

Flagg Creek Water Reclamation District

Formerly Hinsdale Sanitary District

SEASONAL IRRIGATION CAP PROGRAM

Property Owner Information

Service Address: _____ Acct No: _____

Last Name: _____ First Name: _____

Home Phone: _____ Business Phone: _____

E-mail Address: _____ Fax Number: _____

Do you currently have a swimming pool at this property? _____

Do you currently have an irrigation system at this property? _____

I understand that there is \$20.00 original application fee (\$10.00 for reapplications) which needs to be submitted with this application. My signature below signifies that I have read and understand the Seasonal Irrigation Cap Irrigation Program administered by the Flagg Creek Water Reclamation District. Personal Checks should be made payable to the Flagg Creek Water Reclamation District.

Signature of Property Owner

Date Applied

For office use only

Date Received: _____ Permit No. _____

Fee Information: _____

Winter Usage Start	Winter Usage End
Number of Days in Winter Period	Winter Average Usage (GPD)
Cap Volume (1.5 x WAU)	Full or Half Summer Cap

7001 Frontage Road, Burr Ridge IL 60527

Phone: 630-323-3299 - Fax: 630-323-4230