



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

400 - Foot Setback Version

1. Indicate the depth of the well casing. _____ Feet
2. Is the well properly sealed? Yes No
3. Does the well casing penetrate consolidated (slowly permeable) material? Yes No
4. Is the well casing only perforated or screened below consolidated (slowly permeable) material? Yes No
5. Attach a copy of the well log.
6. 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 _____

7. Is the well in a pit? Yes No
8. Does the casing extend at least 18 inches above the surroundings? Yes No
9. Is the well properly grouted for at least 10 feet? Yes No
10. 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
11. Are there any sewage disposal pits, leach beds, or improperly abandoned wells within 400 feet of the well? Yes No
12. Are there any septic tanks or subsurface septic tanks effluent disposal tile within 75 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.

13. Are there livestock, grazing areas or feedlots, within 50 feet of the well? Yes No
14. Are there any sewers of non-watertight construction within 50 feet of the well? Yes No
15. Does the well have a history of total coliform or fecal coliform contamination in untreated samples over the past 3 years? Yes No
16. Attach a summary of raw water coliform samples for the well over the last 3 years.
17. 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.

18. 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: _____