

**LAKE COUNTY SOIL & WATER CONSERVATION DISTRICT  
SOIL BORING APPLICATION**

**FOR OFFICE USE ONLY**

**SWCD FILE #SB** \_\_\_\_\_ - \_\_\_\_\_      **SOIL SERIES:** \_\_\_\_\_  
**DATE REC'D:** \_\_\_\_\_      **CHECK #** \_\_\_\_\_      **AMT. PAID** \_\_\_\_\_

**APPLICANT'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_      **STATE** \_\_\_\_\_      **ZIP CODE** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_      **WORK PHONE #** \_\_\_\_\_

**BORING LOCATION ADDRESS** \_\_\_\_\_

**TOWNSHIP** \_\_\_\_\_ **N**      **RANGE** \_\_\_\_\_ **E**      **SECTION** \_\_\_\_\_

**PIN #** \_\_\_\_\_      **LOT#** \_\_\_\_\_      **SUBDIVISION NAME** \_\_\_\_\_

**NEW CONSTRUCTION**       **REPAIR**       **PROPERTY ALTERATION**

**LOT OWNER'S NAME** \_\_\_\_\_

**LOT OWNER'S ADDRESS** \_\_\_\_\_

**LOT OWNER'S HOME PHONE #** \_\_\_\_\_      **WORK #** \_\_\_\_\_

**SOIL BORING REQUIREMENTS**

1. Accurately complete LCSWCD soil boring application and provide check or money order for \$260. Payable to Lake County SWCD.
2. Provide the LCSWCD with a plat of survey or sketch delineating the lot and precisely indicating where the proposed house and the proposed septic absorption field will be located. Be sure to indicate direction North and any restricted areas. Examples of restricted areas include: easements, well setback zones, property lines, and other state and county restrictions.

*Certain weather conditions and/or soil types – gravelly soils – can cause delays and/or require the use of a backhoe at the expense and liability of the applicant.*

This soil boring only indicates soil characteristics present in the area described in this application. If the intended location for the system changes, another boring will be required. Any amendments to the existing soil, such as cutting and filling, may void the results of a boring and necessitate a new boring. Results of this boring cannot be interpreted by the Lake County SWCD for septic suitability or buildability.

The applicant is solely responsible for siting the septic location in compliance with county ordinance and obtaining permission for access.

**BECAUSE OF UNDERGROUND GAS, ELECTRIC OR TELEPHONE LINES, IT IS THE RESPONSIBILITY OF THE APPLICANT TO NOTIFY J.U.L.I.E. TO MARK UNDERGROUND UTILITIES. PLEASE CALL 1/800-892-0123.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**Fee \$350.00 - PLEASE MAKE CHECKS PAYABLE TO:**

**LAKE COUNTY SWCD  
100 N. Atkinson Road, Suite 102-A  
Grayslake, IL 60030-7805  
847/223-1056**

**FULL PAYMENT IS DUE AT TIME OF APPLICATION BY CASH OR CHECK.**