



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

**DO NOT SEND CASH**

PERMIT FEE: \$ \_\_\_\_\_

Local Health Department _____ Address _____ City/State/Zip Code _____ Phone Number _____ Fax Number _____	<b>FOR OFFICIAL USE ONLY</b>  TYPE OR PLACE LABEL WITH NEEDED INFORMATION
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If this box is checked, the permitting authority plans to complete a comprehensive inspection and shall be notified of any scheduling changes.

Owner _____ Mailing Address _____ City _____ State _____ Zip Code _____	Owner Phone Number _____ Owner Fax Number _____
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**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

Approved by _____ Date _____	<b>FOR OFFICIAL USE ONLY</b>	<b>Construction Permit Number</b> _____/_____/_____ FIPS Code    Number    Year
		<b>Sealing Permit Number</b> _____/_____/_____ 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