



APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL

DO NOT SEND CASH

PERMIT FEE: \$ _____

| | |
|-------------------------------------|---|
| Local Health Department _____ | FOR OFFICIAL USE ONLY TYPE OR PLACE LABEL WITH NEEDED INFORMATION |
| Address _____ | |
| City/State/Zip Code _____ | |
| Phone Number _____ Fax Number _____ | |

If this box is checked, the permitting authority plans to complete a comprehensive inspection and shall be notified of any scheduling changes.

| | |
|---------------------------------------|--------------------------|
| Owner _____ | Owner Phone Number _____ |
| Mailing Address _____ | Owner Fax Number _____ |
| City _____ State _____ Zip Code _____ | |

Well Site: Property Address _____ Township Name _____

City _____ Zip Code _____ County Property Identification # _____

County _____ Subdivision _____ Lot # _____

Township _____ Range _____ Section _____ 1/4 of the _____ 1/4 of the _____ 1/4

Directions to the Site _____

WATER WELL INFORMATION

Permit To: Construct Deepen Repair Seal **well type:** Dug Driven Bored Drilled

for a: A. Private Well B. Semi-Private Well C. Non-Community Well D. Non-Potable Well

use: Residential Commercial Livestock Irrigation Other _____

Complete if B or C checked: Number of people served _____ Type of facility _____

(If C is checked, an application For Permit to Construct, Alter or Extend a Non-Community Public Water Supply must be submitted.)

Check if anticipated pumping capacity is greater than 100,000 gallons per day.

WELL CONSTRUCTION OR ABANDONMENT INFORMATION

1. If well log is available, attach the log to this form.
2. If well log is not available, well must be sealed from bottom to top.

Borehole: Size (in/ft) _____ depth (ft) _____ Size (in/ft) _____ depth (ft) _____

Aquifer: Sand & Gravel Limestone Sandstone Other _____

Casing: Type _____ Size (in/ft) _____ Estimated Amount (ft) _____

Liner: Type _____ Size (in/ft) _____ Estimated Amount (ft) _____

Top of Liner (ft) _____ Type Seal _____ Bottom of Liner (ft) _____ Type Seal _____

Existing water well on property? Yes No Will it be used? Yes No Is it to Code? Yes No

Existing well to be sealed: Well in building Well in pit Pit retained Pit eliminated by: Contractor Owner

Is well free of obstruction? Yes No If No, at what depth is obstruction? _____ ft

| | | | | |
|------------------------------|--|--|--|--|
| FOR OFFICIAL USE ONLY | | Construction Permit Number | | |
| _____ | | _____/_____/_____ FIPS Code Number Year | | |
| Approved by _____ | | Sealing Permit Number | | |
| Date _____ | | _____/_____/_____ FIPS Code Number Year | | |



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ATTACH A SHEET WITH DIAGRAM OF WELL SITE SHOWING DIMENSIONS

Furnish septic system plot or draw the proposed construction site with dimensions showing the water well, direction of slope, distances to buildings and property lines, sewer lines, all septic system components including septic tanks and seepage fields, and other sources of contamination, e.g., abandoned wells, storm water dry wells and underground storage tanks. Indicate distance to community water supply, if available. If there is an existing well on the property, indicate location and status.

WATER WELL PUMP INFORMATION

Pump Type _____ Capacity _____ gpm Storage/Pump Cycle _____ gallons

WORK SCHEDULE*

Estimated scheduled date to start work on water well (MM/DD/YR): _____

***NOTE:**

Illinois Water Well Construction Code, Section 920.130 g) Notification. Any person who constructs or deepens a water well for which a permit has been issued under this Part, shall notify the Department, or approved local health department, or approved unit of local government by telephone or in writing at least two days prior to commencement of the work.

LICENSED CONTRACTOR CERTIFICATION

I certify that the attached information is complete and correct and that the work will conform to the current Illinois Water Well Construction Code and to the current Illinois Water Well Pump Installation Code.

Licensed Water Well Contractor

| | | |
|---|------------|-----------------------|
| _____ | | _____ |
| Print Name of Licensed Water Well Contractor | | License Number |
| _____ | | _____ |
| Address | | City, State, Zip Code |
| _____ | _____ | _____ |
| Office Phone Number | Fax Number | Cell Phone Number |
| _____ | | _____ |
| Signature Licensed Water Well Contractor / Property Owner | | Date |

Licensed Water Well Pump Installation Contractor

| | | |
|---|------------|-----------------------|
| _____ | | _____ |
| Print Name of Licensed Water Well Pump Installation Contractor | | License Number |
| _____ | | _____ |
| Address | | City, State, Zip Code |
| _____ | _____ | _____ |
| Office Phone Number | Fax Number | Cell Phone Number |
| _____ | | _____ |
| Signature Licensed Water Well Pump Installation Contractor / Property Owner | | Date |

COPIES

THREE COPIES ARE RETURNED TO THE LOCAL HEALTH DEPARTMENT WHERE THE PERMIT IS ISSUED

- One copy is retained by the health department where the permit is issued
- One copy of the approved application is sent to Illinois State Water Survey
- One copy is sent to the water well contractor

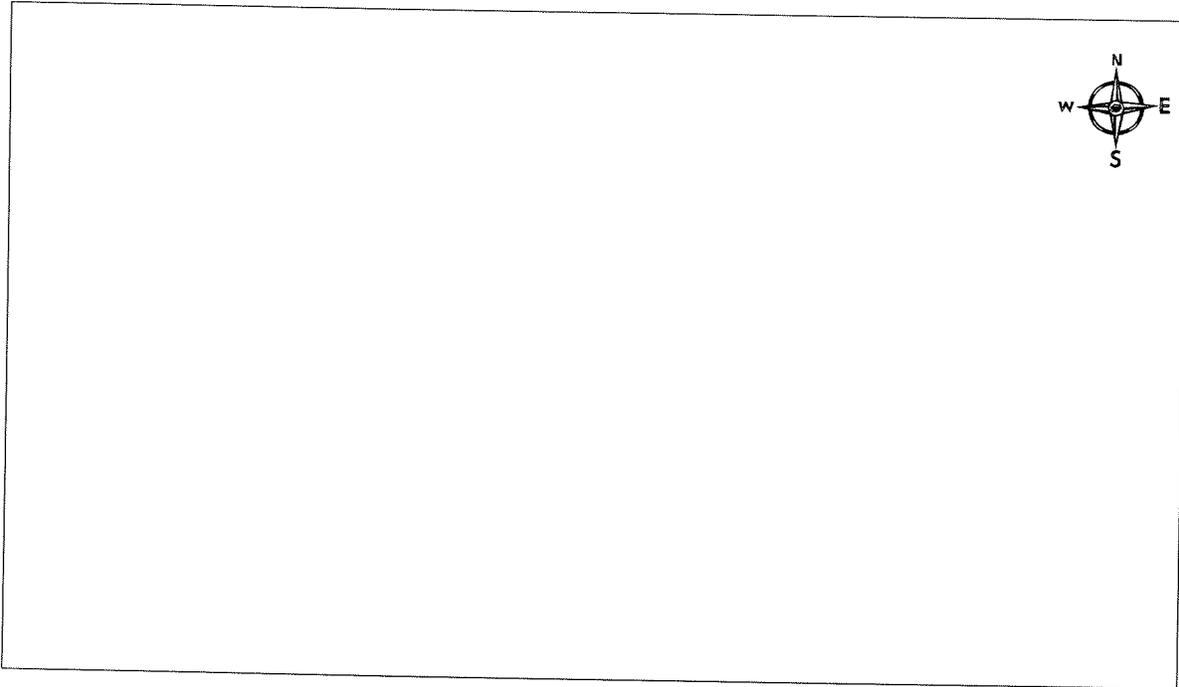
IMPORTANT NOTICE

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of the information is mandatory. This form has been approved by the Forms Management Center

PLOT PLAN OF NON-POTABLE OR POTABLE WATER WELL

Indicate location of and distances from the proposed well location.

- | | | | |
|--------------------|----------------------------------|------------------------|-----------------------|
| 1. septic tank | 2. property line | 3. old well location | 4. lot size |
| 5. seepage field | 6. buildings | 7. water line location | 8. direction of slope |
| 9. abandoned wells | 10. other contaminations sources | | |



The Iroquois County Public Health Department encourages all water wells to be tested.
(Circle appropriate letter of choice)

- A. Please send me an IDPH water sample kit so I may sample this new well.
- B. I do wish to have this new water well tested by the Iroquois County Public Health Department (\$75.00 fee).
- C. I will collect and have a certified laboratory test this well, and I will send the results to the Iroquois County Public Health Department within 15 days from when my new water well is completed. (The Iroquois County Public Health Department will charge \$75.00 to collect a sample if the water analysis is not received.)

I certify that the attached information is complete and correct and that, if approved, the work will conform with the current Illinois Water Well Construction.

Date

Applicant-Signature of Owner