



# Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## SPECIAL EXCEPTION PERMIT QUESTIONNAIRE

Re: Groundwater Under Direct Influence of Surface Water

200 - Foot Setback Version

1. Indicate the depth of the well casing. \_\_\_\_\_ Feet
2. Is the well greater than 200 feet from the nearest surface water?  Yes  No  
If not, indicate the distance between the well and surface water, and describe the source of surface water.  
\_\_\_\_\_ Feet \_\_\_\_\_  
\_\_\_\_\_
3. Is the well properly sealed?  Yes  No
4. Is the well in a pit?  Yes  No
5. Does the casing extend at least 18 inches above the surroundings?  Yes  No
6. Is the well properly grouted for at least 10 feet?  Yes  No
7. Is the well subject to flooding?  Yes  No  
If it is, does the casing extend at least 3 feet above the highest flood elevation, or the 100 year flood elevation, whichever is higher?  Yes  No
8. Are there any sewage disposal pits, leach beds, or improperly abandoned wells within 200 feet of the well?  Yes  No
9. Are there any septic tanks or subsurface septic tanks effluent disposal tile within 75 feet of the well?  Yes  No
10. Are there any livestock, grazing areas of feedlots, within 50 feet of the well?  Yes  No
11. Are there any sewers of non-watertight construction within 50 feet of the well?  Yes  No

This agency is authorized to require this information under 35 Illinois Administrative Code, 611, Subpart B. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed. This form has been approved by the Forms Management Center.

12. Does the well have a history of total coliform or fecal coliform contamination in untreated samples collected over the past 3 years?  Yes  No

If yes, describe the sampling frequency and number of unsatisfactory Samples.

---

---

---

---

13. Does the well have a history of significant and relatively rapid water quality shifts? (e.g. turbidity, temperature, pH, taste & odor)  Yes  No

If yes, please explain.

---

---

---

---

14. Has the well ever been associated with a disease outbreak?  Yes  No

If yes, please explain.

---

---

---

---

I hereby certify that to the best of my knowledge and belief the information supplied is true, complete and accurate.

Name of owner or authorized agent: \_\_\_\_\_

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

Title: \_\_\_\_\_