



111 North County Farm Road, Wheaton, Illinois 60187
 (630) 682-7400 www.dupagehealth.org

Supplemental Water Well Conversion Application

Central Public Health Center
 111 N. County Farm Road
 Wheaton, IL 60188

North Public Health Center
 1111 W. Lake Street
 Addison, IL 60101

East Public Health Center
 1111 E. Jackson Street
 Lombard, IL 60148

Southeast Public Health Ctr.
 422 N. Cass Avenue
 Westmont, IL 60599

Record # (upon application):	Date:
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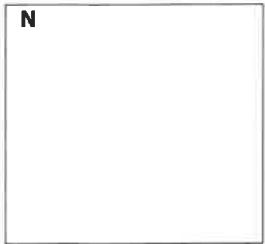
Supplemental Water Well Conversion Application

Client Information Section			
Owner/ Agent Name:			Home Phone:
Mailing Address:			Work Phone:
City, State, Zip			
Address for well:			
Legal Description:	Lot:	Block:	Subdivision:
Township:			PPN#: - - -

Client Signature	Printed Name	Date

For Environmental Health Services Staff ONLY

Well Information Section			
Reference Corner:	<input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW	Location:	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
		Feet: _____	Feet: _____ Feet: _____ Feet: _____
Casing Material:		Casing Height:	
Type:	<input type="checkbox"/> Pressurized Pitless <input type="checkbox"/> Well Pit	<input type="checkbox"/> Non-Pressurized Pitless <input type="checkbox"/> Buried Seal	<input type="checkbox"/> Basement Offset
Use of Well:	<input type="checkbox"/> Irrigation w/Buried Sprinkler System <input type="checkbox"/> Irrigation w/o Buried Sprinkler System	<input type="checkbox"/> Fire Protection <input type="checkbox"/> Other	<input type="checkbox"/> Pond Leveling
Backflow Protection:	<input type="checkbox"/> RPZ <input type="checkbox"/> Air Gap	<input type="checkbox"/> Hose Bib Vacuum Breaker(s)	<input type="checkbox"/> Other:



Water Sample Dates and Results:
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Inspection Record Information			
Date:	Inspection Type:	Status:	Sanitarian:

Approved Denied **Supervisor's Signature** _____

Notice of Supplemental Well – Recorded #

Comments:

Date Status Changed in database:

Payment Information

Date Received: Cash Check# _____ Credit Card

Receipt #: _____

Certificate of Information			
NSW	_____	_____	_____
	YEAR	PHC	No.

**Dupage County Health Department
 Environmental Health Services
 111 N. County Farm Rd, Wheaton IL
 (630) 682- 7400**

Notice of Supplemental Well

Owner-Current Mailing Address			
Name:			
Street Address:			
City:		State:	Zip:
Legal Description:	Lot	Block	Subdivision
1/4 Section		Township	N. Range E.
PPN			
A supplemental water well exists on the above described property pursuant to the Dupage County Health Department Private Water Supply Ordinance, and is subject to the terms and conditions stated therein.			

Signature of Property Owner:	Date: / /
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Office Use Only			
Casing Material:	<input type="checkbox"/> PVC	<input type="checkbox"/> Steel	Well Casing Terminus:
Reference Corner:	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE <input type="checkbox"/> SW
Location:	feet <input type="checkbox"/> N <input type="checkbox"/> S	feet <input type="checkbox"/> E <input type="checkbox"/> W	

PPN:	ID:	Date:
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