



Public Health
Prevent. Promote. Protect.

Rock Island County
Health Department

Septic & Well Demolition Review

Fee: \$50.00

Paid

- Well Only
- Septic Only
- Septic & Well

Property Address: _____

Property Owner: _____

Phone: _____

Email: _____

Water Well System

Existing Well Type:

- Drilled
- Dug
- Sandpoint
- Bored

Individual Semi-Private Community

Well to be **Abandoned/Sealed?** (YES / NO)

• If **YES**, indicate the **licensed contractor** designated to seal the well:

• If **NO**, an inspection should be made to ensure the well being retained is up to code.

• Additionally, **water lines** from **community and semi-private wells** should be properly disconnected at the property to eliminate dead lines. Indicate a **plumber** or **water well contractor** to complete disconnection: _____

Septic System

Existing System Type:

- Aeration Tank
- Concrete Tank
- Plastic Tank

Number of tanks: _____ Licensed Septic Pumper: _____

Date Tank(s) were pumped:

(Crush / Fill / Remove)? Indicate Contractor: _____

*** Please attach a map of the property with locations of existing wells and septic tanks/systems.**

Reference Documents/Notes: _____

*This document is in conjunction with the **Rock Island County Demolition Permit Application** under the sections "Water Service" and "Sewage System". Note, the RICHD department cannot be held accountable for conditions not examined during this process or conditions existing at other times.*

DATE: _____ **SIGNATURE:** _____

