MCHENRY COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
2200 NORTH SEMINARY AVENUE
WOODSTOCK, ILLINOIS 60098
PH: 815-334-4585
FAX: 815-334-4637
WEBSITE: www.mcdh.info

OFFICE USE ONLY	STAFF INITIALS:
REVIEW NUMBER:	
CHECK # / CASH / CREDIT CARD:	
RECEIPT NUMBER:	
APPLICATION DATE:	

HEALTH REVIEW APPLICATION

SEPTIC SYSTEM IMPACT REVIEW

*****REVIEW FEE: $120.00*****

PROPERTY INFORMATION	
Address:	*Check All That Apply:*
City, State, Zip:	☐ Incorporated ☐ Unincorporated
Parcel Pin Number:	☐ Residential Use ☐ Non-Residential Use
Subdivision Name:	Lot Number:

APPLICANT ☐ *Check if same as owner*	PROPERTY OWNER
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:

TYPE OF REVIEW REQUESTED ***(Please check any applicable reviews)*:**

☐ Confirmation of lateral setback distances to wells and/or onsite wastewater treatment systems from proposed

(Please Check at Least One of the Following):

- ☐ Above Ground Pool
- ☐ In Ground Pool
- ☐ Shed, Detached Garage or Building
- ☐ Deck
- ☐ Building Addition
- ☐ Parking or Storm Water Management Improvements
- ☐ Other: _____

☐ Review of proposed addition or remodeling plans to determine compliance with the Public Health Ordinance.

☐ Review of a proposed change of use to determine compliance with the Public Health Ordinance.

CONTACT PREFERENCE			
Contact Person:	☐ Applicant	☐ Owner	
Preferred Contact:	☐ Email	☐ Mail	☐ Phone
Preferred Method of Correspondence:	☐ Email	☐ Mail	

Applicant Signature & Print: _____ **Date:** _____