limited to, the water well and the OWTS as well as electric, gas or water lines to buildings on the property. J.U.L.I.E. and the KCHD recommend that the property owner or contractor mark the area where the building project will occur with white paint and/or flags.

OWNER'S NAME & BUILDING PROJECT ADDRESS

NAME: _____	PHONE: _____
ADDRESS: _____	FAX: _____
CITY: _____	E-MAIL: _____
INCORPORATED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PARCEL #: _____

SIGNATURE OF PROPERTY OWNER _____

DATE _____

PROJECT DETAILS, PLEASE MARK ALL THAT APPLY

- Accessory building
- Building addition
- Deck
- Driveway
- Farm building
- Garage
- In-ground irrigation system
- Patio
- Pool, above ground
- Pool, in-ground
- Other: _____

<u>Common setbacks to septic tank</u>
Property dwelling – 5'
Property line – 5'
Water supply line under pressure – 10'
In-ground swimming pool – 25'
Above ground swimming pool – 5'
Water well - 50'
<u>Common setbacks to septic field</u>
Property dwelling – 10'
Property line – 5'
Water supply line under pressure – 25'
In-ground swimming pool – 25'
Artificial drain – 10'
Above ground swimming pool - 5'
Water well - 75'

<u>Common setbacks to water wells</u>
Clear water footing drains – 10'
Pits, crawl spaces or basements – 10'
Lake, pond, stream, cistern – 25'
Septic tank – 50' Septic field – 75'
Barnyard, animal confinement – 50'
Manure piles – 75'
Closed loop wells – 200'
Closed loop wells, private well only where the owner of both the well and close loop system is the same – 75'
Relation to building – center line of well to clear any projection from the building by no less than - 2'

INSPECTION NOTES:

SITE EVALUATION #: _____

RELATED SEPTIC PERMIT RECORDS: _____

RELATED WELL PERMIT RECORDS: _____

PERMIT RECORDS PROVIDED TO PROPERTY OWNER: YES NO

J.U.L.I.E. NOTIFIED ON: _____

ORIGINAL J.U.L.I.E. DIG #: _____