

This is a sample of the  
Well Permit  
Required by the  
Illinois Department of Public Health

It is a

Four part carbon form

This is only a sample of the information  
you will need to complete the  
the original form.

PERMIT FEE \$100.00

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

DO NOT SEND CASH

Payable to: Moultrie County Health Dept.

APPLICATION FOR PERMIT TO CONSTRUCT OR DEEPEN A WATER WELL

INCOMPLETE APPLICATIONS WILL BE RETURNED

INSTRUCTIONS ON NEXT PAGE

1. Well Owner – Current Mailing Address	2. Well Contractor License# _____
Name _____	Name _____
Address _____	Address _____
City/State/ZIP _____	City/State/ZIP _____
Telephone # _____	Telephone _____

3. Well Site: County \_\_\_\_\_ Township \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Lot# \_\_\_\_\_

Land ID # \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ ¼ of the \_\_\_\_\_ ¼ of the \_\_\_\_\_ ¼

Directions to Site \_\_\_\_\_

4. **Propose to:**  Construct or  Deepen a  Bored  Driven  Drilled

A.  Private B.  Semi-Private C.  Non-community Public Well

**Proposed Use:**  Irrigation  Domestic  Commercial  Livestock  Other \_\_\_\_\_

Well Diameter \_\_\_\_\_ in. Estimated Depth \_\_\_\_\_ ft. Estimated Depth to Rock \_\_\_\_\_ ft.

**Anticipated Aquifer:**  Sand and Gravel  Limestone  Sandstone  Other \_\_\_\_\_

**Proposed Casing:** Type \_\_\_\_\_ Size \_\_\_\_\_ in. Estimated Amount \_\_\_\_\_ ft.

Check if anticipated yield is greater than 100,000 gallons per day

**Complete if B or C checked:** Number of persons served \_\_\_\_\_ Type of Facility \_\_\_\_\_

(If C, an application For Permit to Construct, Alter or Extend a Non-community Public Water Supply must be completed)

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

\_\_\_\_\_  
Signature of Water Well Contractor

\_\_\_\_\_  
Date

6. Pump Type \_\_\_\_\_

7. Pump Contractor \_\_\_\_\_ License # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

I certify the work will conform to the current Illinois Water Well Pump Installation Code.

\_\_\_\_\_  
Signature of Pump Installation Contractor

\_\_\_\_\_  
Date

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, distances to building and property lines, sewer lines, septic tanks and other sources of contamination. Indicate distance to community water supply, if available.

If there is an existing well on the property, indicate status.

FOR OFFICE USE ONLY

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
FIPS Code Number Year  
(Well Permit Number)

**INSTRUCTIONS**

**White Copy and Payment – Health Department (where permit is issued)**

**CHECK THE FOLLOWING BEFORE MAILING:**

- Driller - Permit application is mailed to local health department. Refer to the listing of counties provided to you by the Illinois Department of Public Health. If a county is not listed, the application is mailed to the Illinois Department of Public Health.
- Homeowner- Contact the licensed contractor, call your local health department or contact the Illinois Department of Public Health.

The following explanations will assist you in completing the application for a permit to construct or deepen a water well.

**Land I.D. #:** This includes the PIN number, PC number or any other number used by the county to identify the lot. Contact the local health department or determine if this information is required.

**Proposed Use:**

- Domestic = Single family home
- Irrigation = Watering, filling a pond or cooling
- Commercial = Apartments, schools, factories, office and other similar buildings
- Livestock = Farm animals
- Other = Anything not listed above

**Directions to Site:**

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Illinois Department of Public Health  
 Division of Environmental Health  
 525 W Jefferson Street  
 Springfield, IL 62761  
 217-728-5830  
 TTY (for the hearing impaired use only) 800-547-0466

**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 this information is mandatory. This form has been approved by the Forms Management Center.